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Experiences and Negotiation of Community Support amongst Older People in Nigeria

By

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Abstract

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To promote wellbeing amongst older people, there is a need for support through the community, as family support and other forms of support might not be sufficient to meet the demands of a growing population.

Several studies have been carried out on family support in Nigeria but little is known about support from community members. Therefore, this research used a qualitative methodology to explore and get an in-depth perspective of how community support is negotiated and experienced by older people in Nigeria. Photo-elicited interviews were conducted amongst seventeen older people aged 65 years and above and semi-structured interview was conducted amongst six community and religious leaders in the community.

Data was analysed using thematic analysis. Four themes emerged from the study which include “What we have become” “I am old but a human” “Social norms” “Spirituality”. The findings show that the condition (health, social and physical) of older people, societal and religious obligation influences the way they experience and negotiate for support. Spiritual support was a type of support, which was more valued by older people. This is because it is linked to other types of support and the major support provided by the stakeholders. Importantly, the characteristics and structure of social networks such as proximity, reachability and homogeneity affect older people's choice of support network members. The implication to practice is that it highlights the significance of spiritual support and the importance of the church in providing this support to older people including those who are not part of their religious community. In addition, to highlight the importance of the influence of societal norms in the negotiation of support even in a changing world.

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Academic Thesis: Declaration of Authorship

I, Prosper Chijioke declare that this thesis and the work presented in it are my own and have been generated by me as the result of my own original research.

Experiences and Negotiation of Community Support amongst Older People in Nigeria

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University;
2. Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
3. Where I have consulted the published work of others, this has been clearly attributed;
4. Where I have quoted from the work of others, the source has been provided. With the exception of such quotations, this thesis is entirely my own work;
5. I have acknowledged all main sources of help;
6. Where the thesis is based on work done jointly with others, I have made clear exactly what was done by others and what I have contributed myself;
7. None of this work has been published before submission

Signed:

Date:

Acknowledgements

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Finally, all thanks to God Almighty for his sufficient grace and mercy throughout this journey.

Definitions and Abbreviations

ADL: Activities of Daily Living

BHCPF: Basic Healthcare Provision fund

CBO: Community-based organisation

CMO: Catholic Men Organisation

CWO: Catholic Women Organisation

IADL: Instrumental Activities of Daily Living

LGA: Local Government Authority

MIPAA: Madrid International Plan of Action on Ageing

NCD: Non-communicable diseases

NGO: Non-governmental organisation

NHIS: National Health Insurance Scheme

PEI: Photo-Elicitation Interview

WHO: World Health Organisation

Chapter 1 Introduction

This thesis examined how Nigerian older people experience and negotiate community support using qualitative research methodology. The purpose of this introductory chapter is to provide the rationale for conducting this research, the research gap, the aim and objectives, the research questions and how these will be addressed. Furthermore, it highlights the key terms used and provides an overview of other chapters in this thesis.

1.1 Background and rationale for the research

Ageing of the population is an increasingly global phenomenon (United Nations 2020). The percentage of people aged 60 years and above continues to increase more than any other age group due to increased life expectancy and reduced fertility; this has drawn international focus to this age group (World Health Organization 2015b). Globally, it is estimated that by 2050, the number of older people will increase to 2 billion people, which is 1/4 of the world's population; however, the rate of population ageing will be faster in low and middle-income countries (World Health Organization 2015a). It is expected that 80% of older people globally will be from low and middle-income countries by 2050 (World Health Organization 2018). In Sub-Saharan Africa (SSA), the number of older people will increase from 46 million in 2015 to 157 million by 2050 (World Health Organization 2015b), with Nigeria recording the highest number of older people both now and in 2050 (Mudiare 2013; United Nations 2019).

There are opportunities and challenges associated with population ageing for older people, their families and society (Cherbuin *et al.* 2021). The opportunities include the contribution older people make to society, such as the unique human capital, knowledge exchange within the family, expertise, skills, and experiences they bring into the economy from knowledge acquired over time and passed on through intergenerational exchange (Newman and Hatton-Yeo 2008; World Health Organization 2015b). These could be contributed through community participation, such as volunteering; likewise, this could enhance the wellbeing of older persons (United Nations Economic Commission For Europe 2007; Age UK 2013a). Additionally, an opportunity associated with ageing is that

older people contribute to society by being unpaid family caregivers to grandchildren, spouses and older family members (United Nations Economic Commission For Europe 2007; Age UK 2013a; Van der Geest 2016).

Irrespective of the opportunities, the challenges associated with ageing are a significant issue, especially in low and middle-income countries (Christensen *et al.* 2009; Suzman and Beard 2011; World Health Organization 2015b). These include a high burden on the healthcare sector and economic costs to the individual or society (Suzman and Beard 2011; Lunenfeld and Stratton 2013). This is because older people's health and wellbeing could be a challenge (Hawkley and Cacioppo 2010; World Health Organization 2015a, 2017); as people get older, they undergo changes in body structure and functions (Ashford and McIntyre 2013; Van der Geest 2016). Therefore many will require support as they age. It is estimated that by 2050, the number of older people that cannot care for themselves will increase four-fold (World Health Organization 2015a). Older people in low and middle-income countries carry a greater disease burden than in high-income countries, and there is insufficient infrastructure to deal with this challenge (Suzman and Beard 2011; World Health Organization 2015b). Therefore, this raises more concern for the ageing population in these countries.

Ajomale (2007a) points out that in Nigeria, inadequate infrastructure to cater to older people's needs poses a big challenge to their health, making many older people more vulnerable to diseases and disabilities. Other factors, such as lack of health insurance and lack of ability to pay healthcare costs contribute to challenges associated with ageing in Nigeria (Akanji *et al.* 2002; Uwakwe *et al.* 2009; Adebowale and Atte 2012). Healthcare costs are expensive and not free except for the treatment of tuberculosis and HIV in public hospitals (Ochonma and Onwujekwe 2017) despite the National Health Act 2014, which provides free healthcare for specific groups, including older people (Federal Republic of Nigeria 2014). This could be because of the challenges with implementing the National Health Act 2014, which include organisational, technical and political issues, such as levels of financial resources and capacity to manage the system (Onwujekwe and Uzochukwu 2010).

Poverty is another factor which makes ageing in Nigeria a challenge. It is a compelling factor as only a few states in Nigeria provide social security for older people; the social security coverage in these states is insufficient and below 10% (Babatunde *et al.* 2013; City Division 2017). There is little or delayed pension available to provide support in old age for those who have retired from the formal sector (Ogwumike and Aboderin 2005; Ajomale 2007a; International Labour Organisation 2015). On the other hand, those in the informal sector may still be forced to engage in work after the typical retirement age because there is no social security, and their income might be low, which may not be sufficient for their daily needs (Ani and Isiugo-Abanihe 2017). Additionally, physically demanding informal sector work such as farming may become increasingly difficult for older people.

Furthermore, some authors reported that there is a weakening of the traditional extended family structure in Nigeria, which might lead to a shift from the culture of family members caring for an older relative to neglect and abandonment due to declining fertility, migration and material constraints (Ajomale 2007a; Eboiyehi 2010; Wahab and Adeokun 2012; Aboderin 2017; United Nations 2019). Having said that, the traditional extended family structure is unlikely to disappear entirely; however, this raises socio-demographic concerns with the increasing number of older people. In the near future, declining fertility will lead to a state where there is an increase in the percentage of older age groups (some of who need support) in comparison to the working age (some of who provide support) (Katsumata 2001).

Migration of children might bring about financial support to some older relatives if employment is secured, reducing poverty amongst their older relatives. But sometimes, as Ajaero and Onokala (2013) and Eboiyehi (2010) observed, the financial support provided may not be sufficient to meet the needs of older parents left behind, and there is the absence of children or relatives to offer all types of support and care needed by an older person. Material constraint, as argued by Aboderin (2004), is also a factor because, as a result of difficulties and poverty, there is a growing incapacity for young people to cater for the needs of older people even when they are willing to provide support. However, it is essential to note that some of these articles were in newsletters (Ajomale 2007a; Eboiyehi 2010; Wahab and Adeokun 2012) rather than peer-reviewed journal

articles and lacked quality, which questions their reliability. However, these were cited because they were the only evidence available in the Nigerian context.

These challenges have led to the World Health Organisation (WHO) emphasising that all health and social care staff are trained in the area of older people (Grady 2011; World Health Organization 2015b, 2016). However, there may not be sufficient health and social care staff to meet the needs of an ageing population (Sanon *et al.* 2014; World Health Organization 2015b), and the existing family, state and market support might be inadequate to meet all the needs of older people. Public policy has emphasised the importance of social support in meeting the needs of older people (van Dijk *et al.* 2013). One article of the Madrid International Plan of Action on Ageing (MIPAA) is to engage the services of a wide range of people to meet the needs of older people (United Nations 2002).

Various sources of support for older people include the market, community, family and the state (Razavi 2007; Ochiai 2009); a single source of support, such as family support might not be sufficient to meet the needs of older people (Shofoyeke and Amosun 2014; Ani and Isiugo-Abanihe 2017). This explains the need for older people to be supported in the community. Furthermore, one of the objectives of MIPAA is to facilitate and strengthen community support mechanisms for older people through social support. Social support refers to assistance or services accessible to individuals through their social networks provided by individuals, groups or the society (Lin *et al.* 1979; Ozbay *et al.* 2007). Different types of social support include social interaction, instrumental, appraisal, emotional, informational, and spiritual support (more details can be found in section 2.3.1). Adding social support from community members to other sources of support has been identified as a means of meeting some demands associated with the needs of older people (Tshesebe and Strydom 2016).

Most research on social support worldwide has explored types of support or the different support networks. In Africa, most literature on community support focuses on groups of people who come together to form an informal society that supports older people in need (Kaseke 2013; Ruparanganda *et al.* 2017). The literature omits discussions on how this support is experienced, arranged, or negotiated by older people in Nigeria.

Negotiation of support arises when there are needs to be met, which helps support to be tailored to an individual's needs. Negotiation of support is the process of communicating and establishing the type, the extent and how support can be provided if there is a need (Büscher *et al.* 2011). The outcome of a negotiation affects the functions (type of support) provided by support networks (Dunér and Nordström 2007). It is important to understand how older people negotiate support as this will offer useful insight into how they adjust, arrange, and seek help in their everyday lives and to make recommendations on how to meet any unmet needs.

1.1.1 Knowledge gap

Despite the available literature on the support provided by the community for older people globally and in Africa and assumed declining family support and the inadequacy of market and state support, there remains a considerable gap in understanding the negotiation process and experiences of Nigerian older people regarding the receipt of community support.

Firstly, community support is an under-researched area in Nigeria. Globally, community support from organised and unorganised support networks has been explored in countries such as Indonesia and the USA (Barker 2002; Schröder-Butterfill 2003; Greenfield 2015; Pleschberger and Wosko 2017). These studies highlighted how support from community members such as friends and neighbours helped older people age in place and the different types of support provided. However, the findings from other countries cannot be transferred to the Nigerian context because experiences are highly individualised and not generalisable due to cultural and social contexts. In Africa, there is little research on community support for older people. Research in Africa has concentrated on community support from organised support networks such as support from mutual associations (see section 4.3.1.1) (Lunga and Musarurwa 2016; Ruparanganda *et al.* 2017) with very little relevant research on other sources of support such as support from fictive kin and foster child (Coe 2017). There have also been a few quantitative studies conducted in Africa on the effect of community support on the mental and psychological health of older people (Gyasi *et al.* 2018; Gyasi 2019). No study

has been conducted in Nigeria to understand how older people experience community support.

Secondly, there is a gap in knowledge on other support networks and their different functions (social support), which exist in countries such as Nigeria, where the state support system is not fully developed. All the studies done in Nigeria have concentrated on other structures and sources of support (see section 3.4) such as family (Unanka 2002; Ani and Isiugo-Abanihe 2017; Ogunyemi et al. 2018) and the state (Baiyewu et al. 1997; Aluko 2007; Babatunde et al. 2013; Abdulazeez 2015). These studies have recognised that there is still a gap in studies on support provision. The research of Coe (2017) was conducted in Ghana however, it was very limited in that it only explored foster child and fictive kin, excluding other sources of community support or support networks.

Thirdly, even though there has been extensive research on community support in some countries in the world, there is still a relatively small body of literature on the negotiation and arrangement of support for older people (Finch and Mason 1990; Finch *et al.* 2003; Dunér and Nordström 2007; Qureshi 2008; Dunér and Nordström 2010; Coe 2017). These studies, except that of Coe (2017), were conducted in European countries where the support system differs significantly from that of African countries and the studies are over ten years old. Coe's study on community support negotiation conducted in Ghana is limited, and there have not been any studies conducted in Nigeria on the negotiation of support.

This shows that there is a lack of literature on support networks and the negotiation process from the perspectives of older people in Nigeria. Therefore, this thesis contributes to filling this knowledge gap by adopting the social support framework and social network theory to explain how older people in Nigeria experience and negotiate community support. This research has potentially far-reaching implications for ageing policies in Nigeria. Furthermore, it will advance the current literature on the community as a means of meeting the needs of older people, especially in low and middle-income countries.

1.2 Aims and objectives

This study used a qualitative research methodology to understand the experiences of Nigerian older people who receive support from members of the community and how this support is negotiated. In addition, this study sought to understand and explore the different types of support received by older people from the perspectives of stakeholders.

Objectives:

1) To understand the experiences of older people receiving support from community members by conducting photo-elicited interviews.
2) To understand how older people negotiate support provided by community members from the perspectives of older people.
3) To understand the roles of stakeholders in supporting and organising community support through semi-structured interviews from the perspectives of the stakeholders.

1.3 Research questions

To achieve these objectives, this thesis addressed these research questions.

Key research question:

How is community support for older people negotiated and organised in Nigeria?

Sub-questions:

1. How do older people experience the support provided by community members?
2. How do older people negotiate support from community members?
3. What is the role of stakeholders in organising community support for older people?

1.4 Methodology

This research adopted a qualitative research methodology using photo-elicitation interview (PEI) and semi-structured interview methods to get an in-depth perspective on the negotiation process and experiences of Nigerian older people as recipients of community support. In addition, the aim was to understand the various types of support provided and organised by stakeholders. Firstly, older participants were briefed on the use of the camera through an introductory session and thereafter, photographic data collection by the participants was done. This was followed by an elicited interview based on the pictures taken by the participants to understand their experiences and how they negotiate support; this was aimed at addressing research questions one and two. Lastly, a semi-structured interview was conducted among stakeholders to address research question three. Thematic analysis of the data from the interviews enabled the understanding of older people's experiences, their support networks, their different functions and how support is negotiated and organised. The next section explains some of the key terms used in the entire thesis, which sheds more light on the demographics of the study population.

1.5 Key terms

Older people: There is no consensus on the definition of older people because the definition differs across countries worldwide (World Health Organization 2002). However, this thesis will adopt the United Nations definition of older people as anyone who is 60 years and above, which was agreed upon in 1982 at the World Assembly on Ageing.

Stakeholders: Stakeholders, as used in this research study, will be defined as individuals within an organisation or defined group that support older people in an organised way to either arrange, negotiate or provide support to them. This includes religious and community leaders.

Community: This refers to a social unit within a geographical location that shares the same norms, customs and identity; in a community, several villages exist. For this study,

the community in which the study was carried out is “Umuoji”. The leader in the community is called “*Igwe*” which means a king.

Village: This refers to smaller units in a geographical location within the community that shares the same norms and customs, originating from the same great-great-grandfather; villages are made up of 10-17 kindred. Within each village, there are village leaders called “chiefs” and “*Ichie*”.

Compound: This refers to the surroundings, space and unit of a person’s house. Sometimes, this could be made of two or three different houses/households of an extended family. For example, two brothers having separate houses in the same enclosure which might or might not be separated by a wall or fence. “Yard” is another term used to refer to a compound.

Kindred: A group of people related by family ties, clan or marriage.

Kinsmen meetings: This is a meeting usually organised by members of the community belonging to the same kin either as a way to foster love and unity amongst them or as a way to encourage one another. Often, it is a way they come together to help those in need.

Self-employed: Older people who still work for themselves such as farming or trading in a shop.

Retired self-employed: Older people who were formerly self-employed. Most often older people continue to work in farming or trading even at very old age but stop when they have a long-term illness, especially related to mobility.

Retired public work: People previously employed in the public sector but now retired.

Not working: People who were forced to stop working due to acute sickness or disability.

Civil/formal workers: Older people who still work in the formal sector.

Umuoji: This is the town being studied, it is a town in Anambra State, Nigeria.

1.6 Key definitions of various support

This section briefly defines other key conceptualisations and manifestations of related types of support that have been observed in the area of old-age support.

Civil society: Civil society is a space that lies in-between the family, market and the state such as organised groups and organisations. This includes non-governmental organisations (NGOs) and faith-based organisations.

Traditional social security: These are cultural mechanisms that are kinship and community-based and are aimed at supporting members of one's community. For example, patronage.

Non-governmental organisations: These are key institutions through which formalised charitable, developmental and social welfare programmes are delivered; they could be local NGO organisations, which are mostly grassroots groups. Providers of support in an NGO may or may not be created by members of the same community.

Faith-based organisations: These are organisations dedicated to specific religious identities and inspired by religious beliefs or faith such as the church and mosque.

Age-based group: These are social groups formed based on people of the same age who share a common identity; they are sometimes called age grades or age sets. Age-based groups have been used to promote causes for social, cultural and economic development in the community.

Mutual associations: These are organised groups of people who come together to pool their resources to meet their needs, such as burial associations.

Older people's association: These are groups for older people working together to help their members. This is achieved by engaging older people to be agents of change rather than being passive beneficiaries in their communities.

Some of these are discussed further in chapter 4 of this thesis. The next section discusses community support, including its advantages and disadvantages over other conceptualisations discussed in this section.

1.7 Defining community support

Community support refers to social support rendered to individuals by community members who are not closely related by blood and are not part of a paid formal organisation. It may include friends, neighbours and members of one's association or local group (Baker and Intagliata 1982; Ma *et al.* 2017).

Firstly, the reason for choosing this conceptualisation over others explained in the previous section is because this definition is broad and encompasses various conceptualisations of support in the area of old-age support offered in the community, such as faith-based organisations. Secondly, community support as used in this thesis, does not include social support rendered in the community by outsiders who are not members of the community, such as people who volunteer or work for an NGO or people living outside the community. Further details on community support can be found in chapter 4.

1.8 Outline of thesis

The remaining chapters of this thesis are structured in the following way:

Chapter 2: This chapter discusses the theories relevant to this study.

Chapter 3: This chapter provides an overview of the demographic information and situation of Nigerian older people to provide context; also, it discusses the literature on state, market, and family support available to older people in Nigeria.

Chapter 4: This is the literature review chapter, which appraises the available studies in this area of research. It discusses the various community support through different support networks, highlights the activities of community members and how support is negotiated in the community.

Chapter 5: This chapter presents the methodology used for this research. It explains the data collection methods, process of sample collection, data analysis, ethical considerations of the study, and methodology limitations.

Chapters 6 and 7: These chapters report the research findings from older people and the stakeholders.

Chapter 8: This final chapter provides an in-depth discussion of the findings: their relevance to the research questions, how the results relate to the literature review, and their contribution to knowledge. This will be followed by the conclusion and limitations. Lastly, this chapter discusses the implications for future studies and recommendations for future practice.

1.9 Chapter summary

This chapter has outlined the aim and the rationale for exploring the experiences and negotiation process of Nigerian older people receiving support from members of the community. The rationale for this study and the knowledge gap helped in framing the research questions. Ageing is a global phenomenon which presents both opportunities and challenges. The challenges for older people in Nigeria such as poverty, inadequate infrastructure, and migration of children raise demographic concerns with the increase in the number of older people. Existing family and social security in Nigeria have been identified as inadequate to meet the ageing population's needs, which explains why older people must seek and negotiate support within their communities and why community members provide support. However, how support is experienced and negotiated remains under-researched in Nigeria.

Chapter 2 Theoretical framework

2.1 Introduction

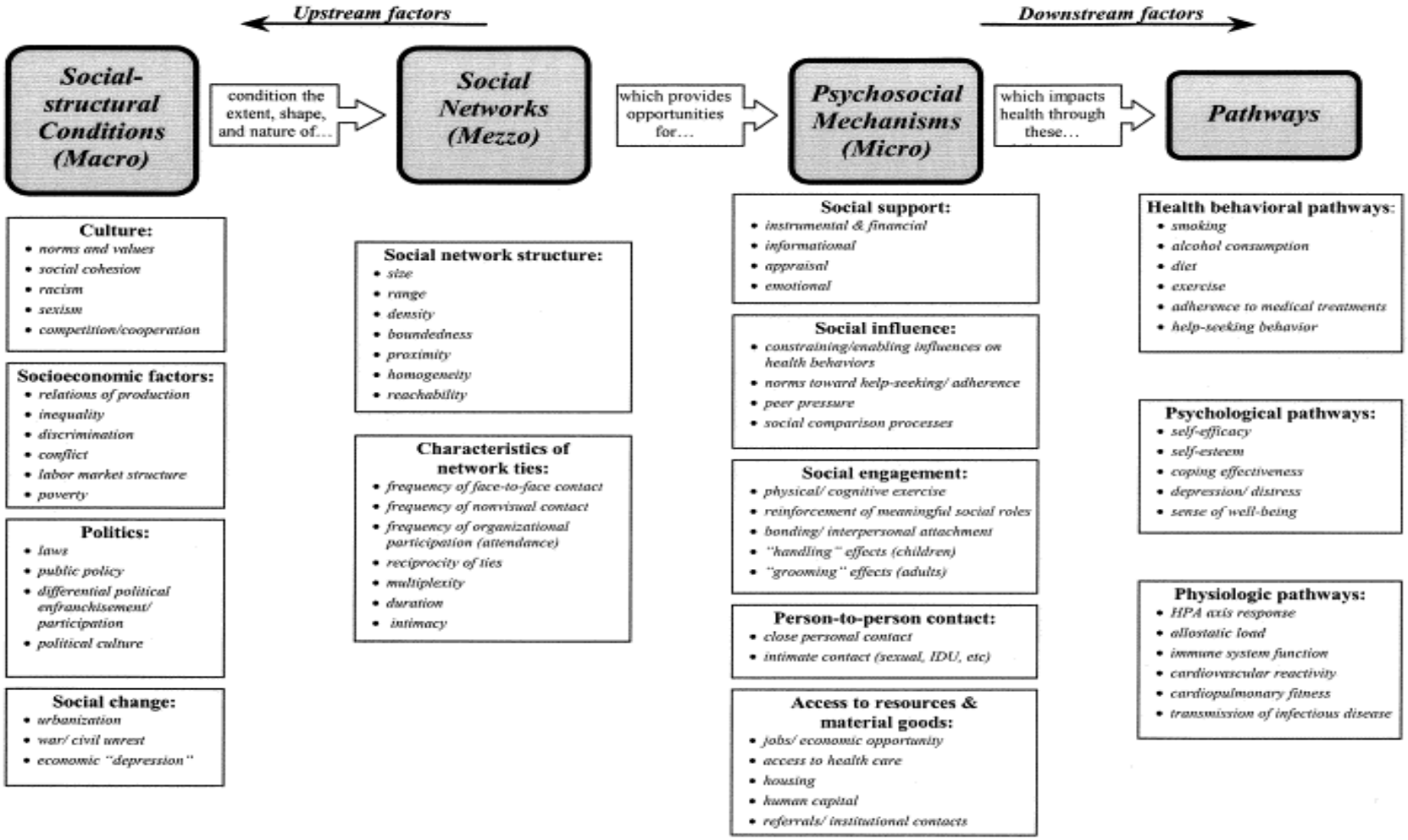
This chapter presents the theoretical framework of this thesis. In the field of gerontology, theory is a vital component of producing cumulative knowledge, explanatory insights and understanding of a research problem in the field of ageing (Bengtson *et al.* 1997). This thesis adopts the social network theory and social support framework; the findings of this research project will build on these theories. The social network theory and the social support framework can inform the understanding of experiences and negotiation of support and provide insight into the structure and function of support and the ways support is provided. These theories were selected because they are the most commonly used in the literature in the area of support, and they capture important aspects of how and in what ways support operates including the different aspects of support that a person might experience. Therefore, the sections in this chapter discussed the social network theory and the social support framework.

2.2 Social network theory

Social networks can be defined as connections and associations between people in which the characteristics of the associations are useful for understanding the behaviour of the people involved (Clark 2007; Grabner-Kräuter and Bitter 2015). The social network theory originated from sociology and anthropology; it was developed by Barnes (1954) and Bott (1957) to analyse ties that cut across different sectors and also to explain observed behaviours. In the literature, social network theory is useful in understanding how formal and informal support affects the outcomes of older people. The social network theory is based on the premise that social networks and social structure might affect an individual by influencing behaviours and access to resources (Berkman *et al.* 2000; Xin and Qin 2011; Forthofer *et al.* 2016). Berkman *et al.* (2000) proposed a model through which social networks can operate. This model by Berkman *et al.* (2000) is shown in figure 2-1 below; as seen from the diagram, it is an overarching model that integrates multilevel

phenomena and pathways, which also include the social support framework (this will be discussed later in this chapter). According to Berkman *et al.* (2000), the effect of social networks is due to the structure and characteristics of the networks and the resources which flow through the networks. These social networks often include kin, spouse, relatives, children, friends, neighbours, community members and church members; these networks are identified by size, density, and homogeneity (Berkman *et al.* 2000). However, this thesis will focus on members of the social network who are not close family members (kin, spouse and other close relatives).

Figure 2-1: Model of social networks



Source: Berkman *et al.* (2000)

The diagram above shows that the structure of social networks operating at the mezzo level which are affected by the pre-existing macro-level (social-structural conditions). As shown in the diagram, the social network structure and characteristics of network ties include the size of the network, proximity to members, reciprocity, duration of support, intimacy and frequency of contact. An individual's social networks operate through psychosocial mechanisms such as social support. These then influence an individual through various pathways such as health behavioural pathways, psychological pathways and physiologic pathways (Berkman *et al.* 2000).

Studies have used the social network theory when exploring support provided by informal caregivers and the community, which is closely related to the aim of this research project (Cho 2007; Forthofer *et al.* 2016). These articles found the social network theory to be a useful framework for exploring how relationships within the community could influence the outcome of support older people receive through the functions of social networks and access to resources. This is based on the notion that networks offer various resources and that support is gained via relationships. In turn, the social network structure and characteristics provide opportunities for psychosocial mechanisms (micro) such as social engagement, social influence, access to resources and social support (this includes instrumental, informational, social interaction, emotional, and appraisal support).

The social network structure includes size, location and reachability, whereas the social network characteristics include reciprocity, duration, intimacy and frequency of contact (Israel and Rounds 1987). The influence of the structure and network characteristics are useful in explaining how support is negotiated and experienced by older people. For example, how the reachability and location of networks can determine how and what support they provide and the arrangement made for specific support, which are the key aims of this research. The next section discusses the social network models.

2.2.1 Models of social network theory

Theoretically, three social network models, namely task-specificity, hierarchical compensatory and functional specificity, are guiding models that are useful in establishing

how older people arrange and negotiate support. These models will explain an individual's preference when negotiating support and determining which social network member is best suited for a particular task. In addition, these models will explain the capacity of social networks and how these network members provide support in different ways because of their structure.

Task-specificity model

The task-specificity model is based on the principle that each network member within an individual's network has different attributes, therefore, can optimally manage different tailored tasks (Litwak 1985). It emphasises the difference in the ability of groups to offer various forms of support (Penning 1990). This model categorises networks into groups such as primary, formal, and informal groups. Primary includes family and relatives, whereas formal groups include charitable organisations and religious groups, and informal groups include non-relatives such as neighbours. For example, co-resident family members provide support, which could be instrumental or emotional over a long time or a long commitment. On the other hand, friends and neighbours may provide support in an emergency because of proximity but may not be available for a long period (Litwak 1985; Messeri *et al.* 1993; Dykstra 2007).

In this model, friends perform tasks based on previous experiences and histories such as engaging in leisure activities, whereas formal organisations handle technical tasks which are uniform and predictable in nature (Penning 1990). This illustrates the 'structure and characteristics of network ties, which includes reachability, intimacy, reciprocity, and frequency' as previously explained in section 2.2. Additionally, this is helpful to support recipients in analysing and deciding the type of support needed and the best person to provide the needed support. In the task-specificity model, when a source is unavailable, other sources of support are considered unacceptable except in cases when the structural characteristics are similar, for example, when friends live close and are considered neighbours (Penning 1990). Correspondingly, Cantor (1983) in his study carried out amongst older people in the 1980s, highlights how different social networks can carry out similar functions; he observed that closeness in a relationship and getting along well were precursors to assuming people were the right fit for the task.

Hierarchical compensatory model

The hierarchical compensatory model focuses on the recipient's preference in seeking support without considering the type of support (Cantor 1979; Penning 1990). Hierarchical compensatory behaviours could either be substitution (unavailability of preferred support provider) or compensatory (insufficient support) (Rook and Schuster 1996). In contrast to the task-specificity model, where one's family is the best fit for instrumental and emotional support, friends and neighbours may perform the task of instrumental and emotional support over a long period in the absence of family such as for childless older people. The study of Cantor found that aside from family, neighbours are often of help to home-bound older people but as a secondary source of support because of their proximity and availability (Cantor 1979). In hierarchal order, lower-placed ties such as neighbours, are sought when higher-placed ties such as family are unavailable; this could follow socially acceptable views on people who should provide help (Dykstra 2007). This can be the case experienced by older people affected by actual and de-facto childlessness who then rely on friends and neighbours' support as they get older (Schröder-Butterfill and Kreager 2005; Wenger 2009).

In the case of activities of daily living (ADL), it could follow the hierarchy of spouses, then adult children or kin and when these are not available, friends, neighbours, and then formal organisations (Cantor 1979; Li *et al.* 2014). Friends, neighbours and non-kin networks could provide support with ADL but this support has been criticised as being fragile and often individualised based on relationships, which is often due to the absence of culturally prescribed obligations to provide support, or unbalanced exchanges, therefore open to continual negotiation (Cantor 1991; Messeri *et al.* 1993; Dykstra 2007). This is because older adults' relationships with support network members change in response to changing patterns of needs and resources, life events and role transitions such as retirement, relocation, bereavement, and financial and physical limitation which restricts their social network involvement (Rook and Schuster 1996). These changes in response to changing patterns and resources are assumed to play a role in reducing older people's vulnerability to adverse mental and physical outcomes (*ibid.*). In addition, these support network members provide a basis for the nature of older people's responses to deficiencies in their social networks (Rook and Schuster 1996).

Functional specificity model

This theoretical model does not directly apply to older people but clarifies issues addressed by other support network models. This model by Weiss (1974) posits that different types of relationships make different provisions, all of which may be required by an individual depending on the situation. Therefore, an individual must maintain different relationships to create and meet all requirements for an adequate life. Per Weiss, *"Different phases in life, different immediate outcomes and perhaps different character structures and different tastes make for different valuing among the relational provision"* (Weiss, 1974, p.24). This model also recognises that one network may provide one type of support or a broad range of support depending on the negotiation process over time (Simons 1984; Campbell *et al.* 1999). This implies that a network member may perform several tasks, but those tasks are not necessarily restricted to that specific network member. Therefore, the gender, marital or parental status and the proximity of support providers can influence the amount and/or type(s) of support an older person will get (Campbell *et al.* 1999; Novak 2015).

The study of Campbell *et al.* (1999) illustrated the functional specificity model in their research that explored different support networks of older people amongst 678 people aged 55 years and older. This study found that siblings provide a range of support for older people, including single women and men, childless and widowed men but little support for older married men or those who were divorced. In addition, this study found siblings provided support when they lived near older people. The study showed that older people who did not have children received support from their siblings not as compensation for loss of network but as substitution and was continually renegotiated between the siblings.

In this thesis, it is important to contextualise older people's experiences and negotiation of community support. Therefore, the task-specificity model was not used for this thesis because it excludes the possibility of one support network substituting or replacing another in the absence of primary networks. This thesis used the hierarchical compensatory and functional specificity models of social networks because the research attempts to explore the several considerations of an older person before seeking support.

The social network hierarchical compensatory model explains how older people seek various types of support based on their preferences irrespective of the presence or absence of family. Older people's support preferences encompass the most fit for a task, proximity and relationship level formed over time. The functional specificity model is also useful for this thesis because it considers the several functions performed by a particular network depending on the situation such as the church which can provide all types of support for an older person depending on need.

Based on the hierarchical compensatory and functional specificity model of social networks, the role of community members in supporting older people cannot be fully understood and discussed without the functions of family members. Therefore, the methodology chapter briefly highlighted the marital status, number of living children, children's age group and living arrangements of the older people. This was highlighted in order to understand the wider support network and other support available to an older person. The results chapter (chapter 6) presented the function of family members as explained by the study participant; however, since it was not the focus of the study, this was explored briefly during the interview. Then, the discussion chapter discussed the findings of the study by discussing support from community members and highlighting help obtained from family members in order to explain the hierarchical compensatory model and functional specificity model of the social network.

2.3 Social support framework

Cassel (1976) and Kaplan et al. (1977) developed the social support framework to understand the relationship between stress and health, which has its origin in animal and human studies. As shown in figure 2-1, the social network is at the mezzo level and social support is at the micro-level. Figure 2-1 will be used as an overarching structure to describe social support because it is one of the primary pathways by which social networks might affect an individual (Israel and Rounds 1987). This is particularly useful because it can be used to explore in detail the experiences of older people receiving support from community members and the various types of support they provide.

Social support is a useful framework that can be used to explain different levels of assistance provided by community members in diverse areas. However, the literature on social support is not straightforward, and research articles often contain many conflicting findings (Krause 1995). For instance, there has been no consensus on the definition of social support because authors define it based on different aspects of social support or take different approaches in defining it. The terms social support, social network, social relationships and social integration have often been used interchangeably (House *et al.* 1988). Others have often discussed social support as a component of social networks (Berkman *et al.* 2000; Cohen *et al.* 2000) or used social support when referring to social networks, but these are two different concepts even though they are inter-linked. This is because social networks do not necessarily bring about social support (Berkman and Glass 2000). Williams *et al.* (2004) opined that the definition of social support should be based on the context. Therefore, based on this research's aims and context, social support will be defined as the resources provided to an individual as either coping assistance or meeting individual needs (Ganster and Victor 1988; Schwarzer and Gutiérrez-Doña 2005). This means, as conceptualised by Uchino (2004), social support encompasses the quality of a relationship and the functions provided by social relationships.

Figure 2-1 shows that social support is one of the psychosocial mechanisms through which networks influence an individual through various pathways. However, it is important to note, as observed by Hupcey (1998); Dykstra (2007), Krause (1995) and Cohen *et al.* (2000) that not all forms of social support are supportive, even though theoretically, the term support indicates something positive and most studies discuss the beneficial effects on the wellbeing of an individual. A recipient might perceive social support negatively or harmful, as the outcome of support lies in the network structure or characteristics such as type, frequency, intensity and extent of support provided (Costanza *et al.* 1988). This could be in the form of over-protection or debilitating or demeaning assistance (Antonucci 1985; Sarason 2013; Breckman *et al.* 2017). For example, in a review by Helgeson and Cohen (1996), which aimed to understand the association of support to cancer patients, the review found that social support aimed at giving information was negatively perceived when it came from family members rather than trained professionals. Helgeson and Cohen (1996) further reported that social

support could be positive when one's interpersonal relationships meet an individual's perceived need.

Social support can be measured in two ways: perceived and received support. Perceived support is the belief or perception in the necessary resources that support network members might offer, which meet the needs of a person or boosts a person's coping ability for stressful events and enables an appraisal of the situation as being less stressful (Cobb 1976; Thoits 1995; Gottlieb *et al.* 2000). However, it has been argued that perceived support is merely a reflection of a personality trait (Kitamura *et al.* 1999; Cukrowicz *et al.* 2008). Received support provides solutions to a person's needs or reduces the severity of the problem (Cohen *et al.* 2000). It is important to note that perception of support may not always correspond to receipt of support when needed (Berkman and Glass 2000). The four types of received support are explained in the next section.

2.3.1 Types of received support

Moving down the diagram in figure 2-1, it can be seen that there are different types of social support. These are instrumental, emotional, informational, and appraisal (Cobb 1976; House 1981; House *et al.* 1985; Helgeson and Cohen 1996; Langford *et al.* 1997) and social interaction. These types of social support will be discussed in more detail below.

Instrumental support includes the provision of tangible goods and services, personal care, financial assistance and assistance with household chores. Even though this type of social support is beneficial, it has been argued that in certain circumstances, it can lead to reduced independence and undermines self-efficacy in individuals (Helgeson and Cohen 1996) but Mendoza-Núñez *et al.* (2017) found otherwise. When instrumental support is provided, it may be indicative of care and love but it is distinguishable from emotional support (Langford *et al.* 1997) because the individual rendering physical support does that physically.

Emotional support involves the verbal and non-verbal communication of care, love, empathy, reassurance, understanding and value (Thoits 1995; Helgeson and Cohen 1996). This communication can reduce distress and improve interpersonal relationships (Thoits 1995). House (1981) argues that it is often the most important type through which individuals perceive support; being aware that they are valued is a vital psychological factor that helps individuals cope with stress (Clark 2005).

Informational support involves the provision of information for guidance or advisory purposes. It helps individuals understand and cope with challenges (Cohen and Wills 1985). Informational support involves giving information or suggestions on how to stay healthy and cope with everyday life and providing guidance on assistance (Helgeson and Cohen 1996; Brito and Pavarini 2012). This type of support helps people receive information that enables them to make informed decisions about what they need (House 1981; Schwarzer and Leppin 1991).

Appraisal support is a type of support that often involves passing information or communication, which are useful in making decisions, affirmation, self-evaluation or giving feedback (Cooke *et al.* 1988; Berkman *et al.* 2000). This type of support is often associated with information that is useful for evaluation, enhancing personal significance or options for coping (Folkman 2013).

Social interaction is a type of support that has been added to those indicated in the social support framework because it has been identified in the literature as a vital type of social support. This involves interacting and socializing with individuals for fun or relaxation (Barrera and Ainlay 1983). Social interaction in the community has been noted to foster increased social integration, promoting a sense of belonging (Tang *et al.* 2017). In addition, it helps community members cope with difficulties and brings about other types of support such as emotional and informational support (Tang *et al.* 2017). These five types of social support discussed above have been widely recognised in the literature as social support. However, spiritual support is missing; this has been scarcely explored or regarded as a type of support. Spiritual support involves a connection with a higher power for spiritual renewal, strength or comfort through prayers or sharing spiritual knowledge (Krause 2002; Selman *et al.* 2010). Therefore, spiritual support will be added

as the sixth type of social support relevant to this study. Further details can be found in section 4.3.1.3, which discusses the support a faith-based or religious organisation provides.

The six types of support are interlinked and valuable to an individual receiving the support; a person providing one type of support might simultaneously provide another type of support (Krause and Shaw 2000). It can be argued that conceptually, these support functions can be distinguished differently, but in reality, one does not usually stand-alone. For example, people who receive informational support might have more access to emotional support. Barker (2002) identified that support providers often offered two types of support simultaneously, for example, social interaction such as socialising and instrumental support such as assistance with instrumental activities of daily living (IADL).

To illustrate further, Donnellan *et al.* (2017) conducted a study amongst 29 older people in the UK to explore the social support available to older people. The study identified that friends made from a carer's support group or church community groups were very useful because they tend to provide a wide range of support, including emotional, informational, social interaction and spiritual support. A person's community members can offer any of these six types of support (Taylor and Chatters 1986; Wouters *et al.* 2012; National Institute for Health Care Excellence 2016; Tshesebe and Strydom 2016). In addition, another study identified emotional support was reported as sometimes being provided alongside instrumental and social interaction (van Dijk *et al.* 2013). These, therefore, suggest that it might be difficult to separate the various types of support since they happen concurrently.

2.4 Chapter summary

This chapter described the social network theory and social support framework as being useful to this research project. The social network model of Berkman and colleagues was used as an overarching structure to explain both the social network theory and the social support framework. The social structure and characteristics of network ties are useful in understanding how support is negotiated and experienced by older people. This chapter

highlighted that the social support framework should include spiritual support in addition to instrumental, emotional, social interaction, appraisal, and informational support.

The theoretical frameworks shaped the data collection methods; drawing on these theoretical frameworks will be used as a backbone for analysing and interpreting the research findings through the lens of the theories. How community support for older people is negotiated and organised in Nigeria will build on this social network theory and social support framework. Having introduced the different theoretical frameworks for this thesis, the next chapter discusses the Nigerian country demographics, situation, and structure of support for older people in Nigeria.

Chapter 3 Country demographics, situation, and structure of support for older people in Nigeria.

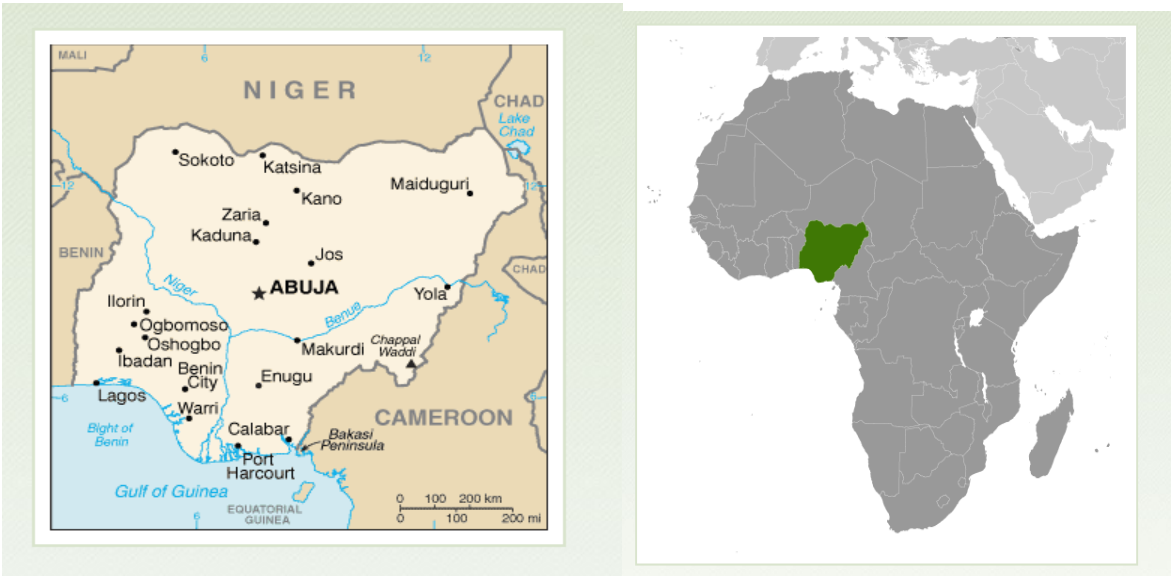
3.1 Introduction

The aim of this chapter is to introduce the context for this research study. As highlighted in chapter one, this thesis aims to understand the negotiation process and experiences of older Nigerian people who receive support from community members. It is important to understand the study context because this will give a clearer view of the population being studied and will inform the understanding of the findings in the analysis chapters. Therefore, this chapter examines the demographic context and profile of Nigerian older people. In addition, the economic, psychosocial and health situation of Nigerian older people will be discussed. Furthermore, this chapter moves on to discuss the structure of support in Nigeria using the care diamond according to Ochiai (2009) but focusing only on the state, market and the family to contextualise the utilisation of support from community members (community support will be discussed in chapter 4).

3.2 Geographical location and demographic context

Nigeria is Africa's most populous country; it is located in West Africa, sharing borders with Chad, Niger, Benin and Cameroon, bordering the Gulf of Guinea as shown in Figure 3-1 (National Bureau of Statistics 2018). It is a country consisting of thirty-six states and its capital is Abuja.

Figure 3-1: Map of Nigeria and geographic location of Nigeria in Africa



Source: Central Intelligence Agency (2017)

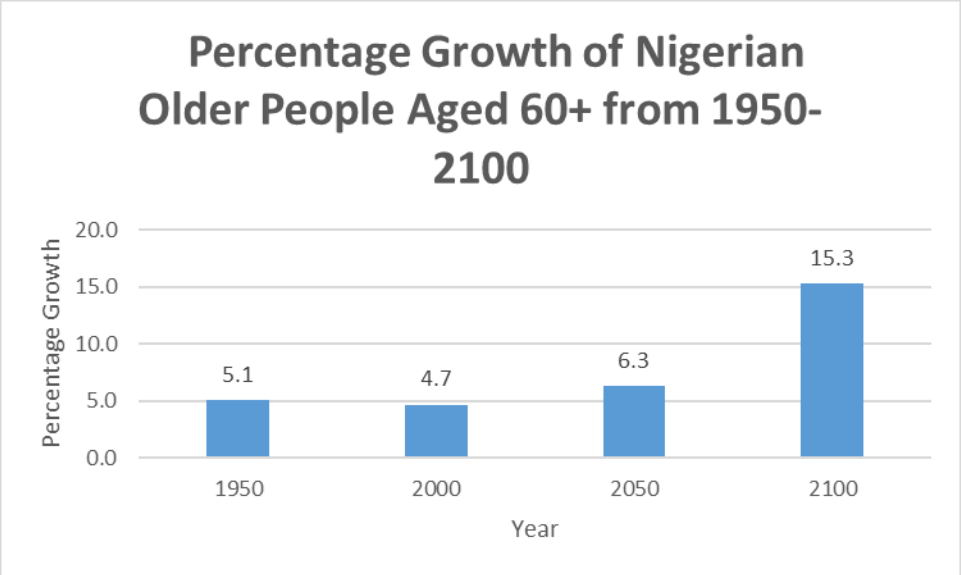
There are more than 250 ethnic groups in Nigeria; however, the main languages spoken include English (the official language), Hausa, Yoruba and Igbo (Charities Aid Foundation 2015; Central Intelligence Agency 2017). Most of the population practices Islam or Christianity, although some other religious groups exist (US Department of State 2017; National Bureau of Statistics 2018). Several political parties exist in Nigeria, the two largest are the All Progressive Congress (APC) and the People's Democratic Party (PDP), which are the two largest political parties.

The population of Nigeria is scattered throughout the country, with the highest density areas in the South and Southwest (Central Intelligence Agency 2017). The total fertility rate of Nigeria has been on the decline since the 1980s; between 1980-1985 and 2015-2020, the total fertility was 6.76 and 5.42 respectively (United Nations 2019). Despite the declining fertility observed, Nigeria still has one of the highest growth and fertility rates worldwide (United Nations 2019). In 2016, Nigeria had a population of over 186 million people and this is expected to increase to 392 million people in 2050; this makes it the fourth most populous country in the world (Central Intelligence Agency 2017).

3.2.1 Demographic context of Nigerian older people

Nigeria is undergoing a demographic transition with an increasing number of older people (Akanji *et al.* 2002; Tanyi *et al.* 2018). The population of Nigerian older people aged 60 years and above is estimated to increase from 8.6 million in 2017 (4.5 million older women and 4.1 million older men) to 26.4 million in 2050 (13.7 million older women and 12.7 million older men); this is a threefold increase (United Nations 2019). Figure 3-2 shows the projected percentage growth of older people aged 60+ living in Nigeria from 1950-2100; there was a decrease from 1950-2000 but a steady increase in the rate from 2000-2100. This has policy implications because even though the percentage of older people in Nigeria might seem small (4.5%) when compared with that of the rest of the population (95.5%) in 2020 (United Nations 2019), the absolute number of Nigerian older people is very large.

Figure 3-2: Percentage increase of Nigerian older people aged 60 years and above



Source: United Nations (2017)

This high absolute number of older people suggests that more people will be needing care and support. The situation of older people in Nigeria has worsened because of economic, psychosocial and health factors. The next section presents the factors affecting older people in Nigeria.

3.3 The economic, psychosocial and health situation of Nigerian older people

The situation of Nigerian older people and how it affects their need for support will be discussed under the economic, psychosocial and health situation. Psychosocial issues comprise psychological and social factors.

3.3.1 Economic situation

Several factors affect the economic situation of Nigerian older people. In Nigeria, there is widespread poverty across all age groups; a recent report by the World Bank (2021) showed that 40% (83 million) of all people in Nigeria lived below the international poverty line in 2018, and this is expected to rise by 12 million between 2019-2023. Notably, older people are more at risk than other age groups (Gureje *et al.* 2008; World Bank 2017), and this is expected for this age group because a high percentage of older people are retired or unemployed. Baiyewu *et al.* (1997) reported that 75% of older people were on an income lower than the poverty line of $1/N275 per day. Although this study dates back several years and might not reflect the current situation, it has implications for older people given the national poverty rate. In addition, since there is widespread poverty across all age groups, this may lead to older people being delegated the responsibility to cater for the needs of their children who are unemployed, even when it is detrimental to their financial wellbeing.

According to Okumagba (2011), Gureje *et al.* (2008) and the International Labour Organisation (2015), the situation of older people is worsened because a large percentage of Nigerian older people lack inadequate or no pension (Kirigia *et al.* 2011; Adebowale and Atte 2012). The pension situation in Nigeria is discussed in more detail in section 3.4.1. Kaseke (2005) notes that in a few cases where older people receive a pension, they sometimes have to share it with members of their family. Consequently, this might be a time when older people are in most need of support, have no other family members to support them and still share their limited means with extended family; this can lead to financial, emotional and physical stress for older people (Zimmer and Das 2014).

Whereas some others who do not receive pension continue to work at an older age to support other family members. This is evidenced in Ani and Isiugo-Abanihe (2017) study in which two-thirds of older people aged 65 years and above continued to work until the age of 70 years and above to support themselves and their children despite physical limitations such as pain and weakness. In like manner, Cadmus *et al.* (2015) found that some Nigerian older people financially support their unemployed children and their family such as grandchildren who might compound their economic situation.

Furthermore, this is worsened by the current economic recession in Nigeria, which has also affected several sectors, including the healthcare system leading to poor service delivery and poor health outcome (Bashorun *et al.* 2014; Animasahun and Chapman 2017; Eko 2017). The Nigerian healthcare system is discussed (see section 3.3.3.1). In addition, the situation of older people and the Nigerian healthcare system might have been worsened by the Covid-19 pandemic, which has affected Nigeria and other countries in the world (Ekoh *et al.* 2020; Ohia *et al.* 2020). These issues affect Nigerian older people; as they age, they may struggle with the physical work of farming or trade and therefore need support. If they do not have family members nearby to take over the farm or provide money, what do they do?

3.3.2 Psychosocial situation

The psychosocial situation comprises social and psychological factors impacting older people. Social and psychological issues affecting older people in Nigeria include social isolation and loneliness (Abidemi 2005; Ajomale 2007a; Ojembe and Ebe Kalu 2018). These have been associated with negative outcomes (Victor *et al.* 2012). Evidence from studies has shown that older people living in Nigeria experience loneliness. In the survey study by Adeyanju *et al.* (2014) conducted amongst 800 older people living in Ondo state, Nigeria, it was found that 7.3% of participants in the survey experienced loneliness even though some older people lived with family members. This has implications for older people such as poor quality of life, mental health disorders and feelings of emptiness or helplessness (Ojembe and Ebe Kalu 2018).

Older people experience these psychosocial issues in Nigeria because of several factors. A study conducted by Ojembe and Ebe Kalu (2018) in Nigeria amongst older people showed that retirement, bereavement and loss of social network members could result in psychosocial issues such as loneliness which could lead to feelings of emptiness or helplessness and suicidal thoughts. Several studies have shown that older people in Nigeria experience abuse, including emotional, physical, financial and verbal abuse (Ajomale 2007b; Cadmus and Owoaje 2012; Akpan and Umobong 2013; Okoye 2013; Cadmus *et al.* 2015; Adeleke *et al.* 2017; Tanyi *et al.* 2018). Akpan and Umobong (2013) study, which assessed the prevalence of abuse and neglect amongst older people in Nigeria, found that older people experienced different types of abuse, especially emotional abuse; 14.05% of older people reported emotional abuse amongst other types of abuse. Correspondingly, abuse, especially psychological and emotional abuse perpetrated by the community and family members were reported amongst participants in the study of Cadmus and Owoaje (2012). Psychosocial issues are worsened when there is no national policy for older people in Nigeria (Tanyi *et al.* 2018).

These studies discussed above show that some older people living in Nigeria are faced with psychosocial issues, which makes them vulnerable; amongst older people with psychosocial issues, some lived with family members. If family members do not adequately support them psychologically and socially, how do they gain the support they need?

3.3.3 Health situation

Nigerian older people have reported several health issues; some authors have found that a high percentage of older people reported having health issues. For instance, a study carried out by Odaman and Ibiezugbe (2014) amongst 514 older people in Edo state Nigeria reported that 62.7% of older people aged 60 years and above reported health-related issues. The most common issues affecting Nigerian older people from the report of different studies include musculoskeletal pain such as arthritis, diabetes, hypertension, sensory impairment and general pains (Peil *et al.* 1989; Abdulraheem 2007; Agbogidi and

Azodo 2009; Adeyanju *et al.* 2014; Odaman and Ibiezugbe 2014; World Health Organization 2015a).

These findings are supported by the report of the World Health Organization (2017), which notes that non-communicable diseases (NCD) such as hypertension and diabetes are the greatest burden for older people. It also reports that those from low and middle-income countries, especially in Africa are at higher risk due to the high and lengthy cost of NCD treatment, health behaviour, physical and social environments (World Health Organization 2015b). The Nigerian healthcare system worsens these health issues of older people in Nigeria.

3.3.3.1 The Nigerian healthcare system

The Nigerian healthcare system comprises three levels: federal, state, and local government authority (LGA) (Uzochukwu *et al.* 2018). The LGAs are responsible for providing primary healthcare; however, effective healthcare delivery is not being achieved (Uzochukwu *et al.* 2018). The Nigerian healthcare system is inadequate, and the delivery of and access to healthcare is limited due to several factors: corruption and mismanagement of healthcare funds, limitations in access to the National Health Insurance Scheme (NHIS), lack of or inadequate workforce and/or infrastructure, and frequent strikes by healthcare workers. These factors are further discussed in the next few paragraphs.

Mismanagement of healthcare funds: This is a contributory factor to the inadequacy of the healthcare system seen in Nigeria due to corruption. In a qualitative study conducted by Uzochukwu *et al.* (2018) to investigate the governance and accountability of the basic healthcare provision fund (BHCPF), Uzochukwu and his colleagues found that there have been issues of corruption in relation to BHCPF. This includes the private selling of drugs supplied by the government, leading to the wastage of scarce resources and limited healthcare (Uzochukwu *et al.* 2018). Another aspect of corruption highlighted by Uzochukwu *et al.* (2018) is corrupt bureaucracy whereby the healthcare fund has to pass through several political stakeholders who would want to benefit illegally (*ibid.*), leading

to delays in healthcare implementation and delivery which can make healthcare difficult to access when required.

National health insurance scheme (NHIS): This was established in 2004 under the National Health Insurance Scheme Act, Cap N42, Laws of the Federation of Nigeria; this is aimed at providing Nigerians access to adequate healthcare at an affordable cost through various prepayment schemes (Government of Nigeria 2018). NHIS is provided by a mix of both public and private healthcare facilities (Etiaba *et al.* 2018). As of 2015, Nigeria had only achieved 4% of NHIS coverage since the launch of NHIS in 2014 (Okebukola and Brieger 2016), and over 90% of Nigerians have no insurance coverage (Akintayo-Usman and Usman 2021). The majority of Nigerians do not have health insurance, especially those working in the informal sector (Okebukola and Brieger 2016) such as self-employed farmers, of which there is a high proportion of older persons; NHIS is more accessible to people working in the formal government sector more than those in the informal sector (Ujunwa *et al.* 2014). Limited availability of NHIS can lead to a lack of or low access to healthcare (Ujunwa *et al.* 2014) which might result in poorer health outcomes. In a cross-sectional study carried out to describe patterns of recent healthcare service usage, including older people aged 65 years and above across nine countries, results showed a low healthcare utilisation of 29.8% amongst Nigerian older people, which was largely related to a lack of health insurance (Albanese *et al.* 2011).

In addition, access to NHIS is low because support from children is often regarded as old-age insurance (Ani and Isiugo-Abanihe 2017); hence older people maintain that they do not need additional health insurance. Furthermore, low access to NHIS is either because the private providers of NHIS are expensive or the public providers are cheaper but have a larger patient population than the private (Okebukola and Brieger 2016). This leads to consistent out-of-pocket payment for drug and health services for the majority of the population (Akintayo-Usman and Usman 2021). Onwujekwe *et al.* (2010) identified out-of-pocket payment for drugs as the major payment route for healthcare in Nigeria. This finding is supported by other studies which found that out-of-pocket payment for drugs is expensive, therefore, can be detrimental, especially amongst the poor, older people and those with debilitating health condition (Albanese *et al.* 2011; Adisa 2015; Ibe *et al.* 2017).

Inadequate Infrastructure: Inadequate infrastructure in the healthcare system can affect the healthcare of older people in Nigeria. According to Oleribe *et al.* (2016) study on healthcare workers, 36.6% of respondents in Nigeria claimed that the healthcare system had poor infrastructure, hence why they engaged in strike action (strike is further explained in the next paragraph). Poor infrastructure in the hospital includes poor and outdated equipment, lack of water and doctors' consultation rooms (Oleribe *et al.* 2018). Health facilities and geographical accessibility to the healthcare facility including the distance to the healthcare site can lead to low healthcare utilisation (Welcome 2011; Aregbeshola *et al.* 2017).

Strike: An additional factor impeding the functionality of the healthcare system is the frequency of strikes. Strikes involve most healthcare workers and affect the healthcare system by making healthcare difficult to access for all age groups (Oleribe *et al.* 2016). Strikes in Nigeria cause the closure of public healthcare and prevents access to healthcare which might, in turn, lead to increased mortality and morbidity due to reduced access (Oleribe *et al.* 2016). A cross-sectional descriptive survey conducted by Oleribe *et al.* (2016) amongst 150 healthcare workers living in Nigeria highlighted that 96.7% of participants reported that these strikes could disrupt and prevent optimal healthcare leading to morbidity and mortality, especially among the poor in which there a large number of older people. These strikes have a significant impact on the Nigerian healthcare system because of the high frequency of strikes (Uzoh *et al.* 2018), which sometimes last more than one month when they happen (Osakede and Ijimakinwa 2014). Although strikes occur globally, it has more far-reaching implications for developing countries due to poorer socio-economic circumstances and inadequate infrastructures (Osakede and Ijimakinwa 2014).

The challenges of the Nigerian healthcare system as discussed in this section can affect the health of the individuals, which might lead to morbidity and mortality, especially among older people who are often at risk. In addition to the healthcare as mentioned above system issues, there is no special provision in the primary healthcare system to provide healthcare for older people (Adebowale and Atte 2012), such as community primary healthcare, especially for home-bound older people. Furthermore, the health of the nation appears not to be a priority. There is a lack of political willpower to implement an

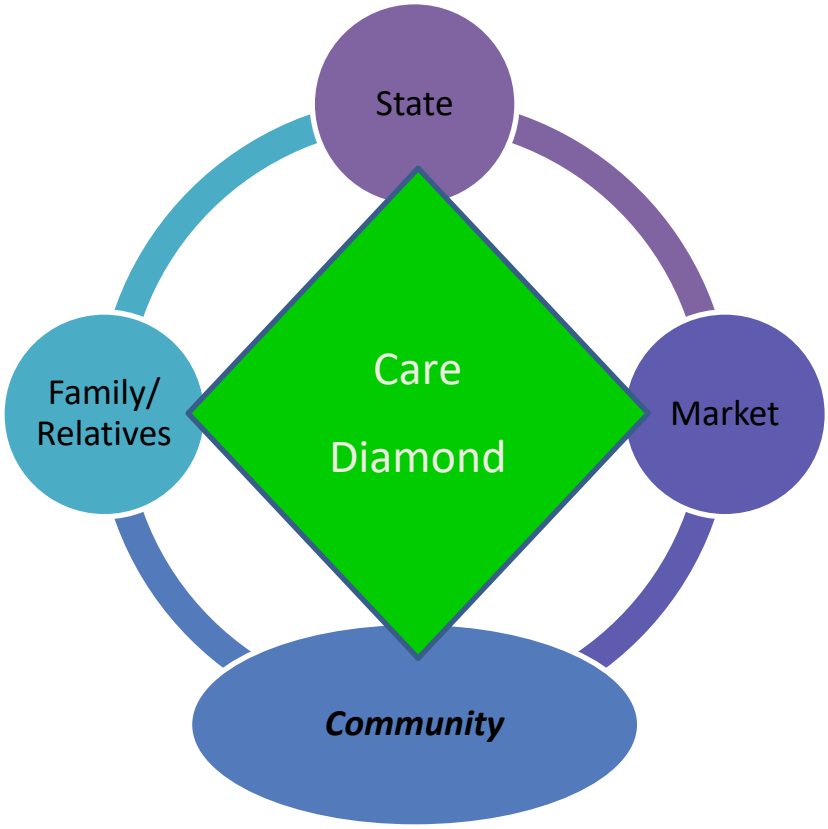
operational National Policy on Ageing that will help mainstream ageing concerns (Togonu-Bickersteth and Akinyemi 2014) and older people are not usually considered a policy focus as opposed to a greater focus on political issues (Amalu 2015). These political issues include the group of Boko-Haram and the Niger Delta Militants bombing oil pipelines (Alloh and Regmi 2017). The health situation of Nigerian older people and the healthcare system compounded with the economic situation and prioritization of healthcare in Nigeria, makes it worse for Nigerian older people to care for and support themselves. This is because they may struggle with their day-to-day activities due to ill-health and lack of finances to seek healthcare. What then happens to them?

It has been argued in chapter 1 that even though family members support older people, this support might be inadequate to meet all of their needs hence the need for support from other sources. Therefore, the next section discusses the structure of support for older people based on the conceptualisation of the care diamond.

3.4 Structure of support for older people

In the literature, support is used as a compound name to describe the various welfare system of the state, market, families and community (García-Faroldi 2015). The care diamond according to Ochiai (2009) as seen in Figure 3-3 is useful in showing the different sources of support comprising four sectors: the state, market, family/relatives and the community.

Figure 3-3: The care diamond



Source: Ochiai (2009)

The four sectors of the care diamond are consistent with the view of the International Labour Organisation (2001) that sources of social support include the family, the community, civil society institutions, the commercial market, the government and the public institutions. In the provision of care and support, there is sometimes an overlap in these sectors or working together by these sectors of the care diamond. For example, sometimes the state initiates and provides material resources for support which are then carried out by the members of the community such as for Shequ[1] in China (Kojima and Kokubun 2002; Ochiai 2009). However, only the state, market, and family/relatives relating to Nigerian older people will be discussed in this chapter; community support will be discussed in chapter 4.

3.4.1 State

As discussed in section 3.3.3.1, in Nigeria, the Pension Reform Act 2014 and the National Health Insurance Scheme Act of 1999 are the only state social security schemes relevant to older people (Anifalaje 2017). Both schemes are meant to be funded by contributions from the individual and the state (Umukoro 2013).

A pension is a form of regular payment given to retirees after they have retired from a stipulated number of service years (Idowu 2006; Umukoro 2013). The pension scheme only covers those in the formal public sectors such as police, federal and state ministries; the formal sector which the available scheme covers is about 20-25% of the Nigerian population (Anifalaje 2017). The Nigerian pension is inadequate because of several factors, which include the unrealistic budgetary allocation to the pension scheme by the federal government, administrative negligence, and untimely release of the pension funds due to poor planning and implementation. These factors lead to old age poverty (Idowu 2006; Abdulazeez 2015). This is the case for older people in the formal sector that should have their pension fund paid after retirement at the age of 60 or 35 years of service (this is fixed at 65% of the last salary, or 80% for federal workers) (Casey and Dostal 2008; Federal Republic of Nigeria 2008).

Considering the pension situation of Nigeria and the working capacity of those aged 65 years and above, a large percentage will be unemployed or on low income obtained from farming and petty trade. Whereas older people who work in the informal sector are unable to retire because there is no social security for them. They must continue their work through farming or petty trade in order to eat and buy goods. As Bailey and Turner (2002) rightly observe, in SSA, nearly half of the labour force works in the informal sector mainly in the agricultural sector, which explains why state social security is not available to many older people.

[1] Shequ is a programme in China which is funded by the government but governed by the community residents to provide services to the community.

A quantitative study by Aluko (2007) conducted amongst 84 pensioners examined the experiences of pensioners in Ibadan Nigeria. Over 30% of the study participants were aged 75 years and above. The study reported irregular payment of pension and that 46.4% resorted to trading, 19% to farming, 31% to family and 3.6% to charity via a religious group to survive. Another scheme for older people is the non-contributory Ekiti State Social Security (ESSS) which the Ekiti State government introduced in Nigeria (one out of the thirty-six states in Nigeria) (Babatunde *et al.* 2013). A study was conducted in Ekiti State Nigeria amongst 175 older people to evaluate the non-contributory ESSSS. In 2011, the Ekiti state government through the ESSSS paid older people a monthly stipend of 5000 naira if they are aged 65 years and above, resident in Ekiti state and on a low income ($32) (HelpAge 2015). The objective of the ESSSS was to curb poverty amongst older people. However, the coverage reached only about 25,000 people (HelpAge 2015). The total number of older people in Ekiti state in 2006 was about 135,000 according to City Division (2017), which has increased subsequently.

The coverage was not sufficient even though it was targeted at older people with low income as Babatunde and colleagues did not report how many people were on a low income but they reported that 21.5% and 52.4% of non-beneficiaries and beneficiaries respectively had no income. Babatunde *et al.* (2013) further reported that only 18% of the beneficiaries had the ESSSS as their only source of income. Despite the low coverage, state social corruption and political interference were the major constraints to the programme. Therefore, this means that aside from the ESSSS or if the ESSSS suddenly ceases, they will be left with no other source of income. Currently, no available data shows if the ESSSS is still operational.

This shows that despite that social security is a basic human right, state social security is not well developed in Nigeria and remains a dream for many Nigerians. Aside from these two inadequate schemes, there is no other social security support from the state in place to cater to the other needs of older people such as social, emotional and financial needs. Furthermore, the state social support packages in place for older people only cover some formal workers and are not available to most informal workers.

3.4.2 Market

Institutional care facilities for older people are common in some cities or countries such as the United Kingdom, China and Singapore (Ochiai 2009). However, in some countries, institutional support for older people is often regarded as shameful because of the traditional belief that caring for older people is the responsibility of the family (Do-Le *et al.* 2002; Ochiai 2009; Van der Geest 2016). Commercial markets provide services such as healthcare insurance, which is paid for, thereby protecting against unforeseen events in old age such as the need for old age care (Kaseke 2005). However, in developing countries such as Nigeria, old age institutions for obtaining support are few, poorly developed, and only utilised by a small portion of the population (Kaseke 2005). Only a few geriatric departments in teaching hospitals and nursing and care homes exist in Nigeria. No studies have specifically explored the support these institutions provide to older people (Uwakwe *et al.* 2009; Tanyi *et al.* 2018). However the study of Osunderu and Abimbola (2018) provides useful insight into the condition of institutions for older people in Nigeria.

Osunderu and Abimbola (2018) compared the use of nursing homes in Nigeria to traditional family care amongst 84 respondents from different age groups including those below and above 50 years. The study population included older people in nursing homes, those cared for by relatives and the general population, medical professionals, and support givers. However, it was unclear where the study participants were recruited from, even though some of their demographic information was stated. Thompson (1999) opines that clarity in sampling and recruitment is essential to prevent bias and adequately answer the research aims. Therefore, the findings of this study should be treated with caution; however, it was still used, as it is the only study on the institutional market in Nigeria.

The study's findings showed that caring for older people in their homes was more acceptable compared to nursing homes with percentages of 59.5% and 40.5% respectively. In addition, 87.5% and 75% of medical professionals indicated that the provision of nursing homes is crucial in Nigeria but that the nursing homes are in deplorable conditions respectively. This indicates that a large percentage of respondents specified the need for nursing homes even though traditional family care was preferred.

However, with the present economic situation of older people as discussed in sections 3.3.1 and 3.4.1, nursing homes will not be affordable for a very large percentage of older people and will be available to only a few older people at a high cost. Additionally, there is no available literature in Nigeria on paid care for people living in their own homes, and it is unknown if this option exists in Nigeria.

3.4.3 Family

In Nigeria, there is inadequate state and market support as explained in the last two sections, however, family support has traditionally been and is still the major and most acceptable source of support for older people (Peil *et al.* 1989; Okumagba 2011; Ogunyemi *et al.* 2018). This includes support from children, spouses, daughters-in-law, grandchildren and other relations such as nephews and nieces (Unanka 2002; Ani and Isiugo-Abanihe 2017; Ogunyemi *et al.* 2018). This support offered by different family members is often seen as an obligation and not a choice (Ani and Isiugo-Abanihe 2017). This is supported by Kaseke (2005) who found that family tends to have an obligation to support members of their family and this is often perceived as being common in Africa, where children are regarded as a source of old age security.

A mixed-methods study was conducted in Eastern Nigeria to highlight the prevailing family support available to older people (Unanka 2002). The study sample involved seventy-five older people recruited from six local government areas living in Imo State, Nigeria (Unanka 2002). The author reported that family support is provided frequently; out of the study participants, 82.1% reported that family members provided support (Unanka 2002). This support included feeding, cooking, shopping, and washing. Evidence from another mixed-methods study conducted in Ibadan, Nigeria amongst older people to examine the source and nature of support showed that 61.4% of people received support from family members (Ani and Isiugo-Abanihe 2017). Correspondingly, a cross-sectional study conducted in South-West Nigeria also reported a high percentage (74.3%) of older people receiving support from family members, especially children. In contrast, others provided for themselves or received help from faith-based organisations or friends (Ogunyemi *et al.* 2018).

The percentage of family support provided in these three studies varied, ranging from 61.4% to 82.1%, which shows a relatively large proportion of older people receiving support from the family (Unanka 2002; Ani and Isiugo-Abanihe 2017; Ogunyemi *et al.* 2018). Those providing support were predominantly females, either daughters or daughters-in-law (Uwakwe *et al.* 2009); this could be because most countries view family support and care as a feminine role (Ogunlana *et al.* 2014; Parker 2015). Amongst support providers, children provided the highest level of support. For instance, out of all respondents in the study of Unanka (2002), 73% of participants reported that they received support from their children, 60% identified their spouse as their support providers (male participants only reported this), 20% claimed that they cared for themselves and 27% claimed they received support from God.

These studies show that older people in Nigeria have been and continue to be supported by family members (Unanka 2002; Ani and Isiugo-Abanihe 2017; Ogunyemi *et al.* 2018). However, it is important to note that some studies claimed that some older people are not receiving any support or that their support from family members is inadequate to meet their needs (Unanka 2002; Shofoyeke and Amosun 2014; Ani and Isiugo-Abanihe 2017). For example, 17.9% of older persons in the study of Unanka (2002) reported not having any support, and Ani and Isiugo-Abanihe (2017) noted that 73% of the study participants reported that the support provided by family members was inadequate in meeting their needs. Among the 73% indicated, there was no clarity on why the support was insufficient (Ani and Isiugo-Abanihe 2017).

In addition, Wahab and Adeokun (2012) conducted a study amongst 242 older people in Nigeria to understand changing family structure and care of older persons in Nigeria. The study claimed that there are changes in family support and care provision even though the norms of family support were still very strong. The changes were due to the eroding inter-generational patterns of co-residence due to modernisation. Similarly, Ani and Isiugo-Abanihe (2017) study on 444 older people in Nigeria reported that family members continue to be the major support for older people. However, there has been a decline in family support due to the disintegration of the extended family system which was linked to migration.

As can be seen, family support continues to be the major means by which support is provided to older people. However, it is assumed that there has been a decline due to modernisation and migration. In addition, some older people do not receive any support, and a high percentage of older people reported that the support they received is insufficient to meet their needs. Therefore, this raises the question of where older people turn to in the face of unmet support needs and what other avenues for the support of older people exist aside from state, market and family. The answer might be the community, therefore, the next chapter will discuss the literature on community support.

3.5 Chapter summary

Population ageing can lead to a situation where older people form a significant proportion of the total population of Nigerians. Presently, Nigeria has a small percentage of older people, but the population is rapidly growing and ageing; these demographic changes and other factors discussed such as economic, psychosocial and health issues present a challenge to them. In addition, the state, market and family members relative to Nigerian older people were explored using the care diamond concept. These three sources provide support but they are inadequate. The demography of Nigerian older people, the inadequacy of family, state and market support, and the factors surrounding Nigerian older people, which were discussed are useful in explaining the reason why the fourth sector of the care diamond (the community) is an important aspect to study. Therefore, community support will be explored in the next chapter.

Chapter 4 Literature review

4.1 Introduction

The previous chapter discussed three sectors of the care diamond: the state, market, and family support as they apply to Nigeria. Literature on community support globally, which is the fourth sector of the care diamond, was explored in this chapter. Community support is an important aspect to study because it is an understudied area of old-age support in Nigeria in comparison to other areas such as family and state. Therefore, this chapter starts by presenting the background to community support; sources of community support offered by the community members were explored and broadly categorised into organised and unorganised community support. Under these two categories, this chapter further discussed community support provided to older people highlighting different means by which members of the community provide support. Furthermore, the negotiation process of obtaining support is discussed.

An ongoing search of the literature was conducted throughout the study to identify literature within the field of community support and negotiation of support. Eleven databases were searched but all except Web of Science were done through Delphis[2] which has several databases; manual searching was also done. Different terms and synonyms within each category were combined using the "OR" search operator and the searches (old, community, and informal support) were combined using the "AND" search operator. Truncations were applied to the keywords used to avoid missing out on words with the same root but a different ending (more details can be found in Appendix E). The final number of papers used for this review was 106. Qualitative and quantitative studies were conducted in various countries of the world; however, the majority of the studies on religious organisations were conducted in America.

[2] Delphis is a tool that enables one to find full text resources from many databases.

4.2 Background to community support

According to Schröder-Butterfill (2005), in between the family and the state lies the community. Community support includes social support rendered by relationships or networks that could be informal but not relatives; this includes neighbours and friends (Deindl and Brandt 2017). These several relationships provide varied social support to meet the needs of community members. Globally, community support has a strong moral root of having to give oneself for the benefit of others; this is particularly important in developing countries where the welfare state is less developed (Anheier 1999; Graham *et al.* 2013). It is based on the principles of altruism, solidarity, reciprocity and cultural or religious beliefs and obligations, and has existed long before the state social security (*ibid*.).

Community support has several advantages. The Indonesian qualitative study by Do-Le *et al.* (2002) found that supporting older people in the community can lead to social cohesion, is more acceptable than paid support and improves the support recipient's quality of life. In addition, it closely meets the needs of older people since those who provide the support are community members that understand and have their roots in the community. This could be because community members have the potential to integrate, establish trust and they have a good understanding of their local communities (Cherrington *et al.* 2010; Pallas *et al.* 2013).

A large and growing body of literature has shown the positive effect of community support on the health and wellbeing of older people in several countries including China, Chile, and Korea (Li *et al.* 2014; Gallardo-Peralta *et al.* 2018; Kim and Lee 2019). Furthermore, when the family or state cannot solve the needs of their older adults, the community substitutes or replaces them and as well, relieves family members from the stress of supporting a dependent member of the family (Do-Le *et al.* 2002; United Nations 2002; Browning and Yang 2013). Similarly, Wouters *et al.* (2012), Woldie *et al.* (2018) and Asher *et al.* (2017) found that community support may address issues around lack of resources, substitute or complement paid health professionals, and families and will address the broader social and wellbeing needs (Wouters *et al.* 2012; Asher *et al.* 2017;

Woldie *et al.* 2018). Predominantly, for older people, it may provide the support necessary to survive.

As well, community support has its disadvantages. One key disadvantage is that the provision of support to older people is dependent on the resources of community members, posing an issue if members of the community are poor (Do-Le *et al.* 2002). Von Benda-Beckmann and von Benda-Beckmann (2007) argue that community support is impossible without resources and dependent on the future, which includes the reliability and availability of resources and support providers. Another disadvantage is that there is no equal distribution of support because it is based on needs identified or reputation except in cases of defined community membership (Von Benda-Beckmann and von Benda-Beckmann 2007). However, even though there is uneven distribution, those with the highest needs are sometimes identified and supported. Furthermore, Schröder-Butterfill and Kreager (2005) research on childlessness in old age in Indonesia highlights that reliance on community such as from neighbours can lead to loss of dignity.

Older people require support to meet subsistence needs in old age. As discussed in chapter 3, family and state support are not adequate. For example, pension in Nigeria covers only 20-25% of Nigerians, the majority of whom are from urban areas, thereby benefitting a few middle and upper class in urban areas. Most workers are not salaried employees rather they work as self-employed in the agricultural sector (Bailey and Turner 2002). Therefore, most people in Africa depend on the family or the community for instrumental support relating to money when they can no longer work (Bailey and Turner 2002). This view is consistent with that of Hyden (2012), who notes that aside from family, the community has been the major form of support in Africa.

To date, most of the literature on support for older people especially in Africa, focuses primarily on the family especially support from children; literature on support offered by the community or non-family members is lacking (Unanka 2002; Ani and Isiugo-Abanihe 2017). Patel *et al.* (2012) study on indigenous welfare and community-based social development report that sometimes the government supports NGOs and faith-based organisations in delivering services in the community. This is where there might be an overlap in the care diamond. Studies have been carried out on support for older people in

the community such as support from NGOs carried out through non-members of the community. However, this thesis concentrates only on community support or services provided by members of the same community to older people. It excludes any support rendered by non-members of the community. This is because this thesis aimed to explore unpaid support obtained from members of one's community.

4.3 Sources of community support

Community support operates through different sources. In the literature, broadly, this includes civil society, traditional social security and non-kin support. According to Cooper (2018) and World Economic Forum (2013), civil society is a space that lies in-between the family, market and the state, such as organised groups and organisations, including NGOs, grassroots organisations, community-based coalitions and faith groups. Civil society creates opportunities for communities to collaborate for a common goal by building on indigenous and external knowledge and providing services such as education and healthcare (VanDyck 2017; Cooper 2018). In addition, it improves the lives of some of the world's poorest people. However, civil societies have often been criticised for placing donor satisfaction above beneficiaries' satisfaction and that some civil societies are not rooted in the communities they work (Cooper 2018).

Traditional social security is organised or unorganised societal efforts that are kinship and community-based aimed at supporting members of one's community and embedded in social relationships (Von Benda-Beckmann and von Benda-Beckmann 2007; Olivier and Kuhnle 2008; Kaseke 2013). The risks and responsibilities are not given but socially constructed (Leutloff-Grandits *et al.* 2009). It includes services provided by the members of the community and self-help groups (Von Benda-Beckmann and Kirsch, 1999). The concept of traditional social security is based on the principles of solidarity, reciprocity and obligations, and has existed long before the state social security in Africa; this is because traditional forms of social protection had always been practised. Traditional social security is distinct from civil society because it is more informal and rooted in social relationships, in contrast to civil society, which is more formalised but exists independently of the state. Non-kin support includes networks that are not family,

including friends, neighbours and other non-relatives in the community (LaPierre and Keating 2013; Conkova and King 2019; Pleschberger *et al.* 2019). It is important to note that sometimes some of these sources of support might exist within another source. For example, religious organisations might provide support by creating mutual associations such as burial societies.

The definitions of traditional social security, civil societies and non-kin support cut across each other and operate in the community as an organised or unorganised network. Therefore, in this thesis, sources of community support will not be classified under the groups as mentioned above; instead, this thesis will classify sources of community support as organised and unorganised. Organised community support networks include mutual associations, NGOs and religious organisations that provide support and charitable acts through the members of the community (Dhemba and Dhemba 2015). On the other hand, the unorganised community support networks include non-kin such as patrons, friends and neighbours that provide support (Isiugo-Abanihe 1985; Von Benda-Beckmann and Kirsch 1999). These groups will be explained further in the next few paragraphs.

4.3.1 Organised community support networks

Organised community support networks are organised groups that could be informal such as mutual community associations. It could be formal such as the NGOs or religious organisations, which provide support to meet various needs (Ruparanganda *et al.* 2017).

4.3.1.1 Mutual associations

Mutual associations are organised groups of people who come together to pool their resources to meet their needs. For example, burial associations in which members contribute financially and then benefit a large sum for burial (burials in Africa are often elaborate) at the time of a member's death or the member's dependants (Semenya 2013; Ngcobo and Chisasa 2018). These associations are often seen as a form of insurance for their members; these are designed to relieve and prevent the financial burden and economic shock from a person or a family when death occurs; this is usually financed by members of the burial society (Kaseke 2013; Nhede 2014). In addition, when the need arises, it provides other financial support through loans to its members (Ochiai 2009). These are mostly found in Africa in countries such as Zimbabwe, South Africa, Botswana and Tanzania (Tshoose 2009; Ruparanganda *et al.* 2017; Dafuleya 2018); these mutual associations also exist in Nigeria, but there is no academic literature that has explored the topic.

Ruparanganda *et al.* (2017) qualitative study conducted in Zimbabwe noted that respondents frequently cited burial society as community support which provides coffin, food for funeral attendees and cash when members or their relatives die; this gives them psychological support even while still alive. In like manner, Semenya (2013) pointed out that belonging to a burial society helped them prepare for death and have a decent burial. Inoans were offered to its members, providing in, providing This shows that a single mutual association can offer different types of support to the members of the community, which can be instrumental and emotional support.

These mutual associations could also be networks of neighbours, villagers, chiefs and other members of the community who come together for a single purpose such as in joint community activities like assistance with agricultural activities, which cannot be done by a single person (Patel *et al.* 2012). For example, a community-based welfare practice called *Zunde* operates as a form of support for food security or shortages in Zimbabwe; this is achieved by community members cultivating food crops to help the vulnerable. It encourages community cooperation while meeting the food needs of its members. Lunga and Musarurwa (2016) discussed the relevance of *Zunde* and the extent to which the

practice offers support to the community. The study draws upon qualitative and quantitative data from structured interviews, in-depth interviews, observations and focus group discussions involving twenty-three people in four districts in Zimbabwe, which includes ward councillors, village headmen, district officers and older people. The study found that the main aim of the *Zunde* practice was to support and supplement the feeding of disadvantaged families, older people and those with disabilities (Lunga and Musarurwa 2016).

The chiefs usually lead this practice, according to de Visser *et al.* (2010), one role of the chiefs in Zimbabwe is to oversee the welfare of the people in his village or district; the chief sets out a communal land for farming where all families work at least once every week. Lunga and Musarurwa (2016) noted that the *Zunde* practice is useful for older people because they reported that the program provides socio-economic support by offering food security at all times. Similar findings were seen in a qualitative study by Ruparanganda *et al.* (2017) carried out to find out different types of traditional social securities that existed in Zimbabwe including their functions. The study used a focus group method of data collection, which included thirty-six older people, religious leaders, village heads, ward development committee members and political leaders. The study identified that *Zunde* was a form of support used to cater to the vulnerable population including older people during drought or distress; this type of assistance provides support against hunger.

The findings from these studies show how community members through mutual associations including older people pool their resources to support their vulnerable members or those in need (Lunga and Musarurwa 2016; Ruparanganda *et al.* 2017). This implies that older people will find it very useful given that some older people have little or no income, especially those who are not receiving pensions and childless older people. However, one disadvantage of these mutual associations could be that there might be a break in the flow of support if a member falls ill or is unable to fulfil their obligation.

4.3.1.2 Non-governmental Organisations (NGOs)

The NGOs are non-profit, voluntary key institutions through which formalised charitable, developmental and social welfare programmes are delivered (Jeffrey 2016). The local NGO organisations are mostly grassroots groups that provide services to meet the needs of people such as assistance with house chores. The providers of support are usually of the same community or society such as the Community Women's Association of Nigeria (Lucas 2001). Sometimes, the NGOs are not created by community members but they carry out their work through them. Most of these organisations provide services through the support of community members, especially women (Patel *et al.* 2012). Sometimes, these supports are not targeted only to older persons but might include services to children, orphans and people with disabilities (Anheier 1999; Patel *et al.* 2012; Graham *et al.* 2013).

In a mixed-methods study designed to evaluate how a community-based care system operates in support of the elderly in Indonesia and how it progressed during the economic crisis that began in 1997, observations and interviews with organisers and family members of older people were undertaken (Do-Le *et al.* 2002). A programme called PUSAKA was evaluated in this study; PUSAKA is an NGO that works in cooperation with the village and offers free services to older people in need and operates through members of the same community especially women (Do-Le *et al.* 2002). Do-Le *et al.* (2002) found that some of the services provided by PUSAKA include: meals provided 3-7 times a week, home visits if the older people failed to come to the centre, healthcare via routine check-ups every month, distribution of medicines and spiritual guidance provided once a week. Additionally, they teach them handicrafts such as baking and cooking to empower them (Do-Le *et al.* 2002). The findings from this study showed that the NGO through the community supported older people economically, spiritually, socially and physically however the study did not indicate in what ways the needs of the older people were communicated to PUSAKA or how older people negotiated the support they received.

4.3.1.3 Faith-based or religious organisations

This section discusses the role of religious organisations in the provision of support to older people. In addition, the role of religiosity and spirituality in how older people experience support from religious organisations will be discussed. In the literature, religious organisations include the church, mosque, and other related organisations such as societies within the church. However, more focus will be on the church and its societies because of the available literature. Societies within the church include the Catholic Women Organisation (CWO) and Catholic Men Organisation (CMO) (Ilika and Ilika 2005).

Religious organisations provide several types of support to older people based on solidarity and religious obligation (McFadden 2010; Ruparanganda *et al.* 2017); they operate either independently through the church members or in partnership with community groups (McFadden 2010). Church members include congregational members and religious leaders such as clergy and pastors; they are regarded as an important part of informal social networks (Taylor and Chatters 1988; Taylor *et al.* 2005; Ellison *et al.* 2010; Debnam *et al.* 2012). Barrett (2013) and Debnam *et al.* (2012) describe the support obtained from the church or mosque generally as religious support; this encompasses social interaction, emotional, spiritual and instrumental support, including charitable gifting that one receives. Support offered via the church are not always to substitute family support but maybe to complement the support provided by the family (Leutloff-Grandits *et al.* 2009; Ellison *et al.* 2010). However, in a few cases such as in childless older people, the church may substitute family support (Taylor and Chatters 1988).

Evidence from the literature has shown that religious organisations provide one of the largest sources of social support for older people. This is supported by the study carried out by Drennan *et al.* (2008) on 683 older people aged 65 - 99 years living in Ireland in which 85.1% of participants reported that they attended a church that formed part of their social networks and source of support. Correspondingly, an American study by Krause (2002) also found that the church provides opportunities for older people to make friends. This finding resonates with that of an American study in the 80s by Cantor (1975) who observed that a few older people in his study who did not have personal support networks such as friends and neighbours often resort to religious organisations. Specifically, Krause and other

authors have carried out several pieces of research in America on church-based support most especially amongst older African and Asian Americans who rely on religious organisations for support (Krause 2002; Stone *et al.* 2003; Ellison *et al.* 2010; Lee and An 2013; Krause and Hayward 2014a, 2014b).

These researchers note that aside from family, older people especially the oldest old made good use of the church support. This evidence suggests that religious organisations are open to ensuring the welfare of their community members, and as well, older people in the community have confidence that the church will provide their desired network and support. Sometimes, the church ensures the wellbeing of its members by establishing medical centres, educational institutions and welfare centres (De Jong 2005). Klaits (2012) study on religion in SSA found that the church cares about the welfare of their members by purchasing land where the needy farm for themselves and as well, operating burial societies.

Lee and An (2013) concluded that the church was not only relied on as a place for spiritual support but as a place that meets their various needs. In addition, the American study participants of Lee and An (2013) viewed the church as social capital, a centre for social interaction and a place of support. These findings are different from the study of Ryser and Halseth which demonstrates that only a few Canadian older people used support from church members, rather they relied heavily on family (Ryser and Halseth 2011). This could be because the population within the studies differed as to their ethnic origins and level of religiosity; the participants in the Lee and An studies were of Asian and African origins that migrated to the USA whereas the participants in the study of Ryser and Halseth (2011) were Canadians with no specificity to their ethnic origin. Therefore, this could mean that the church also upholds the cultural and social norms of the immigrants and could explain the participation of older people in the church which in turn translates to the support they receive.

The level of support obtained from the church is related to the level of religiosity and church attendance or participation (Debnam *et al.* 2012; Barrett 2013). Therefore, support from the churches as a support network will be discussed alongside religiosity and attendance or participation in the church. Kaplan and Berkman (2017), and McFadden

(2010) indicated that the level of religious participation is greater amongst older people than in any other age group. This is shown in the study of Krause (2002) which explored social relations in church using a survey of Christians aged 66 years and above in the United States, including 748 White and 752 Black older people. The study found that attending church is linked to emotional and spiritual support obtained from the priest or the congregation. This was attributed to sharing common life experiences and in addition, similar cultural and/or religious values. Furthermore, the findings of this study are from a nationwide sample of older people increasing its generalisability in the United States however, it is important to note that this study was a cross-sectional study therefore it might be difficult to detect a cause and effect relationship.

Religious organisations also support older people spiritually; this helps in building capacities to deal with issues. A study on African American women by Black (1999) argues that older women use personal spirituality gained from the church through faith and prayer to cope with the situation. In light of this, Malone and Dadswell (2018) in their qualitative study carried out amongst 14 older adults in London explored the role of religion and spirituality in positive ageing for older people maintains that religiosity and spirituality of a person could be supportive. This is because spirituality and religiosity fulfilled several functions in older people such as spiritual renewal, strengthening, comforting, giving of hope, and a sense of belonging according to Malone and Dadswell (2018). Some participants in the study discussed religion and spirituality in relation to being part of a religious community such as a church and mosque or an obvious connection with groups of the same faith or an internal, personal relationship with God (Malone and Dadswell 2018). This is true given that across countries in the world, more than 60% of older people, in eight out of ten countries in the study of Zimmer *et al.* (2016) considered themselves religious; Nigeria, scored the second-highest (95.8% for all ages and 94.3% for older people) after Pakistan (Zimmer *et al.* 2016).

In like manner, Black further reports that participants in the study ascribed the support they receive from the church to the relationship they have with God; they noted God as the overriding support provider even though he uses humans to achieve the provision of support (Black 1999). Black points out that older people viewed God as being able to liberate them from their difficulties and that they can talk to God about anything

including physical pain and financial hardship, since he is the person closest to them (Black 1999). This shows a bi-directional effect of the church strengthening their relationship with God via personal spirituality and God being the one who orchestrates the support they receive from the church.

Instrumental support is a type of support provided by religious organisations. Specifically, charitable gifting was provided by the church and mosque, including food and money (Schröder-Butterfill and Kreager 2005; Ruparanganda *et al.* 2017). In Ruparanganda *et al.* (2017) study, the church came up as a key player in the provision of support; the participants reported that the church had a scheme in which they collected different forms of contributions from their members and gifted them to disadvantaged members of the community including older people. An older participant in the study explained how the church provides support for the basic needs of life for her and her grandchildren as well as substituting the place of a family:

"*I am an elderly widow. All my children passed away. The church is now my husband and carer. From time to time, they bring maize so that I can feed my grandchildren*" (Ruparanganda *et al.* 2017, pg 217).

In like manner, charitable gifting was also identified in the qualitative study of Schröder-Butterfill and Kreager (2005) as one of the support provided by the mosque. Their study was conducted in Indonesia amongst childless older people and they identified that older people were occasionally supported charitably by the mosque; charitable gifts were usually given during occasions such as Ramadan or during a crisis in an older person's life.

However, Schröder-Butterfill and Kreager (2005) observed that charitable gifting has often been seen as preventing hunger but not solving the need for comfort and adequate healthcare. This suggests that charitable gifting is not solely sufficient to support older people as older people may require other things than just receiving gifts, which in some cases are occasionally gifted such as during festive seasons. One disadvantage of support provided through religious organisations is that there may be constraints to the material support they provide in cases of poverty amongst members often who fund the support provided. For example, one of the participants in the West-African study of Lourenço-Lindell (2002) reported that only three persons in a large church congregation could offer

material support for assisting those in need. This shows that the human and economic resources of church members could determine the operational capacity of a religious organisation in providing support. This is supported by Leutloff-Grandits *et al.* (2009), who argued that material resources provided by religious organisations react flexibly to changes in society and are highly dependent on the social context. However, the three people identified in the study of Lourenço-Lindell (2002) might not be the only people who provide support but were those known to the study participants, or the three people were those who were assumed wealthy and able to provide.

Inasmuch as religious organisations provide support, strengthen solidarity and secure stability as seen from these studies, Leutloff-Grandits *et al.* (2009) note that on the other hand, these organisations often target their support to their members and often exclude others. In some cases of religious extremism, these religious organisations even harm others such as September 11 attack, therefore being viewed as detrimental or damaging. In addition, local religious organisations in a bid for social integration sometimes alienate their members from other wider networks. This is supported by Kirsch (2012) and Von Benda-Beckmann and von Benda-Beckmann (2007) who notes that sometimes the inclusion into one type of network might lead to exclusion from other support networks. Furthermore, Leutloff-Grandits *et al.* (2009) argue that in a religious organisation, members in hierarchical positions pursue different aims such as asking for donations or distribution of resources differentially for their benefit.

The findings of these various studies have shown that religious organisations including the church and the mosque provide various types of support asides from spiritual support, including instrumental, emotional and social interaction. However, there is a paucity of literature on how religious organisations support older people in Nigeria. In addition, this section showed how religious organisation plays a role in the personal spirituality of older people. Religiosity and spirituality were key in how older people interpreted the various support they received from a religious organisation.

4.3.2 Unorganised community support networks

Aside from organised support networks, unorganised support networks in the community, which include friends, neighbours, patrons, foster children and fictive kin, have been recognised as sources of support in several countries in the world. These support networks will be discussed in the next few paragraphs.

4.3.2.1 Friends and neighbours

Research has identified the importance of friends and neighbours in older people's lives (Nocon and Pearson 2000; Grime 2018; Evandrou *et al.* 2020). Studies have shown that social support provided by friends and neighbours contributes to the wellbeing of older people (Li *et al.* 2014; Nguyen *et al.* 2016). Globally, evidence from studies shows that friends and neighbours are useful in providing social interaction, emotional and instrumental support (Nocon and Pearson 2000; Williams and Dilworth-Anderson 2002; Drennan *et al.* 2008; Seifert and König 2019). These include providing companionship, shopping and practical help with the house or garden, escorting, visiting and as well keeping watch to inform other family members of emergencies or neglect (Cantor 1983; Nocon and Pearson 2000). Correspondingly, De Jong (2005) study on social security in India also found that neighbours and friends provided instrumental support and companionship.

Particularly, for childless older people, friends and neighbours were identified as being supportive and providing various types of support (De Jong 2005). Childlessness has significant implications for the availability of support in old age, especially for activities of daily living (ADL), particularly for single unmarried men and married women without children, because the provision of support by family members is regarded as the norm (Wenger *et al.* 2000). However, in another study carried out in Wales by Wenger (2001), the author noted that older people without children tend to attract more support for themselves and a wider range of informal networks to meet their needs. They do so by building a supportive network of family and friends (Novak 2015). This is because they tend to compensate for the absence of their children by extending their networks and engaging more frequently with other people or groups (AWOC 2017).

The findings of Wenger (2001) are consistent with the findings of Deindl and Brandt (2017), which showed that aside from family, childless older people attracted the support of friends, especially older people living without a partner. In contrast to Wenger (2001) and Deindl and Brandt (2017) studies, the study of Peil *et al.* (1989) conducted in Nigeria showed that childless older people had a stereotype of having a bad reputation and this is worsened when they have a few siblings alive with a smaller network that can support them. In addition, childless women are suspected of having lived immorally hence why they are barren or are labelled as witches who have devoured their children; these might result in social isolation and community withdrawal (Olu Pearce 1999). However, these studies date back to over 21- 32 years ago, so the situation might have changed, considering the prominence of religious groups and NGOs in supporting older people in recent times. Inasmuch as there are few informal networks for childless older people which are supportive, Novak (2015) argues that the social networks of childless older people offer less support when the older person becomes sick and that they are disadvantaged in other ways such as being less financially secure and living alone. This could also make the case for older people with no close family living close by, who find themselves having a hierarchy of whom to ask for support (Thaggard and Montayre 2019). In the study of Thaggard and Montayre (2019) conducted in New Zealand amongst older people who lived independently and had no geographical close family members, they found that some participants had a list of people who they can call for certain tasks.

The support provided by friends and neighbours could sometimes be frequent or occasional and intensive or minor, which would still be significant to the older person (Nocon and Pearson 2000; Li *et al.* 2014). However, the extent, level and frequency of support are dependent on the availability of and contact with the support network and the support need (Nocon and Pearson 2000). These supports can be either to substitute or complement other forms of support. Cantor reported that friends and neighbours collectively substituted as a daily primary source of support for older people who have no child, those who do not have children within close distance, or those whose children only visit at intervals, either weekly or monthly (Cantor 1975). Whereas evidence from the studies conducted in the United States and the Netherlands by Shaw (2005) and van Dijk *et*

al. (2013) respectively only showed that neighbours complement family members and other support networks in providing support for instrumental and emotional support.

Similarly, the study of De Jong (2005) on social security in India and Burkina Faso opines that neighbours complement the support from family and provide instrumental support. However, the Sweden and Northern England studies of Dunér and Nordström (2007) and Nocon and Pearson (2000) respectively showed that friends and neighbours either complemented or substituted other types of support such as family and formal care when they are not available to support. This implies that the extent of support provided by friends and neighbours is dependent on the support need or situation of the older person.

Often, it is difficult for people to differentiate between the support roles provided by neighbours and friends because they are sometimes used interchangeably (Phillipson *et al.* 1999; Seifert and König 2019). Alternatively, it could be because of the way older people interpreted the meaning of friends and neighbours when either friends or neighbours were studied. Other times, it could be because friends live close to each other, fitting into the category of friends and neighbours (Phillipson *et al.* 1999). For example, most of the friends reported in the study by Cantor (1975) lived in the neighbourhoods and, therefore often classified as neighbours; this could be because as revealed by Greenfield (2015), neighbour relationships sometimes often develop into friendship. Furthermore, evidence from the literature has shown that friends are sometimes discussed alongside family or neighbours therefore, it is often difficult to evaluate who rendered support specifically to older people (Hand *et al.* 2012; Thanakwang *et al.* 2012; Sigurdardottir and Kåreholt 2014). Nonetheless, some other studies differentiate friends and neighbours, classifying friends as a primary social network in line with family and neighbours as a secondary social network (Gallardo-Peralta *et al.* 2018).

Friends and neighbours who provide support could be of varied age groups. However, it is important to note that the support provided to older people might be from friends and neighbours who are also older people (Novak 2015; Grime *et al.* 2016). For example, Barker (2002) carried out a study in the USA exploring non-kin support from friends and neighbours amongst 114 support providers and older people in receipt of support. The

study found that 47% of support providers were older people aged 65 years and older. Similarly, Nocon and Pearson (2000) reported more than half of the support providers in their study were older people aged 60 years and above and some of the support providers were older than the support recipients.

Motivations for providing support by friends and neighbours include reciprocity, social or moral obligation and the character of an older person. This can be seen in the study carried out by Dunér and Nordström (2007), in which support received was found to be based on reciprocity and solidarity. Correspondingly, Shaw (2005) found that the motivation as to why neighbours provided support was often based on the principles of reciprocity and exchange because most neighbours have shared many commonalities; this could be because of more residential stability, which could lead to frequent contact and exchange. Some other participants in the study by Duner reported that they received assistance because of their support needs. In contrast, others reported receiving help based on delayed reciprocity (previous kind gestures or support rendered several years ago). Duner and Nordström described this as an "outstanding account or credit note" (Dunér and Nordström, 2007, pg 75).

In addition, a survey study by Peil *et al.* (1989) which briefly looked at the health and physical support of older people in Nigeria identified instrumental support such as fetching water and shopping as the activities offered by friends and neighbours based on the older person's personality and past behaviours. Furthermore, Barker (2002) found that the motivating factor to support was varied for his participants and included religious beliefs to support and a sense of moral obligation (Barker 2002). Similarly, (van Dijk *et al.* 2013) identified moral obligation as the motive behind the provision of support by neighbours. The different types of support, including emotional, social interaction, informational and instrumental support as they relate to friends and neighbours will be discussed in the next few paragraphs.

Social interaction and emotional support

Friends and neighbours provide emotional support and social interaction (Wenger 2001): this could be provided by discussing certain important decisions with friends, love, reassurance and encouragement (Dunér and Nordström 2007). The study of Moremen

(2008a) carried out in San Francisco on the context of personal networks and community in twenty-six older women's friendships showed how useful friends were in providing emotional support such as assistance when they felt sad or lonely. In like manner, van Dijk *et al.* (2013) qualitative study conducted in two Rotterdam communities in the Netherlands amongst formal support providers and informal support givers showed that neighbours provided emotional support mainly involving chatting and reassurance. Furthermore, Cantor (1975) study on older people in New York found that neighbours socialised with and visited older people; about 2/3 of participants reported having a visiting relationship with their neighbours.

On the contrary, Phillipson *et al.* (1999) in their study conducted in three urban communities in England on older people's experiences of community support observed that most participants reported negativity about their neighbours in one of the communities. The authors reported that some participants felt lonely and had no one to talk to despite having neighbours nearby. Phillipson *et al.* (1999) reported features of the types of neighbours surrounding older people that might be contributing factors as to why neighbours were not a source of support. This includes their neighbours being the oldest old among older people and in some cases, older people who have died or left the neighbourhood leaving the younger generation in the neighbourhood. One of the participants talked about how other older people seem to be leaving her behind; this was described: "there is a sense in which older people can 'outlast' their neighbours; when significant neighbours die or move away, new ones may not be viewed in the same way" (Phillipson *et al.,* 1999, pg 733).

Although studies have shown that friends are a good source of emotional support, Wenger (2001) observed that older people lose their friends to death over time. Equally, Dunér and Nordström (2007) observed that friends provided emotional support but some older people perceived their network in the community to be shrinking because of the death of friends and sometimes were unable to establish new relationships at older ages. Pinquart and Sörensen (2000) pointed out four reasons why friends' relationships might be stronger for emotional support. Firstly, friendships are voluntary so they are more likely to be used for emotional support rather than a family which is based on obligations. This is supported by Novak (2015) who cited that friends provide emotional support more than family

because an older person chooses friendships or relationships voluntarily. Secondly, friends are usually of the same age and most often share personal features and cohort experiences. This is consistent with the findings by Novak (2015), who highlights that lifelong friends within the same range often share interests, memories, experiences and histories. Thirdly, friends usually offer emotional support or social interaction rather than instrumental support which could come with overloading demands such as caregiving. Lastly, friends are usually carefully selected since older people tend to disengage from unsatisfactory ones, unlike family ties that are hard to break off. These results revealed that a friendship network could provide stronger emotional support than neighbours because of friendship and the hierarchy of the level of relationship.

Informational and instrumental

Moremen (2008a) have identified how useful friends were in providing informational and instrumental support such as assistance with IADL. The study by Greenfield (2015) evaluated a Naturally Occurring Retirement Community Supportive Service Program (NORC program) involving 41 older adults in New York, USA. The study found that the NORC program created an opportunity for older adults to help their neighbours who were mostly older people, however, the younger neighbours were limited in their ability to help because of their busy schedules. Participants in the study reported that their neighbours were particularly useful in certain tasks such as sharing information, running errands and cooking for them. However, in the study, there was no clear indication if the relationship of the study participants who were neighbours had progressed into friendship and if it was the younger old helping the oldest old. In like manner, van Dijk *et al.* (2013) qualitative study reported that all participants discussed looking out for their neighbours and linked the ability to look out to proximity. This could be why neighbours play a significant role in crisis management such as in the event of hospitalisation or a fall (Nocon and Pearson 2000; Donnellan *et al.* 2017).

Correspondingly, participants in the qualitative study of Cantor (1975) identified that neighbours helped them when they were sick and helped them in running errands. Dunér and Nordström (2007) found that informal support networks such as friends and neighbours often offered instrumental support such as help with household chores but

might exclude personal care as noted by Nocon and Pearson (2000). It is important to note, as observed by Nocon and Pearson (2000), that instrumental and social interaction such as assistance with IADL and visiting often comes accompanied by emotional support. Findings from these studies revealed that friends and neighbours provided social interaction, informational and instrumental support. However, neighbours were more likely to provide this support due to characteristics of social networks such as proximity and reachability except in cases where friends are also neighbours to older people. For example, Greenfield (2015) observed that neighbours have been found particularly useful for older people because they (neighbours) are less likely to relocate for work so the greater chance to interact and support those closest to them.

The findings from these studies show that friends and neighbours are suited mostly for emotional support, social interaction and instrumental support mostly related to IADL. On the other hand, older people were less likely to call their friends for spiritual and instrumental support relating to finances and health (Moremen 2008a); this support could be classified as sensitive or confidential support. As observed in the study of Moremen (2008a) for friends, likewise, participants in the study of Greenfield (2015) reported that neighbours were not suited for tasks such as financial matters. In addition, time-demanding or long-term support and tasks requiring skills such as medical needs were not suited for neighbours. Moremen (2008a) findings contrast with the study of Taylor *et al.* (2018) conducted amongst 52 family and friends; the latter study aimed to explore family and friends' roles in the health of older people. Taylor and colleagues observed that for some support tasks that are sensitive and confidential, older people obtained support from their friends and families. Friends help older people with support relating to their health such as monitoring their health, deciding on medical treatment and going for scheduled clinic visits (Taylor *et al.* 2018). The findings of Taylor *et al.* (2018) could be because friends were studied alongside family. Therefore, it was difficult to differentiate the support explicitly provided by friends or family. There were no studies that explored appraisal support amongst friends and families.

There are stress and drawbacks associated with the provision of support by friends and neighbours. While it has been shown that friends are vital in the provision of support, the support provided might come with pressure and tensions; this is described by Moremen

(2008b) as the “downside of friendship”. Moremen’s research was carried out on 26 older people; the author found out that strains and stress could happen when friends do not share interests, there is a lack of trust in a relationship, lack of reciprocity, dishonesty and exploitation (Moremen 2008a). Comparatively, neighbours also have their drawbacks in supporting older people when there is a change in the situation of an older person. For example, one of the participants in the study of Nocon and Pearson (2000) stopped going to see her neighbour who had cancer as she found it too frightening. In addition, in Hoffman and Pype (2016) book on ageing in SSA, Obrist (2016) noted that her research participants experienced shame if they had to request assistance from their neighbours.

4.3.2.2 Patron

Patrons provide support in the community through patronage. Patronage is an unequal reciprocal relationship between a client and a patron, in which a patron uses his influence or resources to assist or protect a client in return for certain services (current or past) (Boissevain 1966; Schröder-Butterfill 2005). De Jong (2005) notes that patrons provide clients with non-daily instrumental support such as clothes at an annual feast in exchange for services. Usually, patrons are individuals of high socio-economic status and clients of lower status; its basis is in inequality and diffuse flexibility (exchange is dependent on the needs and resources of the patron and client).

The findings from the study of Schröder-Butterfill (2005) carried out amongst older people in Indonesia showed that patronage is an important means of support for older people because it provides access to work in old age and after retirement. Similarly, another study by Schröder-Butterfill and Kreager (2005) carried out in Indonesia amongst childless older people showed that continued income often depends on the relationship with patrons who would continue to employ them even as their working ability decreases. However, it is essential to note that patronage arrangement is not often dependent on continued service by an older person but could be because of past-shared history (Schröder-Butterfill 2005).

One key advantage of this type of support is that there is no outright dependence (it is reciprocal), making it more acceptable in comparison to charity which could be one way

(Schröder-Butterfill 2005). However, sometimes the client may feel reluctant to approach a patron for fear of being seen as an opportunist and it might involve subordination (greater access to power by the patron) (Boissevain 1966; Schröder-Butterfill 2005). In addition, because the relationship is asymmetrical, it could lead to adverse incorporation whereby the client for longer-term dependence trades off short-term security (Wood and Gough 2006) or bonded loyalty as defined by Wood (2004). Furthermore, another key disadvantage of patronage is that patrons may die or relocate, which questions the long-term support from patronage.

4.3.2.3 Foster children and fictive kin

Older people receive support from foster children and fictive kin; foster children and fictive kin are unorganised support networks that benefit the general population, including older people (Rae 1992; Chatters *et al.* 1994; Schröder-Butterfill 2005; Alber *et al.* 2010; Voorpostel 2013; Coe 2017). Isiugo-Abanihe (1985) provides useful insight into fostering generally in West Africa; he notes that fostering is a widespread demographic practice in Africa and is seen as an adaptive mechanism in a society of high fertility. Fostering is rooted in kinship structure and traditions, which does not only happen during a family crisis or when both or one of a child's natural parents cannot take up the responsibility of bringing up a child. It is also seen across all settings, including stable or unstable homes, low socio-economic or high socio-economic and rural or urban homes (Isiugo-Abanihe 1985).

However, most African research on fostering across the general population has concentrated on children moving from low socio-economic homes to high-socio-economic homes or from unstable to stable homes (Serra 2009; Abeberese and Kyei 2011; Littrell *et al.* 2012; Kasedde *et al.* 2014; Zimmer and Das 2014). According to Isiugo-Abanihe (1985), fostering is an exchange which could be because of kinship, crisis, alliance[3], education or domestic reasons and could start at an early age; foster children include grandchildren, strangers, former village residents and other non-relatives. Coe (2017) noted that foster children were often used to substitute in cases where older people do not have family

[3] A type of fostering where children are sent to people of high political or religious standing to learn skills.

member living close or with them. Foster children and fictive kin will not be classified as kin for this thesis because they have a bond different from that of marriage and blood (close family members). Therefore, this thesis will focus on any other type of foster children asides from that which is based on kinship.

In a study conducted in Ghana by Coe (2017), the role of kin and non-kin in the care and support of older people was investigated; the author noted that kin is key in negotiating for non-kin (such as fostered children) to provide support. As Isiugo-Abanihe (1985) indicated, fostering could be an alliance for skill. Coe (2017) similarly found that in exchange for the older people's support such as cooking and shopping, the school fees of fostered children were paid for, or they were offered the opportunity to acquire religious skills from the older person for a few years. This could be because the older person was wealthy and could afford to train the fostered child or the older person's children are of high economic status (Coe 2017). Most often, the fostered child are referred to as grandchild; this might make it difficult in interpreting and differentiating the literature on family support and foster child support. Coe notes that non-kin fostered adolescents could progress on to fictive kin because of the closeness generated by living together. The data from this study was from interviews with foster parents in Akropong, Ghana.

Another type of fostering is the kinship fostering type which is often based on a sense of obligation by the older person to support other members of the extended family but then it is also beneficial to the older person. Kin fosterage is seen in the qualitative study of Kasedde *et al.* (2014); this offered an in-depth exploration of the role of older people's fosterage decisions amongst extended family. The study was carried out in a rural community in Uganda affected by HIV; this involved 48 older people and two group interviews involving fostered children and family members. The study showed that the exchange that occurs ensures the welfare of the fostered child by the older person as well, the instrumental and emotional support of the older person by the fostered child. The older person views it as a responsibility to care for the younger one however, some participants in the study noted that it was a heavy financial responsibility, especially with limited resources as well as emotional responsibility, given the loss of parents as a result of HIV. The findings from the studies of Coe (2017) and Kasedde *et al.* (2014) show that fostering children is strongly rooted in exchange in which both parties benefit and often there is an

explicit negotiation of what will be gained. This implies that older people of low socio-economic status (monetary or skills) might find it more difficult to foster children. This is because they may be unable to exchange resources or give back anything in return for the support offered to them, or they might struggle with giving something in exchange.

Fictive kin is usually an important relationship that may develop due to long duration and often involves frequent contact and support; they perform and may substitute for family-like roles (Voorpostel 2013). This usually happens in cases where family members are unavailable, dead or lacking (Rae 1992; Voorpostel 2013). Fictive kin has been explored in the USA. For example, Taylor *et al.* (2013) explored the differences between 6082 people aged 18 years and above including African Americans, Blacks of Caribbean descent and non-Hispanic White on several measures including friends and fictive kin. The study found out that African Americans and Black Caribbeans reported having a significantly larger number of fictive kin than non-Hispanic Whites.

This sub-section has highlighted the extent of fostered children in Africa through various ways that ensure an exchange and that both parties gain; this section also revealed the availability of fictive kin amongst several ethnicities but more common amongst Black Americans and Black Carribeans in the USA. However, how foster children and fictive kin could support older people in Nigeria remains poorly understood.

4.4 Negotiation of support

Negotiation is an important aspect of this thesis because it explains the process of interaction that leads to the provision of community support. Negotiation of support involves how older people arrange and organise the assistance they need (Dunér and Nordström 2010) and usually involves at least two people (Zechner and Valokivi 2012). Parties involved reach a consensual agreement as to who and how support will be provided; it is based on need, resources and social relations (Zechner and Valokivi 2012). Negotiation of support varies across genders and depends on one's relationship with the support provider (Horton and Arber 2004). Studies have been conducted to understand how support is negotiated amongst members of the family such as siblings and parents (Finch *et al.* 2003; Horton and Arber 2004; To 2015; Knutsen *et al.* 2017). Other studies

have been conducted to explore the negotiation process within the family (support from older family members to other members of the family) (To 2014, 2015; Qi 2018). However, this section will only focus on the negotiation process for the support provided to older people. The study by Dunér and Nordström (2007) and Nocon and Pearson (2000) offers useful insight into how support is explicitly negotiated between older people and family members.

The study of Dunér and Nordström (2007) looked at how support is negotiated amongst family, formal staff, friends and neighbours. The authors highlighted that members of the family who claim (family members might not always know what is best for an older person) to know what is best for the older persons sometimes negotiate older people's support on their behalves. In like manner, the study of Coe (2017) reported that family members such as daughters who have the resources but are not willing to migrate to support their older parents negotiate the support for their parents. They do this by fostering a child as a substitute for their absence, and then they cover the cost or resources involved. Additionally, older people can also negotiate their support by themselves; the study of Dunér and Nordström (2007) highlighted that older people considered the particular support they need before making contact with the most appropriate person that will assist. However, some participants do not want to bother their network because of the notion that they also have their issues to solve (Dunér and Nordström 2007). Therefore, some of them have to deal with their issues themselves rather than bothering people.

The negotiation of support begins in various ways; this can be explicit or implicit and started gradually or spontaneously which might develop over time. Implicit negotiation involves people communicating without a very open discussion; however, a consensual understanding is reached as to when and how it needs to be done (Strauss 1978; Finch *et al.* 2003). On the other hand, explicit negotiation involves two or more parties having an open discussion on the type of support needed to meet a particular need (Strauss 1978; Finch *et al.* 2003). A qualitative study by Nocon and Pearson (2000) conducted in three geographical areas in England amongst 29 older people and their informal support providers, including friends and neighbours found out that in some cases, the support negotiation started with the support provider explicitly offering to help or simply helping when there is a need. It could be explicit, which is gradual from small beginnings like

shopping or providing company. This negotiation can develop over time to greater commitment that might not be explicitly negotiated (Nocon and Pearson 2000).

This is similar to the findings of Pleschberger and Wosko study in Austria; they argued that during negotiation amongst friends, it is often difficult to identify a specific beginning or negotiation of support, whereas, for neighbours, there is usually a specific small request for one-time support (Pleschberger and Wosko 2015; Pleschberger and Wosko 2017). Whereas, other times the support negotiation happened out of necessity and spontaneously because there was no other available option. In other cases, the older person makes an explicit request amongst their informal network (Nocon and Pearson 2000). For some of the participants, financial negotiation was involved and mutually agreed on by both parties; older people sometimes wanted to negotiate to pay for their support because subsequently, it made them more disposed to request from someone they are familiar with and in addition, it helped solidify the relationship (Nocon and Pearson 2000).

This section on negotiation of support provides useful insight on how older people carefully consider who the best person to provide support is and how the family may play a role in how support is negotiated either by the support recipient or support provider. These studies were conducted in the UK except for one in Ghana which was limited, however, there remains a gap in understanding how community support for older people in Nigeria is negotiated.

4.5 Chapter summary

This chapter described the broad literature on community support. It sets the background by introducing community support including the background to community support. It classified community support under organised and unorganised community support. Then, it moved on to reviewing and appraising the literature on the community support provided to older people under these two categories through various sources across different countries in the world.

Community support has been explored globally and older people benefit widely from various support networks in the community. The community support seen in Africa is mainly organised support, which assists older people in times of distress or need, death or other loss such as property. This offers basic assistance to combat hunger and poverty and addresses social exclusion and societal imbalance amongst members. However, there is a paucity of literature in the areas of the activities of community members, both organised and unorganised for older people in Nigeria including how support is negotiated. Only a few studies looked at how community support is negotiated between members of the community and older people; there was no such study conducted in Nigeria.

The paucity of literature on the support provided by members of a community to older people in Africa suggests that older people in this region might have unmet needs or that researchers have not explored them. Secondly, in Nigeria, the nature of support and the experiences of being recipients of community-based support is under-studied. Thirdly, most studies in Africa that looked at community support provided by community members in Africa, looked at organised support such as mutual associations and a few studies on fostered children. There is also a paucity of literature on African support by individual members of the community who are not close family members such as support from neighbours and friends. This literature review helps shape the research questions and design, which will be discussed in the next chapter and provide a platform to understand the research findings.

Chapter 5 Methodology

5.1 Introduction

My study used a photo-elicitation interview qualitative research methodology to gain an in-depth understanding of the experiences of Nigerian older people who received support from members of their community and how they negotiated support. In addition, I used semi-structured interviews with key stakeholders to explore the various ways through which they provided and organised support. A few studies have been conducted on family support received by older people in Nigeria (Togonu-Bickersteth 1989; Unanka 2002; Uwakwe *et al.* 2009; Okoye 2012) and even fewer studies focused on government support for Nigerian older people (Aluko 2007; Babatunde *et al.* 2013). However, literature on support from the members of the community and how it is experienced and negotiated by Nigerian older people is lacking. Therefore, I conducted qualitative research to gain an in-depth subjective understanding of their experiences and how older people negotiated community support.

The aim of my study informed the epistemological and ontological positions and the methods used for this research; these are discussed in detail in the following sections. In addition, the research questions as presented earlier in this thesis, epistemological and ontological positions, methods, and the rationale for my chosen methodology will be discussed. The methods include the recruitment and selection of participants; demographic characteristics of the older people and the stakeholders; fieldwork and access; data collection methods used which were photo-elicitation interviews and semi-structured interviews (video-recorded); analysis of data; anticipated challenges; the ethical considerations of the study and reflexivity.

5.2 Research Questions

Chapter 2 presented the theoretical framework and the demographic information, contextual factors surrounding Nigerian older people including the family, market and state support were shown in chapter 3. Thereafter, chapter 4 presented the literature on

community support. Building on my discussion of the literature, the key research question and the sub-questions below were developed as discussed in section 1. 3. The importance of filling this research gap was to add to the body of literature, thus contributing to the ongoing efforts of researchers, theoreticians, practitioners and policymakers on community support, social network and social support within the Nigerian context. My study contributes to understanding the social support framework by highlighting the importance of spiritual support as another dimension/type of social support. It builds on the social network theory's hierarchical compensatory and functional-specificity models by highlighting how older people negotiate support and exploring other forms of understudied informal social networks such as foster children.

Key research question:

How is community support for older people negotiated and organised in Nigeria?

Sub-questions:

1. How do older people experience the support provided by community members?
2. How do older people negotiate support from community members?
3. What is the role of stakeholders in providing and organising community support for older people?

5.3 Epistemological and ontological positions

I chose a qualitative research methodology for this study based on two broad knowledge claims of epistemology and ontology according to Bryman (2012).

Epistemological Position: Epistemology deals with the knowledge and ways of learning about the world and seeks to understand what constitutes the basis of our knowledge i.e. how we come to know it (Ritchie *et al.* 2013). The epistemological approach I took in my research is the interpretivism approach.

Interpretivism is a philosophical position in epistemology that deals with interpreting and understanding human action, that is, a person's reality (Schwandt 1994; Bryman 2012). It helps people understand the world around them (Hennink *et al.* 2010). This philosophical

position relies on acquiring knowledge by observing the individual's social world and interpreting it based on the context of the social world (Bryman 2012; Ritchie *et al.* 2013). The interpretivism approach is subject to a person's beliefs, attitude, values and culture; it understands the world from the participant's point of view (Bryman 2012), i.e. the subjective meaning people attach to their experience (Hennink *et al.* 2010). Therefore, this approach was suitable for my research because it aimed at understanding the subjective meaning of the experiences of older people receiving support from the members of the community (from the perspectives of the recipient). This subjective nature of the interpretivism paradigm gives rise to multiple perspectives of reality (Hennink *et al.* 2010). As I immersed myself in the research, the more I made 'second-order interpretations' which is constructing meanings from the participants' meanings and accounts. Thus, the analysis for this thesis was based on a second-order interpretation. Being a second-order interpretation, interpretivism also highlights that the beliefs and background of a researcher often subjectively influence the data created and this could be a limitation (Hennink *et al.* 2010). Therefore, there is a need for constant reflexivity (Hennink *et al.* 2010) which means that when interpreting the experiences of older people receiving support, I must constantly acknowledge my position in the research, recognising the influence of beliefs, roles and actions on my interpretation throughout the research.

Ontological Position: Ontology deals with the form and nature of existence and what is out there in the world to know; it seeks to understand the existence of and what constitutes social reality and if there are a relationship and explanations for the things that happen (Bryman 2012; Ritchie *et al.* 2013). Bryman (2012) maintains that the ontological position can be either objectivism or constructivism; qualitative researchers often see the latter as an approach to qualitative research (Cresswell 2003). The constructivism approach maintains that social entities, phenomena and their meanings are constructed by the continual perceptions and actions of social actors rather than just being pre-given or received.

My thesis aimed to understand the perceptions of older people about their experiences of receiving support, how it is negotiated and the roles of stakeholders in organising community support; therefore, it adopts the constructivism approach. This is because it

supports that individuals seek to understand the world they live in and these older people will construct the meanings of their experiences during the research (Cresswell 2003). This is useful during analysis because it helps me make sense of and interpret the meanings participants have about the world, which leads to developing a pattern of meaning (Cresswell 2014). The data collection methods used enabled the research participants to construct their meaning. This was carried out by gathering emerging insights through interview data elicited from the photographs by interpreting the meanings from the participants, from which themes were generated (Crotty 1998; Cresswell 2003). Therefore, to achieve this, I needed to be open-minded, flexible and empathic (Hennink *et al.* 2010).

5.4 Qualitative research methodology

I used photo-elicitation interview (PEI) and semi-structured interview qualitative methodology to address the research questions. Qualitative methodology was appropriate for my research because it is an interpretivist epistemological and constructivist ontological method of investigation that is flexible and rich in data; it aims at exploring and understanding the experiences, views and interactions of humans from the perspectives and social contexts of the participants (Cobb and Forbes 2002; Labaree 2009; Bryman 2012).

5.4.1 Strengths of using qualitative methodology

Qualitative methodology was suitable for my study for the following reasons:

Firstly, my research explored the experiences of older people as recipients of support from members of their community and the negotiation process; therefore, this revealed a subjective account of their experiences. Secondly, it aimed to elicit an open response in the participants' own words, a detailed and rich understanding of their experiences and the effect if any on the recipients rather than just having an answer of yes or no to the questions (Patton 1999; Corbin and Strauss 2008; Ritchie *et al.* 2013; Clifford *et al.* 2016). The flexibility and method of data collection within the qualitative methodology enabled rich information to be obtained in line with the flow of the discussion during my data

collection. Thirdly, qualitative research enabled more useful information to be elicited, questions or answers clarified, and probes or comments revisited to understand unclear responses (Beverley 1998).

These qualities of qualitative research explained above provided the rationale for my use of qualitative methods to facilitate understanding of the experiences of older people as recipients of support from members of the community; subsequently, the rationale for the methods of data collection is explained. Although I chose and deemed qualitative method appropriate for this study, it has its limitations; these limitations are discussed in the next section, including measures to mitigate them.

5.4.2 Likely limitations of the qualitative methodology

Bryman (2012) and Matusov (1996) note that qualitative research is often difficult to replicate because replication is closely related to the positivist approach which believes that the world is external and independent of the researcher. My research project adopts an interpretivist constructivist position, therefore, replication is almost impossible and not necessary in qualitative research. This is because it is individualistic, contextual, subjective and often dependent on the thoughts of the researcher which cannot be replicated (Bryman 2012).

Positivist researchers would see qualitative research as being too subjective, which is a prime disadvantage of the interpretivist constructivist position (Ratner 2002; Bryman 2012). However, for an interpretivist qualitative research that adopts a relativist stance, there is no objective truth but multiple versions of reality (Holden and Lynch 2004). In qualitative research, the goal is not to eliminate subjectivity rather the subjectivity of the methodology is rigorously acknowledged and the subjective nature of the interpretative process is carefully examined based on the recommendation of Ezzy (2001).

Furthermore, qualitative research findings are often quite restricted; they are often not representative of the entire population; therefore, they might pose issues of generalisation to other settings (Bryman 2012). Additionally, it is difficult to generalise because of the subjectivity and non-probability-based nature of data selection (Sharma

2017). Nevertheless, unlike positivist research, generalisation is not the goal of interpretivist research, rather, it is to understand in-depth and interpret meanings in human behaviour (Edirisingha 2012). Even though the findings from my study are not generalisable, the findings from the study can be transferable to similar settings therefore, the research context is clearly discussed. Furthermore, since it is socially constructed, it is multiple and subject to change (Bryman 2012); participants develop multiple subjective meanings out of their experiences as opined by Cresswell (2003) in particular situations and settings without assumptions that the findings are generalisable across settings (Campbell *et al.* 2008). Despite these criticisms of qualitative research, this methodology is used because it is the most suitable to answer my research questions.

5.5 Recruitment and data sampling

5.5.1 Data sampling

Sampling is a process of selecting the required data sources from a population that aims to answer the research questions (Gentles *et al.* 2015); it has an effect on the findings of the research. Sampling enables researchers to recruit participants that are relevant to the research and offers adequate data to the research questions (Marshall 1996; Byrne 2001). The sampling process I took and the inclusion and exclusion criteria for my selected sample are discussed below.

5.5.1.1 Process of sampling

According to Robinson (2014), sampling involves:

i. Defining the study population includes setting out the inclusion and exclusion criteria.
ii. Determining the size of the sample.
iii. Selecting a sampling strategy.
iv. Finding and locating samples through different sources such as an institution.

In line with the sampling process of Robinson (2014) indicated above, I defined my study population; this included setting out the inclusion and exclusion criteria.

Inclusion criteria for the study sample included:

- Adults aged 60 years and above.
- Nigerian older people living in Nigeria.
- Older people receiving support from community members or who had received support from members of the community within the last 12 months (so that their experiences were fresh in their memory).
- Older people with the ability to move around to take pictures of things which signifies the support they have received.

In qualitative research, the sample size is based on the research aims and the size which answers the research questions (Marshall 1996). Therefore, based on my research aims, the sample size for the photo-elicitation interview consisted of seventeen older people living in Umuoji, Anambra State, Nigeria. In contrast, the semi-structured interview consisted of six stakeholders residing in the same location. This sample size was sufficient to attain saturation and answer the research questions.

I selected purposive and snowball-sampling strategies in line with the research design and methods discussed in the next two sub-sections.

5.5.1.2 Purposive sampling

I choose purposive sampling because this research project aimed to recruit participants who met this research's aim and were relevant to the research questions. It is a sampling strategy that I used to select participants based on the assumption that certain individuals have unique and different perspectives of the research questions (Robinson 2014). Etikan *et al.* (2016) and Palinkas *et al.* (2015) note that purposive sampling enables the selection of people who can provide information-rich cases relevant to the research. I selected the participants purposively based on the study's inclusion criteria, which were previously discussed (see section 5.5.1.1).

To obtain a wider range of experiences from the interviews, the sample included a varied range of participants, which included eight men and nine women of different age groups starting from 60 years, of differing Christian denominations that provided verbal or written informed consent. Purposive sampling was achieved because I had a gatekeeper who highlighted the different groups and churches within the community, which served as a basis for recruitment. This sampling method has its limitation: it is prone to selection bias, which relies on my judgement or the gatekeeper's (Sharma 2017). However, my research had clear criteria for sample selection and I clearly wrote the whole process for sample selection. In addition, even though I recruited people from different churches (including one who was a traditionalist but claims he belongs and had been baptised in a church), the sample selection may have been biased, and the findings limited because there was no sample of participants who did not belong to a church. Therefore, this meant that the views of traditionalists or other religious groups of older people were missing.

5.5.1.3 Snowball sampling

Snowball sampling is a method of recruiting participants based on another participant's recommendation; those recruited propose other contacts who also meet the inclusion criteria (Marshall 1996; King and Horrocks 2010; Bryman 2012). Robinson (2014) states this sampling process includes finding and locating the sample through different sources. For my thesis, snowball sampling was used in a way whereby participants that were recruited from the churches recommended other similar older people in the community who have received support (Cobb and Forbes 2002). In addition, the stakeholders recommended other older people in the community who were not members of their churches but had received support from community members (however, I selected only one out of the four recommended participants because the other three individuals were unable to take photographs of things that signified support because of physical limitations). This helped prevent bias in recruiting people within the same or similar

organisation; however, this also meant that people with some types of physical limitations were excluded from the study.

Snowball sampling in addition to purposive sampling, was particularly useful to my research because it was used to recruit older people who might not have been otherwise recruited. Although this thesis has identified snowball sampling as a sampling strategy that recruits participants that will adequately meet its aim and objectives, it still has its limitations. One limitation is that people might tend to recruit participants with similar social characteristics or people who could express the same views and opinions about the questions asked (King and Horrocks 2010). Nevertheless, this limitation did not pose an issue to my study because it equally uses purposive sampling as a recruitment strategy; therefore, this means that a variety of people were recruited who did not share similar views or opinions about the support provided by community members. In addition, people of different social classes and religious groups were recruited.

5.5.2 Demographic characteristics of the community and study participants

Umuoji is a town in Anambra State, Nigeria, which is made up of twenty-two villages. The majority of the population are Christians and a few are traditionalists. A traditional Eze and Igwe govern Umuoji as a community, whereas an Ichie (village leader) leads each village. Umuoji is well known for its cultural heritage and celebrates two major festivals, Uzoiyi and Mbajekwe.

The research participants were divided into two groups: older people and stakeholders. Unorganised support providers such as friends were not interviewed because the focus of the study was to understand the experiences of support recipients and those who organised support for older people. Older participants ranged from age 60 years and above. There were eight males and nine females; all participants were from Umuoji community in Anambra State, Nigeria and were living independently or living with someone else in their own home (including with their spouse, children and or grandchildren). All participants were or had been married; eight out of nine female participants were widows whereas all the men were still married. The sample included older people with different numbers of

children, however, there were no childless participants because childless older people that I sampled did not meet the criteria for the photo-elicitation interview. This is because they were too physically impaired to use a camera. However, it is important to note that the older person who adopted a child at old age was still referred to as a childless older person. This is because the adopted child was very young and regarded as a grandchild (considering and comparing the age of the adopted child and her parent). Socio-demographic information of participants presented in Table 5-1 includes gender, the age range of older people and their children, marital status, number of children, living arrangements, occupation and religious groups of older people.

Table 5-1: Demographics of older people

People	Gender	Age range	Marital status	*No of living children	Children's age group	Child or children's gender	Living arrangement	Occupation	Religious groups
AN	Female	60-69	Married	2 children	19-25	Female and Male	Lives with spouse	Not Working	Catholic
BO	Male	70-79	Married	**1 child	0-18	Female	Lives with spouse and one child	Currently, Civil and formal worker	Pentecostal
CA	Male	80-89	Married	6 children	26-60	Female and Male	Lives with spouse	Retired Self-employed	Catholic
CA2	Male	80-89	Married	7 children	26-60	Female and Male	Lives with spouse	Public work Retired	Catholic
CM	Female	90-99	Widowed	5 children	26-60	Female and Male	Lives with a fostered child	Retired Self-employed	Catholic
CN	Female	80-89	Widowed	6 children	26-60	Female and Male	Lives with grandchildren and children	Retired Self-employed	Catholic
DO	Male	80-89	Married	4 children	26-60	Female and Male	Lives with spouse	Retired Self-employed	***Anglican
EO	Male	70-79	Married	10 children	26-60	Female and Male	Lives with spouse and children	Self-employed	Catholic
GO	Male	60-69	Married	2 children	19-25	All male	Lives with spouse and children	Self-employed	Catholic
IO	Male	80-89	Married	3 children	26-60	Female and Male	Lives with spouse	Retired Self-employed	Catholic
ME	Female	70-79	Widowed	2 children	26-60	Female and Male	Lives alone	Self-employed	Catholic
MF	Female	80-89	Widowed	5 children	26-60	Female and Male	Lives with a fostered child	Public work Retired	Catholic

MU	Female	60-69	Widowed	5 children	26-60	All male	Lives with a fostered child	Retired Self-employed	Catholic
NO	Female	100 and above	Widowed	5 children	26-60	Female and Male	Lives with grandchildren and children	Retired Self-employed	Pentecostal
TO	Female	80-89	Widowed	8 children	26-60	Female and Male	Lives with grandchildren and children	Retired Self-employed	Pentecostal
TU	Male	90-99	Married	7 children	26-60	Female and Male	Lives with spouse, grandchildren and children	Self-employed	Pentecostal
VA	Female	70-79	Widowed	10 children	26-60	Female and Male	Lives with children	Self-employed	Catholic

Source: Author

*: Number of surviving children, some had more children than specified but are dead

**: One child who was adopted when the participant was at an advanced age

***: He is a traditionalist but claims he belongs to an Anglican church and has been baptised

I interviewed six stakeholders, five male and one female; all were representatives of a religious organisation that provided support, except one who was both a representative of a religious organisation and a village leader. It was not possible for me to recruit and interview (using a face-to-face semi-structured interview method) other stakeholders such as Igwe and Ichie, except for one because most of them live and lead from other cities and not the village. For example, the Igwe of the community lives in the United States of America and comes to the community occasionally.

In addition, it was not feasible for me to interview some groups of support providers such as *nwunye-edi* because it is not an organised form of support, there is no woman leader and every woman is potentially *nwunye-edi* by living in the same community. However, this could be an area for future research to understand their motivations. In addition, a specific person did not lead the association identified in my data, therefore, there was no particular stakeholder (leader) identified from it. The demographic information of participants is presented in Table 5-2.

Table 5-2: Demographics of stakeholders

People	Gender	Stakeholder's role	Religion
Stakeholder 1	Male	Reverend father (religious leader)	Catholic
Stakeholder 2	Female	Legion of Mary society leader	Catholic
Stakeholder 3	Male	Chairman of Works Committee leader and Community leader	Catholic
Stakeholder 4	Male	Ward leader for a village (different wards in a church)	Catholic
Stakeholder 5	Male	Priest (religious leader)	Anglican
Stakeholder 6	Male	Priest (religious leader)	Anglican

Source: Author

5.6 Choice of the study community

For this study, I choose Umuoji, a town in Anambra State located in the Eastern part of Nigeria. The primary reason for the choice of research location was that there were not many studies on older people in Eastern Nigeria. Secondly, I understood the language (Igbo) spoken by community members in Umuoji. In addition, having lived in the study community while growing up, I was aware of some of the cultures within the community. The lived experience of growing up in the study community helped me to gain trust, access, and navigate around the villages in the community more easily, more details of this can be found in section 5.12.5. According to Holmes (2020), language is an important factor because it aids in gaining access to the study community and understanding colloquial comments and non-verbal cues.

5.7 Fieldwork and access strategy

The recruitment and access strategy is a very important stage of qualitative research because it contributes to the success of the research. Based on the recommendations of Buchanan *et al.* (2014), Singh and Wassenaar (2016) and Johl and Renganathan (2010), I explored the following stages in conducting fieldwork, and these are discussed in the following sections:

1. Getting in.
2. Getting on.
3. Getting out.
4. Getting back.

5.8 Getting In

When I received ethical approval, the first step was the “getting in” stage or negotiating access. At this point, I needed to ensure that I understood the culture of the population being studied. It might have been difficult and quite complex to recruit participants

without first asking the leaders of the community or the church where the participants will be potentially recruited; these people are often called “gatekeepers” in qualitative research. According to Lavrakas (2008), a gatekeeper is a mediator between a researcher (who collects data) and a potential study participant. In addition, it was equally ethically essential that I obtain the approval of the community leaders or church leaders to ensure adequate stakeholder engagement is carried out before and during the research (Singh and Wassenaar 2016).

The gatekeeper controls access to a defined group of persons either in an institution or a community (Mandel 2003; Lavrakas 2008; King and Horrocks 2010; Matshidze 2013; Singh and Wassenaar 2016). Specifically, I obtained permission from the community and church leaders to conduct the study. I explained the proposed research process, including the aim, objectives and timeframe, to the gatekeepers by verbal explanation in person. In addition to the proposed research process, I duly communicated the impact of the research and any potential risk in the society such as emotional distress when they talked about their situation or the support they need. I informed the gatekeepers that the participants had the right to withdraw at any stage of the research. In addition, informed consent was obtained from each participant.

5.8.1 Getting on

The point of data collection is the “getting on” stage (Buchanan *et al.* 2014). During this stage, the relationship with the participants needed to be maintained in the following ways.

Firstly, I familiarised myself with the cultural norms of the study location in order to continually gain access and build a rapport for the period of the fieldwork. Secondly, clothes that are native and appear friendly and informal to the people I interviewed were worn. Zubair *et al.* (2012) note that insider status within the study community was negotiated through appropriate dressing which is native to the people being interviewed; appropriate dressing was an important resource for me to express shared ethnicity and solidarity. Arguably, dressing in native clothing made the participants more responsive and helped create a rapport. Thirdly, I spoke the language familiar to the people to

enhance the flow of communication. Fourthly, I respected all people regardless of age seen during the fieldwork. Lastly, I obtained consent from the participants to video-record the interview process; this process of video-recording the interview is discussed further in section 5.9.1.1.

5.8.2 Getting out

The getting out stage involved withdrawal from the participants (Buchanan *et al.* 2014). At this stage, after the interview, I said a verbal "thank you" to the gatekeeper and the participants immediately after the fieldwork.

5.8.3 Getting back

The getting backstage involved that I communicated the results of the fieldwork to the participants and gatekeepers based on their preferences and revisited the field for more data if necessary (Buchanan *et al.* 2014). I revisited some participants because of insufficient data which were initially collected from the interviews, whereas I revisited some a second time to collect more data and for clarity of previously collected data.

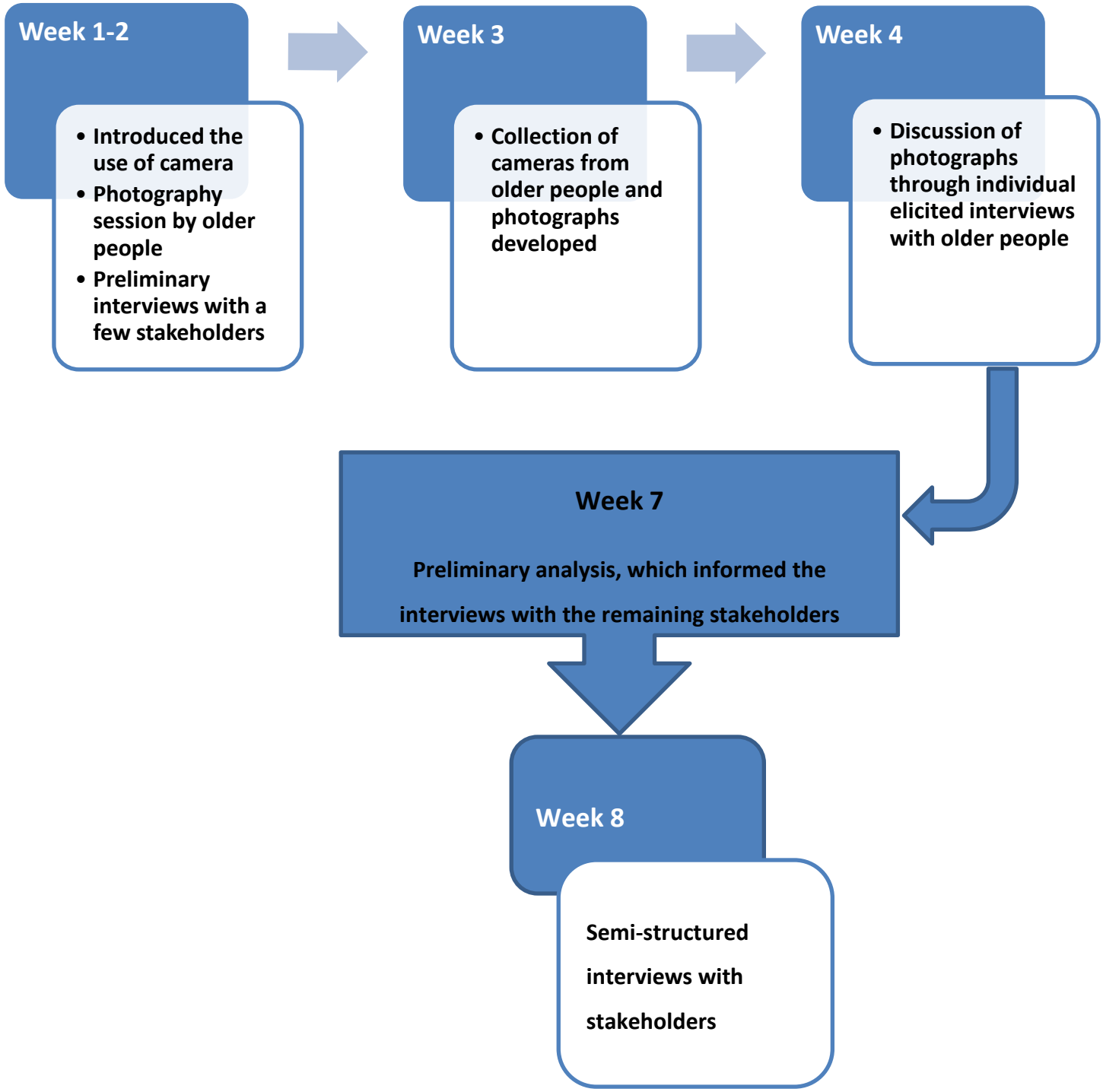
5.9 Data collection

The choice of data collection methods that I used in this research depended on the type and quality of data to be collected, which met the aim of the research and helped answer the research questions. The data collection involved two methods over four stages; I conducted these in eight weeks by reviewing data quality and ensuring that I have generated adequate rich data to achieve the research aim.

These data collection methods included a photo-elicitation interview and semi-structured interview; the data collection stages included: briefing on the use of the camera and photography by older people, collection of cameras and development of photographs, a photo-elicited interview with older people and a semi-structured interview with the stakeholders as shown in figure 5-1. In the following sections, I explained these methods and stages. The data collection methods I used were the most suitable, as they aided

participants to reflect on their experiences, capturing their views as recipients of support from community members, and discussed ways of meeting older people's unmet needs. Using different data collection methods is a form of triangulation which enhances a broad understanding of a phenomenon (Patton 1999; Carter *et al.* 2014).

Figure 5-1: Stages of data collection



Source: Author

5.9.1 Photo-elicitation method with older people

The use of photography has its roots in ethnography and disciplines such as anthropology (Harper 2002). Its use in research has increased over the last few years as researchers from several disciplines have engaged themselves in the use of photography as a research method. According to Harper (2002), photo-elicitation is a qualitative research method that involves using photographs in research interviews (Harper 2002). Photo-elicitation is also known as "photo-interviewing" (Dempsey and Tucker 1994; Cappello 2005; Tinkler 2013) or "photo-feedback" (Sampson-Cordle 2001).

It serves dual purposes of being a tool for researchers to expand on questions and for providing a unique way for participants to communicate aspects of their lives (Clark-Ibáñez 2004), thereby acting as a prompt to bring out their voices in interviews (Hatten *et al.* 2013). Some researchers have used the photo-elicitation method to conduct studies that would have otherwise been difficult to carry out with ordinary interviews; for example, the social identity of children, ethnically different immigrants and health issues (Harper 2002; Radley and Taylor 2003; Bailey *et al.* 2010; Sebastião *et al.* 2016). Photo-elicitation can be conducted broadly in three ways (Banks 2008; Parker 2009; Tinkler 2013; Bates *et al.* 2017):

1. Original photographs were taken by the researcher.
2. Original photographs were taken by the participants.
3. Existing photographs were brought either by the participants or by the researchers to the research interview from various sources, which might include an old family album.

Photographs created by the participants were used for this thesis; therefore, I explained further the process followed to create the photographs in section 5.9.1.1. These photographs were used as interview stimuli.

5.9.1.1 Process of photo-elicitation

There were two stages involved in the photo-elicitation method of data collection for this study, which included the photography and the interview phase; the process I took for each phase is discussed in the next few paragraphs.

Photography Phase:

1. Firstly, I organised a short and simplified briefing meeting explaining the research. Then I obtained informed consent from participants and oriented the participants on how to use the camera.
2. I provided cameras to the participants to capture scenarios that best illustrated their perspectives and experiences of the support provided by members of the community. Subsequently, I contacted the participants by telephone or visited every two days. This was to ensure that my participants were still happy to take part, that the process was moving on smoothly and that there were no areas of concern in using the camera. The cameras were left with older people for one week, giving them adequate time to capture their experiences; the time limit of one week for older people to take photographs was to reduce the chance of loss or misplacement of cameras.
3. After one week, I retrieved the cameras and then developed the photographs in a local studio.

Photo-elicited interview phase:

The second phase involved conducting an elicitation interview; the interview questions were open-ended and based on the images created by my participants. I asked the participants to talk about the photos taken. The photos served as an anchor point for the participants and myself (Hatten *et al.* 2013). I did this by presenting each of the photographs created and thereafter asking participants to explain the meaning they attached to each of the images in relation to the research aims; the interview guide is located in appendix B.

I conducted all interviews except three in participants' homes and the other three were conducted in a central location of their choice close to the local church. I carried out all interviews except one in Igbo, which is the local dialect of the participants; the exception was conducted in English. All the interviews lasted between 45 minutes and two hours. I planned to use a video recorder to capture interviews, but due to technical and logistic reasons, such as inadequate electrical power supply, as video recording consumes battery life, only a few of my participants were video-recorded. The others were audio-recorded only, ensuring that no interview parts were missed. Video recording is a valuable method of data collection during interviews; it gives room for reviewing the interview as many times as possible in the event of necessity for clarifications while observing the full range of facial and verbal communication, which can proffer a deeper meaning to spoken words during analysis (Beverley 1998; Henry and Fetters 2012). A key disadvantage of using video recording is that the participants involved in the study may be more conscious of the camera, which might affect their behaviour. During the interview, I mitigated this by keeping the camera in a steady place rather than carrying it around. However, I noticed that the participants were very excited but conscious that they were being videoed and audio recorded at the start of the interview. Nevertheless, they became focused and less conscious of the camera as the interview progressed, enhancing the flow of communication.

Regardless of recording the interview via video or audio-only, I took notes and reflexive field notes during the interview and after the interview had taken place respectively. This is because the notes were used to record important observations, which might be useful when analysing the data; further details on taking notes are in section 5.10.1. Furthermore, I ensured that the video and audio recording device was stored on a memory stick containing the interviews for safe storage and appropriate disposal or destruction at the right time. At the end of my interview, participants were given foodstuffs to thank them for their time.

5.9.1.2 Rationale for photo-elicitation interview method.

Using the photo-elicitation method for this research enabled older people to capture their unique experiences (whether positive or negative) of receiving support from

members of the community. The photo-elicitation interview methods have several advantages over other data collection methods.

Dempsey and Tucker (1994) and Meo (2010) argue that using photographs in research provides more in-depth, comprehensive and richer data than other methods such as the semi-structured interview method. This is because there is a subtle function of photographs that prompts reflection about things which are not necessarily in the images as participants examine images (Dempsey and Tucker 1994); that is to say that photographs release information and feelings and sharpen memories from the pictures taken (Harper 2002). Photographs evoke deeper elements of human consciousness and cognition than verbal interviews alone (Harper 2002; Oliffe and Bottorff 2007). Relating to the constructivist position of my thesis, it is a reflexive exercise used to construct the experiences being analysed because it goes beyond looking at the images as valuable data and also considers and interprets the context in which the photos were taken (Katz 2005).

Evidence suggests that recall might be an issue amongst older people when compared with younger people (Craik and McDowd 1987; Danckert and Craik 2013). Therefore, the PEI method is particularly useful for my thesis, as the experiences of older people were being sought. The photo-elicitation method enabled older people at risk of poor recall to provide images of experiences and past events that would not necessarily be observable by participant observation or adequately captured by semi-structured interviews, as observed by Oliffe and Bottorff (2007).

It is important to use this method of data collection, as studies have shown that it helps to clarify, verbalise and visualise aspects that would have been difficult to articulate, that is, through revealing facets that would not have been understood or made visible in verbal interviews (Oliffe and Bottorff 2007; Banks 2008). Clark-Ibáñez (2004) maintains that PEI spurs meaning that would not have been seen in a stand-alone interview because meaning can be interpreted through the images. In addition, it was easier for me to understand what the participants were communicating because of the photos. This makes it an additional tool in interviews when compared to semi-structured interviews.

A photo-elicitation interview can bridge the gap of establishing a communication point between a researcher and a participant which is sometimes seen in stand-alone

interviewing (Harper 2002; Tinkler 2013), thereby reducing the strangeness of an interview and appearing more like viewing a family album (Schwartz 1989; Tinkler 2013). This is because the communication is anchored in an image that the interviewer and participants understand at least partly (Harper 2002), and being a participant-led-photograph, people can be keener to talk about photographs they have created (Tinkler 2013).

Furthermore, this data collection method is seen as a collaborative effort by the researcher and the participants, which is participatory and engaging (Cresswell 2003; Close 2007; Glaw *et al.* 2017). This is because the participants often lead the discussions and highlight experiences that are most important to them (Oliffe and Bottorff 2007). Therefore, the process tends to increase and sustain a participant's involvement in a research project (Richards 2011); this is particularly useful for older people because some might feel socially excluded and age discriminated against (Walker 2007). Importantly, the findings of this research project are enriched by the input of older people's interpretation of their experiences through PEI. Thus, the PEI offers a useful method to explore the subjective experiences of older people as it allows them to provide a visual image of their receipt of support.

5.9.1.3 Limitations of using photo-elicitation interview method

Although the photo-elicitation method of data collection has several benefits, it also has limitations, which are discussed below:

- It could be time-consuming and expensive to run (Richards 2011). However, I gave sufficient planning and time allocation for participants to take photos. I bought cheap disposable analogue cameras to reduce cost. However, in reality, these were more expensive to use because of the limited availability and expensive cost of the photo studio in the Eastern part of Nigeria where the photos were developed. In retrospect, using a cheap digital camera would have saved money and time because it can be printed from any photo studio.
- Using an analogue camera, especially since most older people were inexperienced in the use of the camera, meant that some of the pictures taken were blurred.

Nevertheless, I still obtained many images due to the many photos taken by participants.

- It is possible that these older people have never taken pictures with a camera or they might be unskilled; I handled this by showing participants how to use the camera, which requires simple and minimal instructions.
- The participants might misplace their cameras; I considered this by buying a few extra cameras before the start of data collection. However, no participants misplaced their cameras.
- Conducting research requires many ethical considerations and the use of photographs is not without ethical issues surrounding it, such as obtaining informed consent and safeguarding anonymity. I ensured that consent was obtained from all participants in advance and permission was sought from the people in the images by the participants based on the recommendation of Wiles *et al.* (2006), Wiles *et al.* (2008) and Glaw *et al.* (2017). Since few participants took pictures of people and it was not easy to obtain consent in some cases, as Glaw et al. (2017) suggested, the image(s) were not included in the study or in the thesis itself. I blurred the pictures taken with permission so that the people in the pictures are unidentifiable to safeguard anonymity.

5.9.2 Semi-structured interviews with stakeholders

The semi-structured interviews with stakeholders were aimed at understanding objective 3 of this thesis and answering research question 3 (see sections 1.2 and 1.3). The aim was to understand the roles of stakeholders in organising community support and was conducted amongst six stakeholders in Anambra State, Nigeria. A semi-structured interview is a type of interview whereby the researcher has a list of questions but has the flexibility which allows participants to raise questions, thereby aiding rich and detailed answers (Crotty 1998; Bryman 2012; Braun and Clarke 2013). Semi-structured interviews can be in-person or conducted virtually including via the telephone, email and online (Braun and Clarke 2013). I used the face-to-face interview method in this thesis to enable direct observations of emotions and visual cues as noted by Braun and Clarke (2013); this

was carried out in a relaxed and conversational way according to Ryan and Dundon (2008), which led to the emergence and development of data.

Semi-structured interviews could be said to be the most commonly used method of data collection in qualitative research (Clifford *et al.* 2016). This is because it is intuitively understandable and offers the chance to establish a good rapport with the participants, creating a conducive environment during the research (Bryman 2012; Brinkmann and Kvale 2015). It can be used to gather historical and present information (Harrell and Bradley 2009); I used this method of data collection to gather information on historical and current information for my study. Semi-structured interviewing as a research method helps a researcher to keep an open mind so that new insights can emerge rather than preconceived answers (Bryman 2012); this is particularly useful as this is aimed at understanding how various support is provided and organised.

I chose this data collection method as I felt it is the most appropriate to collect data from the church and community leaders who provided and organised support in the community. I initially contemplated using focus groups, as participants can discuss issues together and produce good results. However, interviews appeared more feasible as it might prove challenging to get all the intended stakeholders together simultaneously. Additionally, there is a danger of homogenising people's views in focus group settings (Rabiee 2004), as people might be unwilling to make suggestions, especially when there is a power hierarchy between community leaders and religious leaders.

The stakeholders included those who provide support services to older people through religious institutions or religious societies in the community. I visited the recruited stakeholders before the interview to give them sufficient time to decide and reflect on their participation before taking part in the interview. This enabled them to communicate effectively during the interview. Dependent on choice, the stakeholders were interviewed in the English or Igbo language at a mutually convenient place, date and time, either in the participant's office or a central location of choice, which in most cases was the church; the interviews were audio and video-recorded. The interview guide was produced clearly and understandably to ensure quality and to enable participants to freely discuss as it can influence the depth of the findings of the research (Kallio *et al.* 2016). The

interview guide is located in Appendix C. I started the interview with a brief introduction to the study and the interview guide was used flexibly because of the awareness that the participants might guide the conversation. The interview guide included questions designed to answer the research questions. The interviews lasted between 30 and 90 minutes.

Recruitment and data collection took place between December 2018 and March 2019.

5.10 Data analysis

This section describes the methods I used to analyse the data obtained from photo-elicitation and semi-structured interviews. I reflected on the use of NVivo, video recordings, audio recordings, fieldwork diaries and the notes used for the analysis, and discussed thematic analysis including the rationale for using it to analyse my data.

5.10.1 Research field notes

It is important to record and reflect on experiences and triangulate ideas; I achieved this by taking research field notes. These were used to keep daily records of events and experiences from the research in an organised format. It is important that I kept notes during fieldwork because it represents a methodical way of recording and organising the research process to promote reflexivity, supplement data analysis when relevant and can be used as an organisational tool (Nadin and Cassell 2006). In the field notes, as recommended by Altrichter and Holly (2005), I recorded data obtained from the process of data collection, reflections on relevant meetings, appointments and conversations, and plans for subsequent research. These were written up immediately after the event.

Since these notes constituted personal and private accounts, I kept them securely (Altrichter and Holly 2005). The soft copy was stored in NVivo, which was installed in a password-protected computer; after fieldwork, I kept the hard copies of the note and diaries in a locked cabinet at the University of Southampton to ensure confidentiality. I revisited the methodological notes, including observations and activities around the data

collection during stage one of the analysis stage when I was familiarising myself with the data (Braun and Clarke 2006).

5.10.2 NVivo software

NVivo is a computer-assisted software for qualitative data analysis; it was used to support the process of analysis in the research. I created transcripts for the photo-elicitation methods and semi-structured interviews from the video-recorded and audio-recorded materials used, translated them where necessary, and then imported them into the NVivo software, which was used for managing, storing, organising and categorising data within a password-protected computer.

NVivo can help to increase effectiveness and efficiency during qualitative analysis (Bazeley and Jackson 2013), and I used it in the following ways to analyse data:

1. To manage all the various sources of data that were used for my research, including photos, mind-maps, notes, memos, videos, data sources, interviews and observations.
2. Organise ideas to access various sources of information relevant to answering the research question and sub-questions.
3. To query data to ask simple to complex questions and to be able to retrieve all information relevant to the questions being asked. In addition, I saved these queries further for examination.
4. Visualise data to interactively link or find relationships between various cases, ideas and strategies.

5.10.3 Thematic analysis

Thematic analysis is a widely used method of analysis in qualitative studies, which helps to thoroughly examine, analyse and report patterns within data (Braun and Clarke 2006). It involves immersing oneself in the data before coding and developing of themes (Braun and Clarke 2006). The thematic method of analysis is flexible and can be applied across a range of theoretical and epistemological positions, including the realist and constructivist

positions (Braun and Clarke 2006). This makes it a methodical and useful way to analyse and interpret different qualitative data types, thus being suitable for my research project. I did not analyse the images on their own. However, they were used as prompt for the semi-structured interview and the context surrounding the photos were also discussed during the interview. The epistemological position of this thesis as discussed in section 5.3 influenced how I carried out the analysis and the construction of the findings. In the context of exploring experiences, thematic analysis is useful because it enables the understanding from a constructivist ontological and interpretivist epistemological position, of the meanings that older people attach to their support and the support negotiation process. Braun and Clarke (2006) capture this compatibility as:

"a method that works both to reflect reality and to unpick or unravel the surface of 'reality" (Braun and Clarke, 2006, pg. 81).

The flexibility of thematic analysis can be seen as a strength, but at the same time can lack coherence and inconsistency when developing themes, constituting a limitation (Holloway and Todres 2003). I mitigated this by ensuring that the process of the analysis and the influence of the epistemological position that underpins this research was explicit, which is discussed in the following sub-section.

5.10.3.1 Decisions guiding the choice of thematic analysis

According to Braun and Clarke (2006), it is important to determine the type of thematic analysis and the claims the research wants to make in relation to data. The decisions regarding my use of thematic analysis will now follow:

In qualitative research, data analysis can either be done via an inductive or a deductive approach (Boyatzis 1998; Braun and Clarke 2006). The inductive method of thematic analysis is an approach whereby the themes are strongly linked to the data and may have little linkage to the interview questions; this is achieved by coding data without trying to assign it to a pre-existing code frame or a researcher's analytic preconception (Braun and Clarke 2006; Nowell *et al.* 2017). In contrast, deductive analysis is often based on a researcher's theoretical interest or the research question(s) being asked (Braun and Clarke 2006; Nowell *et al.* 2017). My research used an inductive approach for data

analysis. This allowed me to code data by being open to new constructs within the data. I choose this approach because it allowed for 'an open mind' in data construction and analysis to identify and explore the range of experiences being investigated.

5.10.3.2 Phases of the analysis

The six-phase approach by Braun and Clarke (2006) was used as a guiding framework for this research; this approach is explained below.

Familiarisation with the data

There was a need to familiarise myself with the data but since the data were collected through an interactive process, I had prior knowledge of the data and some initial codes. Regardless, I immersed myself in the data to ensure maximum familiarisation. This immersion was achieved by reading and re-reading the transcripts and field notes and by examining the photographs to gain a deeper understanding whilst searching for meanings and patterns. At this stage and every stage of the analysis, I carried out accurate note-taking and documentation of all ideas.

Generating initial codes

After familiarisation with the data, in this phase, there was a need for initial open coding. Codes refer to the most basic element that can be assessed in a meaningful way to the phenomena being studied (Boyatzis 1998). Coding was dependent on the data and I did this by tagging and naming selections of text using NVivo.

Searching for themes

At this stage, initial lists of codes were identified across the data, and then I carried out a broader level of finding themes. This involved asking questions across the data and considering how the different codes fit into an overarching theme or sub-theme; NVivo and mind-mapping were used. Those that did not fit into the theme or sub-theme were saved separately in the event I needed to revisit them.

Reviewing themes

At this stage, after the themes were created, I needed to revisit the themes to refine them. Refining involves checking the themes to see if any theme needs to be integrated or disintegrated and ensuring that data within the themes were clear and meaningful. I reviewed themes at two levels, by generating a thematic map namely the level of the coded extract and that of the entire data.

Defining and naming themes

This phase involved an ongoing process of analysing to define and refine each theme. At this stage, I read the entire analysis to clarify and make corrections where necessary and themes were verified to ensure that they related to the overall research question and the sub-questions.

Producing the report

This was the last stage of the analysis. In this phase, I had a set of fully identified themes; hence there was a need for a clear concise, logical and pertinent account of the research. It provided vivid and compelling examples, relating the analysis to the research question and the literature review, which thereafter produced a full report of the analysis.

These six-phase approaches involved an iterative and reflexive process involving moving back and forth between phases (Braun and Clarke 2006).

5.11 Methodology challenges

One challenge is that the recruitment for the photo-elicitation interviews was time-consuming to organise. In order to save time, I held a meeting on how to recruit the community chief and church leaders in advance so that I would have easier and faster access to older people in the community.

In addition, since I conducted most of the interviews in the local dialect, transcribing was time-consuming. However, I transcribed the data first in Igbo and then translated it into English to ensure that the originality of the interviews in Igbo language was maintained; transcription started immediately at the end of all interviews. Furthermore, I sought the

University of Southampton's Ethical Approval in good time before the start of data collection.

5.12 Ethical considerations

Ethical issues in research are one of the most important factors to consider when conducting a research project. Adequate ethical considerations help to protect the research participants, communities and the environment, as well as to prevent harm (Israel and Hay 2006).

My research involved ethical issues since it was a primary research, such as confidentiality, consent, safeguarding and the researcher's safety; these ethical issues are further discussed in the next four sections. Hence I conducted the research according to the codes and conducts which are set by the University of Southampton; this was based on the Ethics and Research Governance Online (ERGO) guidelines. I commenced data collection after obtaining approval from the Research Ethics Committee (see Appendix D). Therefore, before the beginning of fieldwork, I made an application using the requisite forms; the completed forms were submitted to the University of Southampton Ethics Research Committee. The forms for Ethics Approval were downloaded from the ERGO website and completed accordingly (Social Sciences Ethics Application Form, Consent Form, Participant Information Sheet and Risk Assessment Form). In addition, I submitted the interview guides for both the stakeholders and older people.

5.12.1 Confidentiality

I treated all data relating to this study as confidential. For me to maintain privacy and ensure confidentiality, I gave all participants a pseudonym. In addition, I anonymised all transcripts by keeping participants' identities secret in such a way that they could not be traced via the data (Saunders *et al.* 2015). I maintained confidentiality throughout the process of the interview by not disclosing the data to anyone who should not have access to it and by storing it securely (Corti *et al.* 2000; Wiles *et al.* 2006). Furthermore, I securely stored all electronic and hard copies of the data, including consent forms, in a

password-protected computer and in a locked cabinet at the University of Southampton to ensure confidentiality.

5.12.2 Consent form

At the beginning of the data collection, I obtained informed consent duly signed or audio-recorded verbal consent (in cases where participants are not literate). This was done after I informed participants about confidentiality and explained the research aim clearly. At the start of the interview, I allowed the participants to ask questions about the study after reading over the Participant Information Sheet or after I explained the Participant Information Sheet. Participants were duly informed of their right to withdraw from the study at any time.

5.12.3 Safeguarding issue

All participants that were involved in this study are individuals possessing the requisite mental capacity to make decisions that concern this study. I recognised that older people involved in the study might be distressed when talking about their support needs. Accordingly, I took appropriate precautions such as building rapport and maintaining eye-to-eye contact (as a sign of trust in the community) to help to ensure that the participants were comfortable and that the interviews were paused or stopped in the event of distress.

5.12.4 Researcher's safety

I ensured my safety by reducing and managing risk during fieldwork. This included making adequate plans for transportation, interviewing during the daytime, and nominating an emergency contact point to report to at the end of each day via telephone or text. It also included regularly emailing my supervision team and storing the contact number of the local police station should anything go wrong. Additionally, as the research was being conducted in a malaria-endemic country; therefore, before travelling, I took anti-malaria medications and travelled with mosquito nets to prevent malaria.

5.12.5 Reflexivity

Reflexivity is crucial in qualitative research. It demanded self-awareness during the research (Kralik 2005; Finlay and Gough 2008); it involved acknowledging how I constructed the findings through introspection and interrogation of personal and professional practices (Finlay and Gough 2008). Additionally, it involved conscious reflections on my role and the influence of my beliefs, actions and roles during the research project (Ritchie *et al.* 2013). Therefore, I needed to recognise and acknowledge the influence of my position and background in the research process, and the interpretation of the experiences and negotiation of community support amongst older people (Cresswell 2003).

Qualitative researchers subjectively determines their research process from data collection to interpretation (Finlay and Gough 2008). Therefore, I was continually faced with an ethical responsibility to be truthful and honest about my motives throughout the research process, and transparent in the whole process of data collection; I needed to be explicit about the potential influence of my motives on the process of the research (Hennink *et al.* 2010). For instance, I constantly acknowledged my background of having lived and supported positively in her local community and having stayed with my grandparents who were sometimes supported adequately by other members of the community.

In addition, my ability to speak Igbo language, which is the primary language in the study location, greatly enhanced my ease of communication, fostered trust and facilitated access to the study location and data collection. This gave me an advantage in gaining more access to information that is easier to understand by an insider than an outsider. Additionally, I was happily welcomed by both the participants and stakeholders as their people since I have my root in the study location. This might have been different for a researcher from a different region or country as the real intentions of the researcher might be questioned considering the political and tribal tensions in Nigeria. I have a good understanding and awareness of the local community, which gave me an added advantage over an outside researcher, however, this 'insider' status conferred an extra duty to be accountable to members of the community.

This insider status that I experienced corresponded with findings from other studies which showed the benefit that an insider status conferred such as acceptability and accessibility because of shared characteristics, culture and background (Dwyer and Buckle 2009; Zubair *et al.* 2012; Flores 2018). However, Brannick and Coghlan (2007) noted that being an insider has limitations, including balancing the role as a researcher and as a member of a group or community. It also includes researchers choosing those close to or like them, therefore, not being diverse in selecting participants. I overcame the limitations by reminding myself that I was in the study location as a researcher.

Prior expectations and assumptions were that social support was positive but reading the literature gave me a different view of social support being negative as well as positive. Therefore, I ensured that I was continually open to new ideas or answers contrary to my knowledge or expectations. For example, my prior assumption was that older people in the study community would be open to receiving any type of support provided; this is in contrast to what I found from the data. The findings show that older people decline the support they do not need or any support that portrays them as “people in need”. This made me realise that older people are humans like every other person; this was incorporated into the analysis.

5.13 Chapter summary

This chapter presented the methodology used in conducting my research. This chapter outlined the process involved in data collection, including how study participants were recruited, the demographics of the study participants, analysis of the findings, ethical considerations involved in the study and limitations. Photo-elicitation method was very useful in capturing the experiences of older people. The results are presented in Chapters 6 and 7; this provides the findings and analysis of the data from the older people and the stakeholders.

Chapter 6 Results 1: Older people's experiences and negotiation of community support

6.1 Introduction

This first results chapter presents the findings of how older people perceived support received from community members. Firstly, categories of older people based on their specific needs and the type of support they received are discussed. Secondly, the support networks of older people and the various types of support they provide are explained. Thirdly, motivations for the provision of support by support networks are identified. Fourthly, how older people arranged the support they required is discussed. These sections aim to provide the contextual background of participants. Lastly, the themes from the analysis of the findings are discussed.

Four themes were actively generated from the interviews with older people. The researcher generated themes by finding patterns of shared meaning around a clear central concept in the coded data that could adequately address the research questions. This was done to elicit a deeper understanding of older people's experiences and the influences of the society and their support network on their support experience and negotiation. Firstly, ***what we have become*** illustrates the physical decline older people experience. This leads to the second theme, ***I am old but a human***, which refers to how older people perceive themselves in terms of what they can do irrespective of what they have become as explained in the first theme. These first and second themes relate to the inner perception of whom they are and how they want to be treated; these themes form the basis for support negotiation based on what is important. Thirdly, ***social norm*** shows the gender and age-specific defined roles in the community. Fourthly, ***spirituality*** focuses on the spiritual meaning that participants attach to support. These third and fourth themes relate to the interpretation of older people's support experiences including what support they received, who they received it from and how they experienced it. Selected photographs taken by older people with a brief explanation or extract of the conversation around each photograph are shown and discussed throughout this chapter.

6.2 Categories of older people based on need and support

Categories of older people as used in this thesis was created to give an insight into different groups of older people based on their need, resources and support network. The support older people received was determined by three key factors: their specific needs, the available resources, and their existing support network (support networks will be discussed in section 6.3). 'Needs' included an older person's health, social, spiritual, emotional and instrumental needs, whereas 'resources' included the economic, human and social capital resources available to them at a given time. The needs and resources available to older people determined who they gained support from, their support negotiation and experiences.

This section discusses the vulnerability of different groups of older people based on their needs and the type of support they received. The life experiences of older people, their socio-economic status and the age of their children largely determined their needs and the type of support they required. Therefore, the working status of older people's children, older people's socio-economic status and older people's health status are discussed below.

The working status of older people's children: The number of working-age children that an older person has determined the type of support available to them. Older people were mainly supported instrumentally in relation to finances when they had working-age children. Fourteen of the participants fell within the group that had children who provided support to them but sometimes the financial support was not always sufficient. This meant that most of them still engaged in some form of petty trade or farming to supplement the support they received. For instance, an 82-year-old man explained how his children made food provisions but he also needed to supplement what he received:

> *"My children bring me feeding allowance. And I try my best and put in my efforts. I am not dead. My children bring me feeding allowances too"* (IO, male older person).

In addition, children of working age also provided emotional and instrumental support such as frequent help with ADL, especially if they lived within the community or resided with their older parents. However, in cases where children lived further away from their parents, this was less frequent and insufficient to meet older people's needs. Due to this

and poverty, children are often incapable of providing much support. Therefore, older people supplemented it with other forms of community support to survive. For example, MF mentioned that her daughter did her shopping and her foster child helped with other IADL, such as cleaning:

> *"The person that goes to the market is my daughter. She is the one that does it. She lives in Abagana [a town which is not too far from the study community] with her husband and works at the local government. She goes to the market to buy us what we cook. She is the one that goes to the market… the small one [foster child], when he returns from school, he washes plates and does other things" (MF, a female older person)*.

MF had a foster child who helped with daily IADL that would not have been obtained from her daughter who lives far away from her and only helps with shopping occasionally.

Three older people were unable to obtain instrumental support relating to finances from their children. Two were under the age of 65, actively working, and had children over 18 and in higher education. One participant had no child of working age, and having had no biological children of his own, adopted a child in his old age, who was about 10 years old at the time of data collection. Therefore, this 78-year-old participant (BO) still needed to actively work full-time to provide for the family, compared with other participants who worked part-time to supplement the financial support from their children.

His case is worse than other older people who have children of working age or almost close to working age, given that there is a possibility he might not be able to work at an increasing age. Thus, his needs could be unmet as there is no support from the government or any form of insurance. This is because children are often seen as old-age insurance in Nigeria, so children are often expected to reciprocate the support provided to them by their parents who spent their youthful age training and investing in their children. In the case of BO, the child is still very young which meant that the older person had to provide for the child rather than being supported by the child. The child might provide support with ADL or IADL in the house but in contrast to older people who have working-age children; the older parents may still require emotional or instrumental support with finances for survival.

An older person with children of working age might be more vulnerable if the children's source of income ceases and there is no explicit request for community support because of the societal expectation of children to provide monetary support to their parents.

Older people's socio-economic status: The socio-economic status of an older person includes the resources available to them or their children, which determines from whom they draw support. Older people with high socio-economic status included those who held an important role in the community, were wealthy or whose children were wealthy and were being supported (in most cases, wealthy children supported their parents, so the socio-economic status of parents was equated to that of their children). This study used occupational status and the housing structure as markers for wealth. Usually, older people with high-socio-economic status were generally not given much instrumental support relating to finances from the community as their children often provided most of what they needed. In a few cases, community members gave support because they wanted to be associated with someone of high-socio-economic status or in cases where the instrumental support such as gifts older people received was usually from their children's friends. For instance, MF commented on how some people gifted her things because of their children's relationship:

> *".....The way they help these days is if your son has a relationship with them, then they can support you. It is possible that my child has a relationship with that person, then they can give them something saying "give this to Mama"* (MF, a female older person).

Older people who were not wealthy and did not have wealthy children to provide them with the support needed for daily sustenance such as daily food or medical care found themselves working part-time into very old age. They engaged in light farming or retail sale in shops, this is because they had to find a means to survive and often they had to support their children or grandchildren who might be living with them given that their children were not wealthy to provide for them even though they are working-age children. For example, CA, engaged in farming and electrical work at 83 years to provide for his family despite having children. On occasions, wealthy older people engaged in light working as a means of exercise and as a way to interact or keep healthy and not because they did not receive

support from their children. These activities reflect the ability of an older person to maintain independence irrespective of their socio-economic status and not be vulnerable by relying on family or the community.

These family members (children and grandchildren) living with older people might support them with IADL and emotionally but were unable to support them in instrumental support relating to finances. Therefore, these older people often depend on community members to complement support from family when they become critically ill and need instrumental support relating to finances due to the low socio-economic status of their family members. For example, TO (sick and in need of constant medication) comments on how the support she needed at the time from the members of the community was monetary to purchase provisions and medication:

"The support I will like right now [talking about the support that she would love to receive] is the one given by volunteers, support from volunteers. Such as money gifts to buy foodstuff and medications which is very important for an ill person" (TO, a female older person).

One reason for this could be because TO's children and grandchildren living with her cannot meet the healthcare demands. This is not because they do not want to but because they cannot provide the needed support due to poverty.

Older people's health status: The health status of an older person in later life determined what support they needed. Older people in poor health included people that had overworked themselves[4] in the early part of their life-course or those with long-term illnesses because of events that happened at a much younger age, which were left untreated. Conditions such as chronic lower back pain and leg pain were reported. Often, participants needed help with ADL and IADL irrespective of their socio-economic status. However, those with a higher socio-economic status and with working-age children, found it easier to arrange continual long-term support, where the support provider was compensated.

[4] Outside of the interviews, two of the participants (DO, MU) discussed the reason for their long term health condition as being linked to the stress of the farming jobs they did while they were young.

For example, before the photo-elicited interview, MU, a female older person, narrated how she had overworked herself earlier in her life-course through constant strenuous farm work to meet the demands of her family, which has subsequently had a negative impact on her health. However, due to her higher socio-economic status, she and her children were able to arrange for a foster child to live with her, who provided support with IADL, because of her chronic back pain. On the other hand, older people who entered into old age with relatively good or fair health even though they may have long-term illnesses such as high blood pressure were still able to socialise, move about and perform ADL and IADL, and could survive with minimal support from family and members of the community.

This section on categories of older people based on their needs and support discussed the different groups of older people and how their personal, demographic and social circumstances affected them. This included their needs, their support network and the type of support they needed as they aged. The condition of an older person largely shapes the receipt of community support. From these categories, it can be deduced that irrespective of the category of older people, older people require instrumental support. However, older people with family members living with them or close by, or those with higher socio-economic status found it easier to arrange instrumental support than those who had no close family member living with them or with low socio-economic status.

Across the community, older people in better health required less instrumental support relating to IADL and ADL. Additionally, monetary support from family members was highly dependent on the working status of their children and the older person's socio-economic status. Therefore, this means that older people whose children were not of working age, low socio-economic status and were in worse health were more vulnerable and had to rely on the community for support mainly relating to material and financial support, which might not be provided timely when needed. Older people with higher socio-economic status can choose and negotiate explicitly for support when needed because they can reciprocate and may have a wider range of support networks. The next section discusses the support network of older people and the different roles they play.

6.3 Support networks

Support networks in the context of this study are relationships that provide support to older people; they include members of the community such as neighbours, friends, *nwunye-edi*[5] (women in the village), children in the village, foster children and fictive kin, co-workers, the church, the church society, villagers and the community leaders and also close family. Members of the community complement the support provided by family members or in a few cases might offer instrumental support with ADL or finances[6] depending on the relationship formed over time or the situation of the older person. These support networks mentioned above are discussed below.

Neighbours: Neighbours include male or female members of the village who live in proximity to older people, and could be classed as their friends and *nwunye-edi*. Neighbours were the most frequently called especially when there was a good relationship with the older person. For instance, NO explained:

> *"If we [older person and neighbours] are not in good terms, they [neighbours] will not come"* (NO, a female older person).

When older people asked for support, neighbours either helped or asked their children to help; support included household chores such as buying provisions from the market, fetching water and weeding the compound. Three participants reported that neighbours looked out for the older people living nearby when they had not seen them recently, they checked in on them to see if they are indoors because of ill health. They viewed it as a social responsibility to visit and check up on the older people around them. CN and MF explained:

> *"Neighbours can come [come to the house] or send their children to help me and they will do somethings you tell them to do and other chores like fetching water, well that*

[5] *Nwunye-edi* is a name used to refer to women in the village who offer various types of support to women in the same village. They can be older or younger women.

[6] Instrumental support with ADL and finances are primarily regarded as support that should come from children or foster children or fictive kin in the case of ADL.

was when there were no boreholes around but now there is development is taking place. They come and do important things for me such as weeding, errands important to me" (CN, female older person).

"Sometimes, this sickness will tie me down and I will not come out and this "nwunye-edi (pointing and referring to her next compound neighbour who is a female)" will look out for me sometimes and find me breathing. She comes, not that they will cook for me but if there is anything I need to buy, they will help" (MF, a female older person).

In return, older people valued and regarded their neighbours as being close to them or as someone they could count on based on their relationship. One participant referred to her neighbours as "siblings". This is probably because of the bond formed over time together with the willingness with which they provide support. CN explained:

"Interviewer: Do your neighbours go to the market for you?

Participant: *Why not? Someone's neighbour is the person's sibling, so I ask them to help me out with some work and people that am close to. If there is love, there is nothing, your environment/neighbours are your sibling*" (CN, female older person).

Often, neighbours were older people's first choice, especially for individuals who did not live with or live close to family members. In addition, the relationship bond between older people and their neighbours could be because the people they regarded as friends were unable to meet their needs because they were in poor health, had mobility issues or had died. Support from neighbours thrives based on social norms and what is culturally acceptable in the community which makes it favourable to all older people.

Friends: Friends were members of the community that formed a close bond between older people. Eight out of 17 participants discussed their friends. Seven out of eight participants discussed friends in light of the social interaction they provided:

"There are friends that call me telling me he will come; when he comes, we interact. If I have kola nut, we will eat" (CA, a male older person).

> *"My friends come to visit me once in a while; they come once in a while to check how my leg is. …. My friends that are alive and those that are not. Half are alive and half are not alive"* (DO, a male older person).

Sometimes, neighbours and previous co-workers were referred to as friends, probably because of the nature of the close relationship formed. Friends often cut across other support networks; the participants sometimes referred to their co-workers or neighbours as their friends. One participant on two occasions within their interview referred to a support provider first as a co-worker and then later as a friend:

> *"The other person that gave me the sheep is my colleague [referring to a former co-worker] at work from the neighbouring village… that is my sheep, it was given to me by my friend [still referring to the same person co-worker]"* (CA2, male older person).

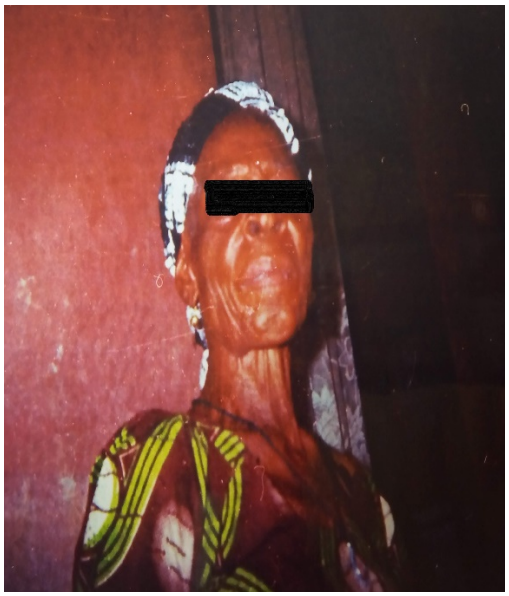
Most participants did not talk about their friends as their support network members who provided IADL. This situation, which was only applicable to one participant, could be because at an older age, older people did not have many friends who could provide this type of support, possibly because friends of a similar age might also require similar support, and some friends of older people may have died. Furthermore, other support network members such as neighbours may have been used in place of the term 'friend' therefore leading to less mention of the word 'friend', especially for IADL.

***Nwunye-edi* (women in the Village):** In the study community, women who lived in the same village were usually called *nwunye-edi*; they operated on an individual basis helping older people amongst them. The term "*nwunye-edi*" has no direct translation but means a woman married within the same village that may or may not live in the same vicinity. However, all *nwunye-edi* referred to in this study lived in the same vicinity as the older person. Only the female participants reported receiving support from *nwunye-edi* and five out of nine female participants reported receiving support from *nwunye-edi*. Younger and older women could be *nwunye-edi* however, younger women carried out most of the support such as support with IADL, while older women mainly offered support by visiting their peers. Often, *nwunye-edi* lived near to the older person, and could therefore be

referred to as a neighbour or live far apart from each other within the same village but be classed as friends or co-workers.

Based on the support negotiation (see section 6.5), *nwunye-edi* waited to either be asked by older people or asked older people about how they could provide support. Sometimes when an older person makes the request or a need was identified, *nwunye-edi* requests their children (living nearby) to offer the support. Support included passing on information about what is happening in the community or instrumental support such as help with monetary contributions for women's village societies and assistance in buying or selling farm products. To illustrate, CM took pictures of both young and old *nwunye-edi* (an old woman but younger than CM) who visited her. The picture of the older *nwunye-edi* and the conversation around the picture is shown below in figure 6-1:

Figure 6-1: Photograph 1 and extract from elicited interview data with CM



"Interviewer: Ok, thanks. This other photo [pointing at the photo], tell me who that person is.

Participant: It is my nwunye-edi… she supports me very much, this person [referring to the same woman] supports me, she comes here [to the house] always and does something for me, for meetings, she helps me to contribute when I give her the money, she does it always for meetings" (CM, female older person).

Source: Photo created by CM for Photo-elicitation interview (PEI)

In addition, CN discussed specific tasks undertaken by *nwunye-edi*, which showed that the *nwunye-edi* supported the older women around them frequently with those tasks:

> *"One of the village women [mentions two names], we are not from same kindred, they normally come to tell me about these things [things happening in the community*

for example community announcement], also if there is a burial, they help me extend my dues for payment [contributions to support the bereaved]" (CN, female older person).

It is important to note that *nwunye-edi* was only discussed amongst older women participants and not the male participants. None of the participants mentioned the presence of a similar group of women or men who specifically helped older men. A possible explanation to why support from *nwunye-edi* could be said to be gendered towards the female, especially with IADL could be because of the gendered division of labour and which carries into old age. In addition, there exists a support system (a strong communal bond amongst women) in the study community to support each other. Furthermore, even at increasing age, as an older woman, the societal expectation is for women and children to carry out most or all IADL in the home irrespective of whether there is a man, therefore, other *nwunye-edi* are faced with a continual task to support their fellow women. Importantly, as much as the men did not mention support from *nwunye edi*, they still benefitted from the support since *nwunye-edi* supported their wives. Future research could explore what happens to men in a household where the wife is dead? However, the situation was not the case in this study as all male participants had their wives alive and living with them.

Children in the community: Eleven participants reported receiving support from children in the community. These included children of neighbours, friends and *nwunye-edi* that supported older people in the community. Older people who did not report receiving support from children in the community were mainly those who were living with their grandchildren, foster children or a child younger than 18 years. The children in the community sometimes took initiative by supporting older people with needs or those whom they (the children) loved. Other times, they supported older people because their parents requested that they supported a particular older person. One participant took a picture of a gallon of water and based on the picture, he explained the support he had received from children. See Figure 6-2 as an example along with the photo elicited conversation:

Figure 6-2: Photograph 2 and extract from elicited interview data with GO

"*When I [older person] come home and take a look at the gallons [containers for storing water], it is usually filled up with water and when I ask, I am told that it is these children that bring my goat feed [children in the community]. If I already have goat's feed, they go to fetch water for me. Therefore, when I come home, I am happy. I do not bother myself about going to fetch water when I come home or get goat feed because there is water everywhere and it makes me happy"* (GO, male older person).

Source: Photo created by GO for PEI

Support carried out by children in the community was mainly none-arduous IADL tasks and there was always an expectation from older people that they would receive this support (more details on the expectations of older people on children providing certain support can be found in section 6.8.1.1).

Foster children and fictive kin: This group of support networks was seen when no close family member was living with older people with long-term health conditions such as disabilities in order to support them. This was most especially seen amongst older people of high socio-economic status. More details can be found in section 6.5.1 which discusses foster children and fictive kin as a type of children-initiated support arrangement.

Co-workers: Former co-workers or in a few cases, current co-workers provided support for older people, from a former junior co-worker helping with minor household responsibilities such as farming, or from the same age group giving support such as gifting. For example, one older person that was still actively working commented on how he was being supported by his work colleagues:

> *"Ok, what happened is that people [referring to trade society], the Motorcycle Transport Union of Nigeria, of which I am a member and a leader. At the end of the*

year, they bring me gifts to acknowledge me as a leader in that society. Therefore, they buy things like plastic chairs and different kinds of gifts and bring them to me. I thank them and pray for them" (GO, male older person).

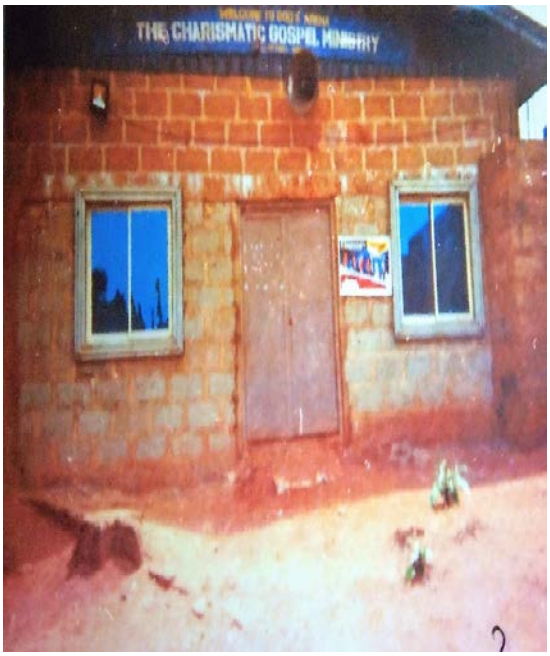
Three participants only reported having co-workers as their support network members, two of the participants were still actively working and one was still working part-time, which could explain why their social network was made up of their co-workers.

The church: Groups of people from different churches including the Catholic, Pentecostal, Jehovah's Witnesses and the Anglicans offered support; the leaders of the church such as the priest or the congregation members provided or organised support. They visited people (members and/or non-members), discussing and offering spiritual and other types of support. Spiritual support included praying, encouragement, celebrating mass, and confession of sins or spiritual reawakening. In order to reach so many people in the community, the Anglican and the Catholic Church worked through the ward leaders that represented each village. The ward leaders acted as the middle person in getting feedback from or taking information or other resources to older people. Often, they offered gifts to their members in need as seen in the extract below:

"The other day some group of women [women from the church] came here…They told me that the Catholic Church where I worshipped brought rice and some money [visited and brought the food items to TO]" (TO, female older person).

All the older people interviewed belonged to a church and regarded the support they received from the church as being vital because their place of worship was connected to their spirituality and some of their other support networks were within the church. For example, figure 6-3 shows the first picture which TU took, showing the front of the Pentecostal church that he attended. Here is the extract from TU's interview about the church:

Figure 6-3: Photograph 3 and extract from elicited interview data with TU



"This is the church where we [himself and other members] worship; this is the church where we worship always. This is the hall and ehhhh, it is a thing of joy for me to have taken this photo… The church members are of great help to me. This church assists me even more than my family members. Each time I remember it, I'm encouraged… The members of this church, particularly the pastors and evangelists, everyone in the church… when I have a need, they meet my needs. If I say I can not do this thing, they try as much as possible to do those things for me" (TU, a male older person).

Source: Photo created by TU for PEI

The churches worked through the different societies to reach a wide range of people. Most participants reported receiving support from the church either from the leaders of the church or its members. However, from the existing data, it is not clear how those who do not belong to a church value spiritual support.

The Church societies: The church societies were groups within the church that operate under the church. Each church society had different governance and the people they reached out to both within and outside of the church. They offered mainly spiritual support and social interaction such as visiting the public and in some cases, they provided financial and emotional support to their members as a specified church society, rather than a church. All participants who discussed church societies belonged either to the Catholic and Anglican churches. The church societies reported by participants included Legion of Mary, St Theresa, St Jude, and St Annes, Catholic Women Organisation (CWO), Catholic Men Organisation (CMO):

> *"There are people who come for prayer just like Legion, some societies different societies, some days they come to visit me and then bring down prayers, they pray even we pray mother of Mary and then we discuss and then they go"* (MF, a female older person).

The results from the analysis showed that in most cases, the societies were not entirely separated from the church, as the societies operated through the church to help their members or non-members in a few cases. Most of the older people took pictures of their candles, Bible, altar, and statues of Mary as images which exemplify the church society as their support network through which an elicited interview was carried out.

Strangers unknown to older people: Villagers unknown to older people offered support to them, which might not be anticipated or planned. Other times, people who provided the support were either members of the community that were unknown to older people but known by the support providers. They could be either a child, woman or man in the community. Three participants reported receiving support from strangers. For example, CA discussed how someone unknown to him helped him at the borehole:

> *"I do not know the person [stranger who offered to help]; maybe he lives around here [the neighbourhood]"* (CA, a male older person).

Village Leaders: Several villages were part of the community; at the village level, the village leaders sometimes identified and helped an older person with an urgent pressing need such as a leaking roof. Sometimes, village leaders advocated for older people to uphold their rights or what belonged to them. For example, when someone was attempting to take advantage of an older person by taking their property, as explained by one of the stakeholders:

> *"Because they [older people] do not have any means of errrhhhh where they could get help, people within their neighbourhood will start interfering or trying to take their land, you see in that case that Ndi ichie [village leaders] comes in, they come in"* (Stakeholder 3).

> *"There is one politician that we [village leaders] went to him, talked with him, [because] one of these elderly people, the roof of his house almost went down one*

of the days... He will find a cellophane bag, a waterproof bag, if he lies down he will just cover himself when rain is falling, the rain will just be falling on top of him. I had to approach one of these politicians ... So, I talked to him, he was so sorry about that, he called the, eh, eh, eh one carpenter, costed the whole things, he [politician] gave him [carpenter] the money, he bought both the zinc [iron sheet roofing material] and the wood and the roof was ehhhhh repaired" (Stakeholder 3).

Either the village leaders provided support from their resources or offered support through other wealthy members of the village. Other times, the village members referred the older person with urgent needs to them and then found a way to provide support. This was mainly seen amongst childless older people or older people who lived alone and whose children had abandoned them. In as much as these village leaders identified those in need, not every older person is identified and supported. Therefore, if older people do not speak out to negotiate for their support, they are left out except if they are in a network such as the church or associated with someone who will advocate or negotiate for them.

This section on support networks explains the wide range of support networks that older people living in the community can draw support from, to complement their support or provide the support they need. More support is available when older people belong to a support network such as the church or its societies where their needs might be easily identified or where it is easier for them to negotiate support from a wider range of people. The support network can provide social interaction, instrumental, spiritual, emotional and informational support either as an individual or as a group. The next section explains the motivations for providing support by the various support networks.

6.4 Motivations for the provision of support

Motives for providing support are numerous, including cultural norms to offer support to older people, reciprocity and because of an older person's disposition. These are explained below.

Cultural norms: Generally, older people were supported because of the social norm to support older people on the basis that they are old and because it was culturally acceptable to help older people and not necessarily because the older person needed that support, for instance, EO talks about how he received support because he is an elder:

> *"Even palm wine tappers[7], there are people who tap palm wine and come and give to you [referring to himself] saying because you are an elder. And I thank those people [palm wine tappers] if I have money I will give but if I do not have money; I will use thanks and good words in prayer for him"* (EO, a male older person).

Therefore, regardless of needs, resources or the condition of an older person, an older person receives some degree of support from members of the community, mostly related to instrumental support and usually not based on reciprocity.

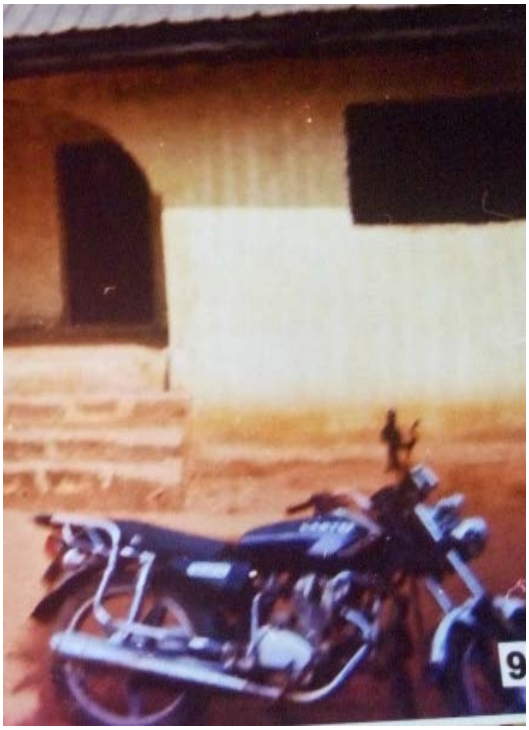
Older People's Disposition: The disposition of an older person such as spiritual stance or personal character motivated community members to provide support. For example, older people reported that they were offered support based on their character. This includes those who had in the past built a portfolio of networks by their attitudes or had occupied positions in the community such as leaders of various church societies or work societies (motorcycle associations). Community members provided support based on their disposition. Older people received support even when they had not asked for it. They felt supported by the receipt of actual support and they felt supported by the perceived thought of having access to support if needed. This could mean that people not of good disposition would not usually get support if they do not explicitly negotiate to be supported.

Reciprocity: Community members offered support based on reciprocal relationships or because an older person helped them in the past and then when the older person has a need, they could solve it by gifting or helping with farming or harvesting for the older person. For example, GO discussed how he was gifted with a motorcycle for help he had

[7] *palm wine is a drink gotten from a palm tree which is common in Nigeria, palm wine tappers are those who can extract the drink from the tree*

offered in the past and forgotten about. Figure 6-4 shows a picture of the gift and the extract from the conversation:

Figure 6-4: Photograph 4 and extract from elicited interview data with GO



"I was in my house one day, and someone brought me a motorcycle as a gift… So, they brought the motorcycle and after spending some time with me, the woman said she would leave with the person that brought her and gave me the keys to the motorcycle. I was surprised and then she told me that, she informed her son, that there was a day I was of help to her but I will not remember. That there was a day she was lacking money and she came to my place and I gave her money to go to the hospital so the child came back and she told him.

So the son was thinking about what he can do for me due to the type of job I am doing so he decided to buy another [motorcycle] since the one I am riding is getting old. So they decided to buy machine [motorcycle]" (GO, a male older person)

Source: Photo created by GO for PEI

The support given to GO was because of his past deed even though a need was identified.

The next section discusses support negotiation, which examines how older people arrange support through these support networks.

6.5 Support negotiation

Older people negotiate or arrange their support through their support network or their support network takes the initiative to offer support. Broadly, the support negotiation can be planned or spontaneous. The planned support negotiation occurs when a group or an

individual decides and makes a move to provide support in advance or, on the other hand, an older person decides to seek or negotiate for support in advance. It could be group-led, children-initiated, community members offering and older people asking arrangements planned support negotiation. Whereas the spontaneous support negotiation happens instantly without any prior plans to provide or seek support. These support negotiations are discussed in the next few paragraphs.

6.5.1 Planned support negotiation

Group-led arrangement: This was an organised form of support arrangement by a group to support their members or members of the public. This could be from either the community, the church or the village. Most older participants reported receiving support from the church and various groups. Churches and their societies particularly the Catholic societies within the church such as St. Theresa exclusively supported their members; support included visiting, gifting food, and spiritual support such as prayer. This type of support was often triggered in cases when a member was unable to attend church due to illness, usually resulting from mobility issues or long-term limiting conditions. One of the stakeholders recounted how he arranged group-led support for older people:

> *"We try to send some people [church members] to various homes and families to pray for them, erhh, just ehhhh to visit them [older people] to be able to attend, to [pause] you know, be closer to them [older people], to interact with them [older people]. Through those means we are able to get to know them more, we are able to know their problems, their difficulties and ehhhh be able to encourage them, especially in those, in that period of their lives"* (Stakeholder 1).

The leaders of churches offered support for their members, especially sick members who could not attend church. They provided support through the ward leaders; a few older people in the study took pictures of their ward leaders to explain the role they played in supporting them. Some others took photos of a church calendar to signify the religious priest that supported them. In Catholic churches, visiting is part of the Reverend father's role. However, the participants recounted that the Reverend father visited more frequently

and gave them food or money. This probably was for compassionate reasons rather than part of the job role. To illustrate, one of the participants reported:

> *"Father [referring to a Catholic priest] comes for visitation, sometimes he comes, he asks about my problem and how I am faring and he prays for me…It is not usually up to a month. Sometimes he visits twice in a week or when he is passing by; he stops to check on me to know how I am faring"* (MF, female older person).

In contrast, support to non-members was given mainly from churches such as the Pentecostal churches, the Jehovah's Witnesses and a Catholic society called Legion of Mary. Spiritual support and proselyting were often provided, which some older people found useful and some did not, especially when it came from the Jehovah's Witnesses. The support consisted of visiting members of the community and non-members of their church as their visits were mainly focused on spirituality and sharing God's word, which churches and their societies assume should be for everyone. One Catholic participant explained the type of support given to non-members:

> *"Yes, I mentioned churches, churches come around. Some people come and they meet you at home… I will say especially different kinds of churches come around. These people..., what is their name, you know there are so many churches. There are some pastors that I am in very good terms with; sometimes they come to my house to discuss with me. There are also other pastors that I have a good relationship with who also come to my house... Yes, after spending time with me, before they leave, they pray for me... It is Pentecostals and I have called Jehovah's witnesses"* (GO, male older person)

It is important to note that the members of a church visited older people individually so it may be challenging to differentiate when a community member visited from their initiative or when it was a group-led arrangement. This is because an older person might associate their visit to the church or society where they belonged and vice versa. This could be linked to an older person's knowledge of an individual as a community member rather than as a church member.

This group-led arrangement could also be seen when health outreach was being organised for members of the community by churches. In this case, it was either for the entire community or only the older people; usually, an announcement was made for people to receive free medical treatment from the church or the community through the leaders. MU explains:

> *"There are some doctors who come to the health centre, they [stakeholders either religious or community leaders] come to the health centre, they come and announce that doctors are coming, that everyone should come and collect drugs that is free. Some people [doctors] also came last week Wednesday and it was announced in the church that the older people should come out at a certain place at St Philips [an Anglican church] that doctors are coming to give you drugs... Yes, doctors and nurses, that they will give us drugs without charges and I went, they gave me drugs many and I was happy and thanked God, thanked God… I told them that I have waist pain [lower back pain], and the ulcer is disturbing me, and I have headache, and they gave me drugs for all of them, both body pain, malaria drugs, drugs for malaria, they gave me"* (MU, a female older person).

However, during the health outreach, the older person or their children may trigger the support by telling the health officials about their pressing health issues. Furthermore, group-led support arrangement was arranged within the villages amongst the village leaders to help a village member. For example, this support might be targeted at individuals with a very urgent need, such as a debilitating illness requiring urgent care; the village community leaders arranged the support. For instance, one stakeholder discussed how he liaised with the chief in the village to care for one of the village members:

> *"That was not even his major problem, he has some medical problem, when you see him moving, and he will just be moving like someone who will faint any moment. In that case, I had to talk to the chief in my community, we took him, they examined him, and found out he was suffering from there is a name of sickness they called the thing. We had to take care of that"* (SU, a stakeholder).

Lastly, group-led support could also be seen in kinsmen village meetings where community members offered support to older people through groups. Two participants discussed this, and an extract from one of the participants is below:

> *"What this type of gathering [group communal meeting] does to me is that we go and share ideas that no man shouldn't be against his brother and let those in front don't maltreat those at the back and vice-versa [words of exhortation and the need to live in peace]. That is what our discussion is for the good of everyone, which was why it gave me happiness"* (EO, a male older person).

In this type of arrangement, there was usually mutual sharing of ideas and shared decision-making; the older person and the members of the association gained emotional support, social interaction and informational support through this gathering by members of the same kindred or association.

Being part of a group such as the church opens more opportunities to know more people, which gives access to a large support network that increases the number of people who can support. In addition, because groups such as the church are a large support network, there are people with capacities to provide various types of support. Therefore, an older person has quicker access to different types of support needed. People not part of the group may probably miss the support package the church has to offer and may have to negotiate individually for each type of support needed.

Children-initiated arrangement (foster child): This refers to support arrangements where children arrange support for their older parents from a foster child or fictive kin to support their parents. One reason was that they have the resources to arrange the support such as a telephone to make calls and the ability to travel far in cases where the foster child lives some distance away. In addition, there was also a tendency for adult children to think that they knew what was best for their older parents. Participants reported that friends or family members recommended foster children to other family members and the adult child made the necessary arrangement to bring the foster child to their parent's home. In this context, foster children moved from their biological parent's homes to an older person's home under a mutual reciprocal exchange where the child benefited from the older person

and the older person benefited from the child. One of the participants narrated how the negotiation was carried out:

> *"It is in Anambra East [a state in Nigeria], her father [referring to the father of the fostered child] is alive but does not care about them, their [the fostered child and the siblings] mother gave birth to three, their father doesn't care about them, and so I [older person] was looking for a child to stay with [me]. They [people around] told me of her [fostered child] and my children brought her [here]. The father [of the fostered child] married another wife and they lived together so he doesn't care so I asked them [the older person's children] to bring one for me* (MU, a female older person).

This type of arrangement was most especially seen amongst older people with a higher socio-economic status and did not consider the age of the foster child because they could afford to train and care for the child. They preferred a younger child between the ages of 11-16 years so that they could spend a reasonable number of years with them before the foster child moved on or found another life elsewhere. There was an exchange between the older person and the foster child. Exchange or reciprocity means that older people with high socio-economic status can negotiate for support the way they want it, ask for help without feeling as if they are being over-demanding, and receive support promptly. The foster child supported the older person with IADL, and the older person compensated the foster child through in-kind means such as housing, feeding, clothing and paying their school fees. These foster children were usually referred to as the older person's children rather than a house cleaner, which could be because the children support them, as their child would have done and because the older person had a responsibility towards the fostered child as well. Findings from the analysis showed that the foster children were usually from lower socio-economic families or homes where one of their parents may have died. The people fostering the child took on the responsibility of caring for and nurturing the child, and in return, the child reciprocated by integrating with the family and extending help to the older person just as a grandchild or biological child would do, most especially with household chores. For example, MU recounts:

> *So she [foster child] will be helping me out and I [participant] will be feeding and paying the schools fees, so she should go to school"* (MU, female older person).

Five older people reported currently receiving or having received this type of arrangement; three had a foster child and two other participants had a foster child previously. Foster children were usually arranged when no close family member was living in the same household to support older people and the older person was either amongst the oldest old or had long-term conditions such as a disability. For example, CM was one of the oldest old, MF had a disability and used a wheelchair and MU experienced chronic back pain, which limited her mobility several days a week; all three participants had a foster child and no close family member living with them.

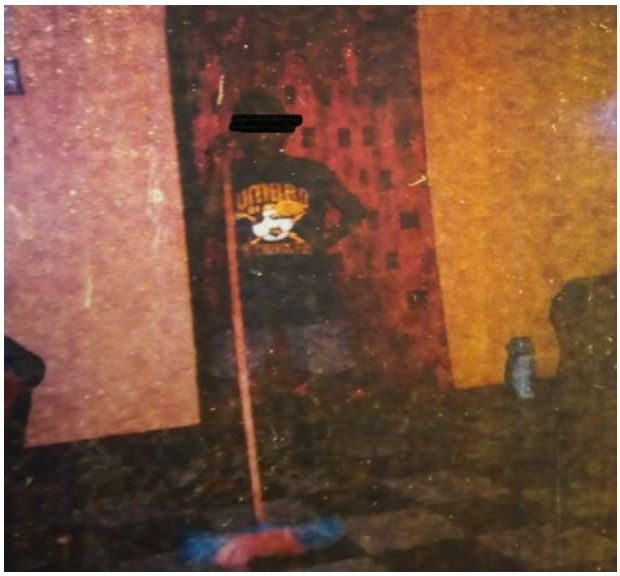
Three older participants, CM, MF and MU took photos of things that signified support provided by their foster child such as a bamboo gate, a child sweeping the floor and farmland respectively. The pictures are shown in Figures 6-5, 6-6 and 6-7, together with a brief description of the task being done.

Figure 6-5: Photograph 5 of farmland and explanation

Source: Created by MU for PEI

Figure 6-5 shows a picture of cultivated farmland with plants and trees. MU took the picture to describe some of the farm activities that her female fostered child did to support her.

Figure 6-6: Photograph 6 of boy sweeping and explanation



Source: Created by MF for PEI

Figure 6-6 shows a picture of a male foster child with a broom which he used to clean the house and captured the moment of IADL support by the child to the older person.

Figure 6-7: Photograph 7 of bamboo gate and explanation

Source: Created by CM for PEI

Figure 6-7- shows the support offered by the fostered child to CM; it is a gate constructed by the male foster child to the entrance of the older woman's compound.

There was only one case of fictive kin in this study and she was an older adult of the same community that tended to play the role of an adult child. In this study context, the fictive kin was previously known to the older person, lived very close to the older person and visited the older person's house daily. Fictive kin engaged in more complex roles in the home such as health checks and acting as an intermediary between an older person and their children, for example, in communicating to adult children about the condition of their older parent or things needed to run the home. This was usually the case where the older person had a limiting illness. The comment below illustrates who helped MF in her ADL and IADL:

> "*Yes, something like eating good food or getting rest, my neighbour [referring to the fictive kin] and then this person living with me [referring to the foster child] takes care of that, after eating she takes it away. They know when to give me food and when I am ill, she calls my children letting them know my condition and if it is the one of hospital [meaning the one that involves being taken to the hospital] they take me to the hospital… I do not cook, I am unable to cook. It is this person [referring to the fictive kin] that gives me a bathe. If they do not do it, I will go hungry"* (MF, a female older person).

Fictive kin carried out the general housekeeping and management of the home, which included cooking and handling the finances for feeding and maintenance of the home, but the source of the money came from the children of older people. Fictive kin were older adults who were capable of managing greater responsibilities rather than children of school-going age. Typically, fictive kin provides high levels of support to an older person with a limiting illness. They were usually people with fewer family commitments such as widows and were willing to fit into that position. The children of older people compensated

fictive kin in-kind for supporting their parents. Only one participant discussed fictive kin and how the relationship developed:

> *"You know that, well, it was through my neighbour [the older person knew her]. Her husband is late [has died]. He is not around, she has four children, what happened is and then I became sick. My children said they will look for a helper to be assisting me and they found her. She is really helpful"* (MF, female older person).

There were key differences between a foster child and fictive kin in the study context. Firstly, in terms of age and responsibilities, fictive kin is more like the children of the older person whereas the fostered children are more like the grandchildren of older people. Secondly, an older person or their family previously knew fictive kin whereas little or none was known about the foster child before the time of fosterage. It is important to note that foster child and fictive kin are based on the principles of reciprocity in which support provided is tied to an expectation to receive. Therefore, this means that the poorest vulnerable older people will have the least access to this type of support since they might not be able to reciprocate in order to meet the need of their support provider. Older people of high socio-economic status are more inclined to get more support making community support based on reciprocity inequitable.

Community members offer arrangement: Individuals who offered help to older people in their community provided this kind of support; they included friends, neighbours, co-workers and *nwunye-edi*. All older people in the study reported having received support based on this type of arrangement. Help included light farming and household chores such as sweeping the surrounding area or fetching water. This could be from the adult members of the community or the children; the adult members could ask their children to offer support to older people within their vicinity; this support was often with things that the younger age can do or things regarded as activities for children such as household chores and running errands.

Community members could offer direct support by asking older people what areas they need to be supported in, based on motives such as reciprocity or societal norms. Sometimes, a need was identified and support was offered; this type of support was mostly seen amongst those with mobility issues, the very sick or the oldest old. This was because

community members often saw the need to support these groups. In this case, sometimes the members of the community identified a need and then asked to meet the need of the older person. Community members might identify the need for support during a discussion with the older person upon a visit or a discussion with someone else in the community or by looking around the house of an older person even without the older person asking. The extract below shows how community members provided support in identifying a need without even asking the older person:

> *"It happened that she (a member of the community) came. The day she came, my son's wife was sick. She picked up the broom, swept the compound, and fetched water for me. I usually receive assistance from them. I am on good terms with them"* (NO, a female older person).

Other times, the community member visited and then asked if there is an area in which the older person needed support and older people often used that as an opportunity to talk about their needs to be met. Older people waiting to be asked if they needed support could be because they do not want to add an extra burden or added responsibility to the person who visited them. This symbolises independence by older people and being valued or cared for by the support provider. A few times the community members asked "can I help" as a usual greeting and not with a deep intention to help. However, older people seized it as an opportunity to get help because they often had the expectations that support should be offered to them by virtue of being old. The ability to utilise what they have or take control of the situation when they are asked if they needed help is an important aspect of "I am old but a human". In some cases, when the need identified by a community member was not within their capability to offer support, they referred the older person to group-led support arrangements such as the church. In that sense, they did offer support by referral even though it did not directly solve the actual need of the older person. In some cases, the older person first asked for support at some point but then, it became a routine for the community member to offer such support such as the assistance of *nwunye-edi* with payment of burial dues.

On the other hand, support could be offered without asking the older person, such as instrumental support relating to fetching water or sweeping in the absence of an older

person or without the older person being aware and financial assistance. Those who offered instrumental support such as sweeping and fetching water without asking were people who were more familiar with the older people, knew the structure and arrangement of their home, and knew when things were not in order. Close family members provided instrumental support relating to finances however, community members often felt the need to support older people financially. For example during the Christmas period either because the person was very old, had a long-term limiting illness and was unable to work, or had children of low socio-economic status.

Support sometimes happened when community members approached older people to obtain support and then provided support because a need was identified. For example, a community member might need information about the community, culture or an association where the older person was a past leader of a church society such as the Catholic Men Organisation (CMO). Then the older person felt supported because the "visiting to seek information or advice" was regarded as respect.

Lastly, in a few cases, older people were supported materially by people unknown to them however, the support providers knew who they were supporting either through the relationship of their parents or because the older person was influential in the community. In such cases, there was an initial personal introduction by the support provider before the material gift was given:

> *"It is when they [community members] come; they introduce themselves telling me they come from here and there. After exchanging greetings and we discuss for a while they put their hand in their bag and bring out the gift saying, "papa, this is what I brought to come and see you." So I collect it and thank them"* (GO, a male older person).

Older people initiated arrangement: Older people could ask for support from any member of the community including friends, neighbours, co-workers, or village women. Fifteen out of seventeen older people reported that they negotiated support this way. Support requested by older people often included running small errands, carrying out household chores, and farming such as planting and harvesting. It could be arranged when community members visited but then the older person seized the opportunity to

seek support in areas they have identified as having an unmet need. NO described how she asked for support with medication when she was visited:

> *They come to check on me and greet me and ask how I am faring, if there is no problem, I will say 'no'. If for example, I have a headache, I will tell them and they will go right away to buy medications for the headache"* (NO, a female older person).

Older people may ask because the support provider was the nearest available or most dependable source of help. For example, TU took a picture of a motorcycle and explained the reliability of the support provider who owned the motorcycle. This explained why he always telephoned the person:

Figure 6-8: Photograph 8 and extract from elicited interview data with TU

(looking at the motorcycle picture) Ok, it is a motorcycle that is taken. It is not mine. It is for someone but the owner is not my biological child. This motorcycle is very useful to me. Whenever I call the owner of this motorcycle he shows up with speed for instance when I go to the far market, he shows up with speed. After the trip, his word will be will to give whatever amount that I have. You see now, it seems as if I own him (TU, a male older person).

Source: Photo created by TU for PEI

The quote above by TU showed how the reachability and promptness of the motorcycle owner translated into the value placed on him and the feeling of owning him even when there was no explicit negotiation of benefit. Older people asking directly could also

happen when older people declined the support provided by their children probably because they had assessed the support as not adequate. This meant that they had to arrange their support on their own and then they carefully analysed the best fit for the support they needed and then proceeded to ask. Sometimes they took into consideration the proximity of the person to them and how swift they were in coming to their aid; this gave older people a sense that these people were theirs and could go to any length for them. Older people arranging their support illustrates using their ability to determine and negotiate what support they get; this links to section 6.7 on "I am old but a human".

Other times, the older person asked for support only when no one had offered to help them. The older people could negotiate by entering into an informal agreement with the support provider. For example, in the case of assistance with farming, the older person may share the profits from the sale of farm produce, sometimes equally or offer something else instead (a give and take process). Older people entered into this support arrangement because it was the nearest *available* support that would get the job done. Even though support provided in this instance by community members was paid in some way, the older people regarded it as support, maybe because it met their needs. To illustrate:

> *"Yes, he [support provider who cut down a tree] does everything and bring money and we [ME and support provider] share it, any amount he [support provider] gives me… I will also take some of the oranges and go and sell and make money, I will tell the person who cut it to take the quantity he and his family will eat… If it's [oranges] not plucked, it keeps dropping on the floor and people [random villagers] will continually pick it up. To bring down the palm fruit they come, after doing [stammers], after helping me, I tried to share it, I try to divide the palm fruit between us and they take theirs and I take mine"* (ME, a female older person).

Sometimes older people were able to negotiate successfully with support providers about the nature of the support and how it benefited each person but then they were still vulnerable and at the mercy of the support providers probably because they had no other person to turn to for assistance. For instance, in the extract above, ME talked about taking any amount of money given to her, which could signify being helpless or having no

other access to other support. Three of the older people in the study reported arranging for support with more arduous tasks such as cutting down trees or harvesting by informing support providers in advance rather than having to pay for support.

Most of the older people took the extra effort by leaving their house and visiting those that they felt could support them most especially when it related to spiritual support. This extra effort taken in seeking spiritual support might be because of the importance they placed on spirituality and their view on spirituality affecting other aspects of life such as their health and emotional life.

It is interesting to note that two older people with high socio-economic class did not belong to the support arrangement of "Older people initiated-arrangement" even though they required support with IADL and ADL. This is probably because a few community members wanted to help and be identified with them or it could be because older people have helped members of the community who wanted to reciprocate. It could also be because family members provided some of the support or arranged the support needed such as in the case of foster children. In addition, being vocal and willing to negotiate irrespective of what the society thinks attracts more support to an older person.

6.5.2 Spontaneous negotiation

This occurred when conversations took place or events happened that were not necessarily planned by either the older person or the other party. This happened in cases where an older person was unexpectedly helped by a stranger on the road to get to their destination through free transport, or when a community member meets an older person and immediately offered support. Three participants reported having been helped by a stranger. For example, one participant discussed how he met someone at the borehole and the person immediately offered to help with fetching water and carrying it to his home:

> *"I just finished fetching [the water] and he said he wanted to assist me with pushing the wheelbarrow and I accepted. He did and I thanked him… Once I finished fetching, he asked me to leave it, that he will push the barrow home for me. He feels that I am an older adult to him" (*CA, a male older person).

This was usually carried out of compassion or respect for older persons, which is related to the status conferred on older people in the community. Sometimes these strangers might be people living in the neighbourhood but unknown to the older person.

6.5.3 Section conclusion

This section on support arrangement discussed the types of support arrangement, which could be planned or spontaneous. Planned support could be group-led, children initiated, community members offering or older people asking arrangements. Spontaneous support either occurred when the older person requested or the community members offered support. This showed that for either planned or spontaneous support, older people asked for support when they identified an unmet need or waited for support to be offered when someone else such as their relatives or the community identified a need.

The last few sections discussed the categories of older people based on need and type of support and support network. In addition, the motivations for the provision of support by support networks were highlighted and the support arrangements were discussed. The following section discusses the different themes emerging from the study.

6.6 Theme 1: What we have become

This theme explores the situation of older people. It explains who they are in the present, how they view their situation, their needs and their wish for consistent support. They communicate their needs to community members to highlight their situation and their needs. Three sub-themes were identified: ***loss of network***, ***difficulties in mobility or inability to do IADL*** and the ***frequency I need support***, which are discussed in turn.

6.6.1 Loss of network

Loss of network members is one of the sub-themes identified. During the interviews, participants reflected and talked about the support they received from members of the community, which often prompted memories of network members they had lost. As older people age, some of their older friends and family members inevitably died. Their

social network composition, therefore, changed and comprised younger members. For example, the oldest participant who was over 100 years narrated how she was older than most people in the study community:

> *"You cannot count my age. I am very much older than our people. I am older than the people of Umuoji. You can ask around"* (NO, a female older person).

Therefore, this meant that her peers and friends had either predeceased her or were very advanced in years and were most likely unable to socialise or interact, as they would previously. MF in discussing her support networks, discussed her loss of network using her birthday and the people that were able to attend to explain the network she lost:

> *"They are my son's friends, the females and others [people that came for the birthday]. The people that I used to move together with, we are all tired. We are all tired, including people that we invited, it was just a few people, it is a few that turned up, some called to say they were having leg pain, saying they have leg pain"* (MF, a female older person).

The social network composition changed for older people over time and was replaced with the younger generation through either their support networks or the social networks of their children. Even though the network composition changes and are often replaced by younger people, older people still felt that they had lost their networks such as friends, which shared the same age group, characteristics or histories.

Stakeholders discussed how older people had lost their network. One explained how older people felt special when they were visited having lost some useful network. This was probably because of a limiting illness that made them feel secluded. To explain, Stakeholder 6 repeated the words that a few older people said on visiting them and then explained further, what he meant:

> *" I'm still remembered by the church despite my seclusion [older people's exclamation when they are visited]… Like when I use that word "seclusion", that means that when somebody is old and he is sick, he is incapacitated he cannot come out, join in, and join others in the activities outside. Sometimes there are people that are even bedridden that cannot come out of bed always in the room, they are breathing, and*

conscious, that's what I mean by the abyss secluded. I mean they cannot join in in the church activities in the … or in the [pause], activities of people around them. Because of the incapacitation, the age or the level of sickness is not that they are just, I mean what is that word…. not abandoned, no-no but they are now incapacitated maybe because of age" (Stakeholder 6).

Reasons for the loss of network members were: being homebound and unable to see or stay in contact with people; members dying; network members being limited by illnesses that hindered their social life. Aside from the discussion around their social network and the situation of older people, several older people wanted more interaction, social gatherings and visits, which might be indicative of loss of network:

"If the older adults are asked to come together for a dance show, sitting together for chats and discussions or eating do you think our older adults will like it? Like if it is done once a month in villages like Umuoli, Urudeke" (DO, a male older person)

"Our needs that can be met is to visit older adults, interact with and keep them company. They say their problems and tell stories if any before the person goes" (TO, a female older person).

Gaining knowledge of the type of social network members that older people have lost is invaluable in understanding areas where they need extra support.

6.6.2 Difficulties in mobility or inability to do IADL

In addition to losing social network members, seven older participants were unable to carry out IADL adequately and relied on members of the community for support. All participants reported different forms of illnesses that could be limiting, including stroke, leg problems, waist pain (lower back pain), sight problems, body weakness and diabetes. It is important to note that even though older people reported having one or more of the above-mentioned conditions, they also reported feeling generally well. A few older people required assistance because they were unable to perform tasks that they would normally have done when they were much younger therefore, they resorted to asking for help and also in some cases, were willing to wait until the help was offered, particularly the oldest

old and severely ill. For example, several participants discussed how they were limited because of their health or physical decline:

> *"I am not doing anything now [working as a means of survival or doing things that they would normally do] because I am sick and cannot work; it is the help of people [support network] that keeps me, cultivate cocoyam"* (MU, a female older person).

> *"I am not doing anything [working for basic needs of life]. I have been ill for a long time so I am not doing anything… I am unable to go out"* (TO, a female older person).

> *"There is assistance [when asked about the assistance he receives], for example, just like I have told you the pear over there [pointing to a tree in the compound], I am unable to climb up strongly to cut the branches. I call on the children [children in the community] for assistance. If there is money, I give them"* (CA, a male older person).

Some older people like CA, TO and MU often had the expectations that they would receive support or that they deserved it. Asking for help or waiting for support to be offered had become routine for them because they achieved little without support. On the contrary, in a few cases, older people were not able to wait until they received suitable support. Rather, they attempted the task gradually until they accomplished it. They felt a sense of purpose when doing some of the jobs even though they struggled to complete them and it took a longer time to finish them. Alternatively, they would prefer to pay for support to meet their needs rather than waiting for "free support[8]". Other times, older people had no alternative other than to accept whatever help was being presented to them because they felt they had no other way to help themselves, such as receiving support from the government:

> *"I do not tell the people what I will like to eat. It is whatever they bring I receive with happiness. If it is something that I can eat, I eat and then sleep"* (NO, a female older person).

[8] Free support is support which is not paid for.

Older people accept assistance, which might not be their preference when they were younger or if they paid for it; however, they felt happy and appreciated it irrespective of its standards.

Seven participants were unable to or found it difficult to move around or go out to places they would normally visit such as attending church; they felt confined to one place either because of their frailty or because of their health as explained by one participant:

> *"The priest often comes to visit us and we have confession [one of the sacraments in the Catholic Church] and stay together then he blesses us and then he goes because we are no longer able to go to church, this place [compound] we stay is where we always stay"* (AN, a female older person).

In addition, they were unable to respond to events and emergencies as they would normally do. Rather they wait for the information to be relayed to them via a network member which could be neighbours, friends or *nwunye-edi*:

> *"People that were able to go [go to the source of information] will inform you when they are back. I do not run out immediately I hear a noise. I sit back to listen to what is happening. If anything at all happened outside [people who are able to go outside], it is the people inside [people who are not able to go out] that they will come to tell what happened"* (IO, a male older person).

Some of the older persons expressed concern about feeling helpless if there is no support and not being able to carry out some vital tasks or activities; they reported that not receiving the support they need with IADL such as bathing, sweeping and cooking, they feel vulnerable and were hungry at times. Several participants explained how helpless they felt:

> *"If there is someone close by, I will beg the person to come and help me and if someone is at the door, I will call someone to help open the door, these are all support… I do not cook, I am unable to cook. It is this person that bathes me. If they do not do it, I will go hungry"* (MF, a female older person).

"*I would be dying gradually, I would be dying having no person to help, I have no help"* (ME, a female older person).

"If it were before, I go out to buy the chicken feeds by myself and I feed them and feed the goats but right now it is outside people that goes to fetch the goat feeds for the goats" (NO*,* a female older person*).*

Other participants expressed a state of hopelessness in their current state emphasising 'cannot or unable', linking the contrast between their present state to their former state in which they were still able to do something meaningful to them every day. Participants expressed their worries when asked about how they go about their day-to-day activities:

"Go out to where? Is it not if you see [is it not if you do not have sight issues], then you can go out. I am unable to go out[9]*"* (TO, a female older person)

"I am not doing anything now [not working] because I am sick and cannot work; it is the help of people that keeps me, cultivate cocoyam [one of the popular farm products eaten in the study community] and work a bit" (MU, a female older person).

Older people's situations meant that they had to depend on their support network to carry out their daily activities. They had to adapt to their current situation, recognising that they needed their support network continually, depending on their needs.

At times, older people became vulnerable to their support network because they were unable to move about or had difficulties in carrying out IADL. Older people reported that sometimes when people offered support to them, they tended to take advantage of them by stealing from them or demanding sex from them, in exchange for the support they wanted. Four participants discussed their vulnerability. In the case of demanding sex in exchange for support, the older person did not feel able to discuss it. This was probably because it was too painful and embarrassing to talk about. Although, the older person could not verbally explain, rather she demonstrated what she meant:

[9] TO has sight issues but not blind

> *"I beg[10] sometimes [seek for support] and they will tell me they don't have. I do not receive support, I will wonder that you can see that they are well to do but they don't have. There are some people you will go to and they will request you should give them this (points to her private part) [have sex with them], that you should first give it to him (laughs hysterically) [this is my predicament]"* (ME, a female older person).

As ME could not verbally explain her vulnerability but chose to demonstrate it, this could also mean that she was not able to speak out to other people in authority who could help or protect her. Being vulnerable when seeking support often left older people feeling helpless and sometimes they decided to go without support rather than being made to feel vulnerable. Vulnerability could make older people withdrawn and therefore unable to negotiate the support they need.

6.6.3 The frequency I need support

The needs of older people determined the frequency by which support was provided to them. Given their needs and situations, there was a frequency at which they expected that support should be provided to them to meet their needs. Some instrumental support such as the giving of gifts was mainly seasonal but instrumental support relating to IADL and emotional support was reported by participants as being more frequent. For example, in some cases, *nwunye-edi* or younger older people socially interacted with the oldest old by checking in on them periodically.

Because of mobility issues and relationships formed over time, older people sometimes expected support from members of the community at regular intervals. For instance, VA took a photo of a community member and commented on how she expected her to run errands for her:

> *"That woman has been of great help and assistance to me. When I need assistance with something or an errand I call upon her and she will assist me… When she*

[10] Beg in the Nigerian context means to 'ask' and not actual begging.

> *comes around and I do not have water just like water is finishing now, she goes to fetch water for me"* (CM, a female older person).

From the narratives of older people, this could mean that the older people had expectations and depended on some support frequently and which when it was not provided could have a negative impact on them. For people with mobility issues and with a smaller support network, preachers could be the only visit older people might have received in a week.

Similarly, stakeholders also discussed the frequency with which they visited older people whom they identified as being the highest priority, such as those over 80 years and the very sick, as one stakeholder explained when discussing how they supported older people:

> *Every month we go there [older people's house]… Every month. We visit them. They value us. Whenever we go there, they are always excited to see us. They love it, about 3 of them in this community* (Stakeholder 5).

The frequency with which the stakeholders offered or organised support was dependent on the rules governing the organisation. Stakeholder 5 emphasised the frequency with which they should visit older people. The frequency with which older people were visited and the needs, which are met by the stakeholders, highlight the situation of what older people have become.

In all cases, older people talked about the impact of not receiving the desired support such as hunger if there is no regular assistance with cooking or worsening of health conditions in cases where the older person needs ongoing support with IADL or ADL. One participant expressed concerns about some older people's situations and then focused on the detrimental impact when she did not receive support when she wanted to walk around:

> *It depends on what the person is suffering from. Some are unable to sit down, and open the door; some need someone to accompany them somewhere. It is all support. For example, like me, if someone does not hold me [when she wants to move around], I will hit my head on the wall* (MF, a female older person).

When older people did not receive support as frequently or timely as they needed it, they either faced a worsening condition as described by MF or might have to pay to receive the support needed. Often, paying for support may not be possible given the inaccessibility of the state (government) and the market structure of support for older people in Nigeria.

This section on 'what we have become' discussed how older people felt about their physical state. They recognised that as they age, their network size diminishes, they experience physical decline and were unable to carry out certain things as easily as they were able to do when they were younger; they recognised their limitations and weaknesses. It further explained how physical decline could make older people vulnerable and sometimes unable to speak up. Recognising one's limitation could be a strength in taking control over their present situation. The following section explains how older people feel about their mental state being active despite the physical decline they experienced.

6.7 Theme 2: I am old but a human

How older people viewed themselves was an important issue raised by most participants. In the course of the interviews, older people communicated who they were, what they were, and what they were not; this appeared to be a direct challenge to the way they are viewed or treated in society as discussed in "What we have become". They described themselves as being like every other age group experiencing only physical decline but no mental or spiritual decline. Therefore, this section discusses "***how older people are viewed by themselves and others***", "***older people's view about how they should be treated***" and "***older people's view about what they can do***".

6.7.1 How older people are viewed by themselves and others

This sub-theme highlights how older people viewed themselves or perceived how community members viewed them including the stakeholders. During support negotiation, older people understood and communicated that they could still care for themselves and carry out some basic tasks within the house, describing themselves as not

being 'dead', and that they did not need humans or family constantly to survive. For instance IO, a male older person commented when asked who is responsible for providing his food: *"And I try my best and put in my efforts. I am not dead. My children bring me feeding allowances too".* They viewed being in control and carrying out certain tasks by themselves without seeking external support as a way by which they maintained fitness and have autonomy or a sense of purpose. This was the dialogue between the interviewer and a participant about the IADL support she received from her fostered child:

> *"Participant: I pick the broom and sweep the house, use the broom and sweep the backyard of my house to do exercise, I will sweep the house, clean the house, fetch water, wash cloths, and wash clothes.*
>
> *Interviewer: Ok mama thanks a lot, that is to say, you do some things yourself?*
>
> *Participant: Yes I do so, I will be light so this pain will be less [moving around makes her feel light and the pain less], not that I will be stationary at a place saying 'go and do this one', 'go and do this one'. I also help you know, I will not leave only the kids [leave only the kids to do the house chores]"* (MU, a female older person).

Even in the process of being supported or when someone offered support, older people still wanted to feel in control of their situation, older people felt the need to participate in the support by helping out in the way they could and be treated as people who were in control but still needed some support.

In describing themselves as not being dead, some participants communicated that they were only old and not lifeless beings that were unable to make decisions or enjoy the good things of life irrespective of their physical decline. From the narratives of some older people, it can be deduced that often, they were viewed as people whose mental state had declined too well, that they were a burden to people around them or were unable to enjoy life like everyone else. In addition, they were viewed as being synonymous with being dead because they were old which meant they had nothing to offer to the community. For example, TU explains how he felt that the community perceived older people:

> *"I would not say we should participate in sports but older adults can be given from time to time, medication could be given, medications could be given to older people, medications to make them strong... So that they will not think that [talking about ways that the community should not think about them], whoever is old is dead, that someone old is dead, rather the person is tired having lived to old age"* (TU, a male older person)

Similarly, BO elaborated on what it meant for him to be old, rather than the societal conception that being old means being dead:

> *"We are human beings, just as human as every other person, the difference is that we are weak, the physical weakness does not connote mental weakness or spiritual weakness. We are just weak physically; we are strong in every aspect, if not stronger"* (BO, a male older person).

In the process of discussing the interactions of stakeholders with older people, inasmuch as the stakeholders supported older people and were not being intentionally negative about them, they viewed older people as being in a continual state of want. In other words, older people were viewed by the stakeholders as a group of people with unending needs, and they were always unwell or with several health challenges. Stakeholder 1 discussed how they assisted older people; in describing what they did and the reason, he says:

> *"You know because elderly people are normally they are sick"* (Stakeholder 1).

Older people experienced physical decline, as seen in the accounts of the older people, however, the image portrayed by the stakeholders described older people as being synonymous with being unwell. To explain further, Stakeholder 4 described older people as always sick and homebound with mobility issues:

> *"Most of them cannot move voluntarily… You cannot ehhhh, distinguish, ehhhh old age and sickness because ehhhh sickness is a is ehhhh old, sickness is one of the symptoms of old age so the majority of people we look after and from time to time they are sick people and from time to time there are being sick"* (Stakeholder 4).

The way stakeholders view older people could lead to older people being supported in a particular way, which might not be the best for the older person because support was not properly negotiated between the stakeholder and the older person.

Even though older people recognised that they had frequent needs, they need humans to help them in their present state and that their needs might not be completely met. Therefore, older people indirectly relayed the information that they knew what was best for them irrespective of their physical decline and did not want to be coerced into accepting any help they were not comfortable with, even though the support providers had good intentions. At times, the support providers wanted to help older people in a particular way and they insisted on a different support. One of the stakeholders describes how he tried to support an older person in the best possible way but the older person was adamant about the way she wanted to be supported:

> *"People insist, have their problems and they insist on what they want to do [being divinely healed] ….I don't know if it is elephantiasis I don't know what they call that type of thing but she has serious sores ehhhh at the leg.* (Stakeholder 1).

Older people decline support not only from members of the community but also from family members. There were other reasons why an older person might decline some support, for example, unwelcome support that they received from Jehovah Witnesses proselytes. They communicated that they still had a choice despite their physical decline which means they were unable to move around as they used to, which could affect the information and spiritual support they received. Random people arrived on their doorsteps, offering information and spiritual support, but some older people were able to filter the information they received by asking some questions and taking into consideration the replies, who brought the information and the source of the information, as explained by one of the participants:

> *"Yes, like the Jehovah's Witnesses, they can come to preach the gospel, they preach to the extent that I ask whether the Bible differs… No, is not important to me [preaching of Jehovah's Witness]*" (CA2, a male older person).

Older people understood their vulnerability but wanted to maximize the control of what they still had. Choice and control were essential to older people in the negotiation of support to ensure who and how their needs are met and that the help they receive meets their needs. In addition, choice and control by older people foster independence and not feeling helpless especially when older people initiate the negotiation process. This helps to ensure that the voices of older people are heard during the provision of support and tends to attract the right type of individuals or services that meets the various needs of older people. This leads to a more person-centred approach to support. In addition, understanding vulnerability helps in decision-making of what is most important and being strategic in the request and negotiation of support.

In addition, older people were also perceived as people who lived in abject poverty, who did not have the necessities of life and were dependent on the community to survive as described by Stakeholder 4 when asked about what he did for older people:

> *"We collect food items, cash and ehhhh, from this collected items, we share it among the less privileged society [referring to older people] and we distribute them from time to time to make life worth living for them because most of them are eating from dust to mouth"* (Stakeholder 4).

To explain further, correspondingly, Stakeholder 3 classified most older people under the category of people in poverty:

> *"Interviewer: You mean you give mattresses and mats to people, does that mean that some people, some older people don't even have something to sleep on?*
>
> *Participant: Most of them don't, most of them, most of them live in mud walls, mud houses. And you know that kind, this kind of thing is no more existent within the community.*
>
> *Interviewer: Mmmm*
>
> *Participant: They are so poor that when you see them you need to pity them, you really need to pity them. They don't, some of them don't even have mat"* (Stakeholder 3).

This could be the case for a few older people living in the community but not all. Stakeholder 3 classified most older people as people who were poor and needed to be constantly helped and pitied, which was not always the case as some had families that took care of them adequately. However, the way that stakeholders viewed older people might be because their resources were concentrated on the very needy such as those who were sick, rather than on healthy older people. Therefore, that creates a picture of what it was to be old, based only on the individuals they visited most often and provided support to.

6.7.2 Older people's views about how they should be treated

Building on the previous sub-theme of "how older people are viewed by themselves and others", how older people want to be treated is explored in this sub-section. Older people who did not have a permanent disability or long-term limiting illness that led to being homebound felt that they should not be constantly supported or visited just because they were old. This was because they felt that they could move around slightly even when it was obvious that they had health issues such as lower back pain. This originates from the expectation in society that the church should mainly visit the very sick. They had a perception that you are in a very bad state when there is organised support either from churches or from society specifically for an individual. The community's mindset is "if you are not very sick then is no reason for you not to be in church?". This reflects that religious expectation such as church attendance influences the receipt of community support. Therefore, in the interviews, older participants deflected the question or conversation about being visited by the church or society they belonged to; they communicated that they were and could still perform their day-to-day activities and they were not entirely useless even though they were perceived as old. To illustrate, DO became defensive when he was asked if he was being visited by the church:

> *"I am not sick. They [the church] visit sick people, they should not visit me"* (DO, a male older person).

Similarly, IO explained why he would not be visited by the church:

> *"Interviewer: Ok, just as you are, do you have your church members or Reverend father comes to pay you a visit or check up on you?*
>
> *Participant: Not really, because I still go to church. If I am unable to go to church, then the Catechist or Reverend father could come to check up on this older person but I still go to church*" (IO, a male older person).

Older people knew what they needed to live well and expressed their views of what they expected and how best they would enjoy life, irrespective of the fact that they were older. Five older people discussed how they should and could enjoy the good things that the younger generation enjoyed. In response to how the needs of older people could be met, one participant explained:

> *"Or an event centre can be created for them [older people] to have a social gathering, teach them to our people after creating it, where we can have a social gathering, teaching them about God and other things about life that can uplift their spirit... So these are things that when it is done, they will be good, if they see it and do it, I will like it and I am not the only one who will like it"* (TU, a male older person).

Several older people felt that members of the community should support them to socially interact and connect in such a way they were able to maintain good wellbeing. Examples included chatting, sitting and activities that were good for the body and the mind such as dancing. Their perspective centred on the premise that through receiving support, they were able to live fully like every other age group.

6.7.3 Older people's views about what they can do

Older people discussed that they are capable of carrying out activities, they communicated that they could reason carefully about their support arrangements or even how to survive in cases when support was not forthcoming. All participants explained how they approached members of the community or what happened when they were being offered support; they considered the support provider's proximity to them, reliability and how well they would provide that support to them. In some cases,

participants stated how they carefully considered the support given to them and if it was a suitable person to carry out particular support; they did not just accept everything that was offered. They considered if the person was the best to provide support by assessing if they were the most qualified to provide such support, if the support giver had the requisite skills to support them and if the support offer was genuine. For example, MU took pictures of cassava in a wheelbarrow and tubers of yam and during the discussion, she explained how she questioned the young man who wanted to help to assess his capability and genuineness:

Figure 6-9: Photograph 9 and extract from elicited interview data with MU

He [support provider] said mama let me plant yam for you, I replied, son you want to plant yam for me heey, do you know how to plant? He said he knows how to plant it, he planted the yam for me and I was very happy. God touched his heart and he said he wants to plant yam for me (MU, a female older person).

In some cases, the participants carefully considered the right person to provide specific types of support. This included support with personal or private tasks. Older people were still security conscious, able to weigh up risk against the benefit of support and could safeguard themselves diligently. Support such as cooking, sweeping the inner part of a house, washing, dressing and support with ADL were regarded as assistance that should only be provided by their inner circle such as family, fostered child and fictive kin. This

could be because of fear of being harmed or being made to feel vulnerable. Talking about this issue, participants explained tasks that they would not want to be supported with:

> "*It is only if it is my sister who comes sometimes to stay with me for 2-3 days, my younger sister, she is the one who can come and cook for me… There is someone that will cook and bring for you and you won't eat, you won't eat"* (ME, a female older person)

> *"People from outside [people not close to her] do not enter my house to sweep for me* (MF, a female older person).

For other support not mentioned above, some participants expressed how they sought out the best person to meet their needs and this was not necessarily their family members or their friends; one reason could be because the person lived closest to them or they trusted them enough.

> *"No, we are not related, our relationship is just that we are married in the same place [they are both married in the same location], vicinity [talking about nwunye-edi]…..If I have an issue, I call her and she does it for me….before my sister will come to my aid, she comes to me"* (ME, a female older person*).*

Older people believed that they were able to make good choices through observation and the network or the resources they had within their reach. For instance, one participant was asked by her family to stay with them during the Christmas period when her foster child was away for a few days. Because she felt that it was not what she wanted, she carefully considered the most suitable person nearby to spend the night with, to support her. She took a photo of the woman and commented on her reason for taking her photo:

> *"My children asked me to come and stay with them but I did not feel like going anywhere, I wanted to stay in my house. I know that if I go that I will live and eat fine but I told them that she should not worry that if I see someone, so I called this lady [support provider in photo] and asked if she can sleep here with her child during the night. I told her that after the day's activities she can come and spend the night and leave by morning"* (CM, a female older person).

Sometimes older people could negotiate successfully with the support provider on how the support would be offered and what benefit they would gain if any. Capability was a key strength for the negotiation of support. For example, ME commented on how she negotiated her support and the benefit the support provider gained:

> "*So it's people who live over there [pointing in the right direction] that comes to help me to, to bring down the palm fruit they come after doing after helping me I tried to share it, I try to divide the palm fruit between us and they take theirs and I take mine"* (ME, a female older person).

Conversely, if community members approached older people, they still considered how well they would provide the support or how well the support being provided would meet their needs. If unsolicited help was offered, older people did not just accept it; they carefully considered whether it was the best support they could receive. They assessed the source, intention and usefulness of the support, for example, older people considered if the support was real and helpful when they were spiritually supported by churches such as Jehovah's Witnesses. One older person after considering felt that it was useful whereas one other older person felt it was not useful.

Not only did older people consider the dis(advantages) when negotiating support, they viewed themselves as being mentally capable to carry out their usual activities and helping other people who needed to be supported. In the process of being supported, older people believed that they were still mentally functional, and could function effectively and contribute to society. For instance, they were very open to supporting the younger generation with advice and telling of histories because in such a way they felt that they were still relevant despite being old. They felt relevant by communicating that being old did not mean that they were unable to carry out other activities and also waiting to be helped at all times. They wanted to give back to society and provide support in the same way as the community did. For example, CA commented about how keen he was to give back to the community by educating the younger generation on the traditions of the community:

> *"I am with my right senses to give such information about tradition [tradition of the community] that I am aware of in this Umuoji. I cannot go and ask anyone, if it is*

> *something that happened in the past. If it is the one I am confused about [the older person is not sure if it still happens at the moment], I will tell him that it happened in the past and it is no longer done these days"* (CA, a male older person).

Discussing histories was only reported amongst the male participants; this was one way by which male older people contributed to society by teaching the younger generation about the culture and customs of the land (community).

Some participants felt relevant by giving and engaging with the community. They had or created a sense that they were humans, still useful and should give back to individuals especially those that had supported them, that support should not be one-way but a reciprocal process where they receive and also give back to the individual or the society. In most cases, they expressed gratitude to the support provider. Aside from thanking the support giver, they reciprocated in various ways either by giving small gifts of money (usually given to children). Female participants usually gave products from the support they received such as farm produce including palm oil, cocoyam and yam (usually given to adults). To illustrate, a participant explained how he showed appreciation:

> *"Yes and after he [support provider] brought it [water gallon] back, I thanked him and gave him fifty naira to buy groundnut and eat. He was happy"* (CA, a male older person).

Alternatively, when older people did not give material gifts to show appreciation, they offered spiritual support in return by thanking and praying for support providers believing that God will bless them and that someone else would offer assistance to them. A possible explanation for the willingness in reciprocating when negotiating for support is because it portrayed independence and it gives a sense of security. Other times, older people were able to provide support to other people when they were being supported and not necessarily to the people that have supported them such as supporting the members of their family like grandchildren. That is, they wanted to contribute but their contribution depended much on the support they received from other people in the community. For example, participants discussed how the support they had received has been useful in helping others:

"Ermmm, this apple I took their picture after they [younger men aged 18 years and above] cut it [apple tree], we eat it, and give those who do not have and then sell some and give to those that do not have" (CA, a male older person).

"Another thing I can use it for [talking about the processed palm fruit], another thing I can use it for is that I use it to gift to people" (ME, a female older person).

Furthermore, it was important to know that a large percentage of older people were members of the church societies from which they supported the community. A few older people still wanted to be useful and contribute to their community by giving their time, and resources to help other older people in need of greater support. For instance, Stakeholder 1 commented on how older people still engage in visiting their peers:

"Some of them will even be walking [going round the village], going house to house even when they… some and you discover that some of these people that do these things are still the elderly ones so you see elders helping their fellow elderly so, so these, these things are little, little help these people render" (Stakeholder 1).

Older people made an impact by giving back to the societies despite the hurdles they faced such as the associated stress of travelling on an uneven road in the study community. Nevertheless, perhaps, they did not just give back to stay relevant but they used it as a way to stay connected to people around them.

This section on 'I am old but a human' explained how older people viewed themselves, how older people felt other people viewed them, how the stakeholders viewed them and how older people wanted to be treated. It also explored how older people assessed their capabilities and ways that they could reciprocate support to the community. Older people wanted to communicate even when it was not spoken that they were old but still alive, could contribute meaningfully to society and able to make rational decisions about their lives.

6.8 Theme 3: Social norms

This theme discusses how social norms and practices influenced the way that community

support was provided to older people and how the provision of support was perceived. This includes societal norms and what type of support was expected to be provided by children, women or men. This is discussed in the following sections.

6.8.1 Gender and age-specific support roles

The demographics of a person determined what specific support roles they played including their gender or age societal-defined support roles.

6.8.1.1 Roles of Children

For some roles, such as providing support with IADL to community members, at a younger age, there was no distinction between male and female children. However, as they aged, the roles they played differed. In the context of this study community and extending to the country, it was the responsibility of children to offer some type of instrumental support. For example, helping with household chores. Fetching water and firewood was most often reported. Participants took pictures of water tanks, buckets or water in bottles which exemplified how children helped to fetch water. A few participants took pictures of firewood for the photo-elicited interview about support with IADL. AN, one of the female older participants, took a picture of a young girl in the community that frequently helped her. Figure 6-10 captures the young girl with the bucket and the extract from the interview with AN:

Figure 6-10: Photograph 10 and extract from elicited interview data with AN

Yeah, yeah she helped me fetch water… I use it to cook, some of them are used to bath and then wash clothes, you see these buckets (she points at some buckets). I used the first one in cleaning, still, the one, the first now is the one I used in washing those clothes there (pointing at the cloths)… it will remind me of when I was sick and she came and was helping us out (AN, a female older person).

Source: Photo created by AN for PEI

Older people only reported non-arduous IADL as support offered to them by children, mostly aged between five and twelve years. Older people viewed assistance with IADL as being important support, and the children in the community considered it a societal responsibility that they needed to provide support for older people even without a request being made. Participants reported that children engaged in this support mainly as a group and view it as a fun activity. Participants explained how children visited to support them with household chores even when people were living with an adult person that would have otherwise done it. To illustrate, EO was asked if support was provided without payment irrespective of whether family members were available to support:

> "*Helping, even fetching water, there are children who come around to fetch water for me no matter that tanker [water tank] is everywhere now. Saying that I am an elder, even firewood; it does not end in water, even firewood that is what they come to visit the elderly with [meaning that is what is done for older people]…. It is not like*

[children do not calculate the presence of family when helping] that because a father [an elder] is a father [an elder]" (EO, a male older person).

As seen in the accounts of older people, in like manner, stakeholders also reported that children who were members of the Legion of Mary (a church society) provided support with IADL:

"Our children [children within the church society] they fetch water, they fetch water for the person, they wash their cloth, the children, they do, just the way they fetch water at home, they go to assist these older people with fetching water and doing laundry. The Children in the Legion also do the work. It is not just for the adult in the Legion to do the job" (Stakeholder 2).

Children offered this support because they viewed it as a societal obligation to help older people around them with household chores. According to the report of GO, children were also taught in religious organisations to help older people; they helped even without being asked to by their parents or the older person:

"Interviewer: Is it their [children] parents that instruct them to assist you?

Participant: No, they [the children] decide on their own. Yes, they decide on their own, they decide on their own.

Interviewer: These children are aware that your wife and child are around and yet they come to assist you?

Participant: These children like [pause] especially children that go to church. Through the word [word of God] that they are told in church, they like to assist people because of what they are taught in church. If they see an older adult who is unable to fetch water and firewood, through what they are taught in church that is why they behave like that. They know that an older adult has children and a wife but because of what they are taught in church, that is the reason why they behave the way they do" (GO, a male older person).

Older children within the ages of 13-17 carried out similar activities as the younger children, such as running errands in the community for older people. However,

sometimes depending on their maturity and strength, they also engaged in more demanding or riskier roles, for example, cutting or picking fruits in the bushes or farms, which might be farther away from their place of residence. In most cases, the older person made the support request. Children of all ages might be accompanied by an older adult mainly their mother or the older person obtained permission from their mother in advance. To illustrate, AN talked about the help she received with her farm produce and how mothers accompany their children in some cases:

> *"Participant: The palm nuts that they usually help, when it is cut down, they go pick it up for me.*
> *Interviewer: If you beg them? Ok, which children, do you mean the children that burnt the bush for you?*
> *Participant: Yes but the older children, Yes and their mum sometimes follow them* (AN, a female older person).

In addition, ME talked about how she needed to obtain permission from the parents of a child before seeking support from a child:

> *"Participant: Yes, I asked the mum that the son [talking about a teenage boy who walked across the road during the conversation] should support me, so he climbed up with his cutlass but the oranges were breaking, so he cut it down with the fruits without breaking.*
> *Interviewer: So sometimes, you are the one who asks them to help or support you?*
> *Participant: No, you have to tell them because they are not your children"* (ME, a female older person).

This implied that the mothers had a responsibility within the community to encourage their children to support and are often involved in the negotiation process.

As these children move into adulthood and usually from the age of 18 (or slightly younger for some male children with a quicker rate of maturity), the instrumental roles are divided and became gender-specific. This is because of the belief that some roles, such as cutting down trees, should be performed by males, whereas females, regardless of their age

should perform roles within the home. However, some types of support do not become age-specific after the age of 18, such as spiritual support and giving a ride. For instance, BO talked about people that drive him back from church:

> *Interviewer: Which age group in the church provides this, you know the services we talked about [providing a ride], is it the young or the old?*
>
> *Participant: The younger ones, the younger ones, active, people who are still active in their various endeavours, the youths, the youthful members of the church, people in their 40s or 50, not people who are adults.*

Having discussed age-specific roles, the next few paragraphs will discuss the gendered role.

6.8.1.2 Gender roles for women

In this context (village, community, region, country), women were expected to provide support to the members of the community, especially with IADL such as carrying out errands. In the village, they are known as *nwunye-edi* (more details on nwunye-edi are explained in section 6.3). *Nwunye-edi* had a responsibility to take care of older people in the village especially the old and the very sick. They also engaged in some form of financial contribution to help themselves in emergencies, such as during the burial of a family member, therefore, helping older people around them with these contributions. Additionally, it was a social norm for *nwunye-edi* to provide instrumental support such as assistance with purchasing provisions as explained by CN:

> *"They are people [pause] nwunye-edi that goes to the market and buys things for me; some are same kindred or random nwunye-edi… I can ask them [nwunye-edi] to help me with certain tasks like picking up the fruit, don't you see that this way I have this palm fruit, if I beg[11] [ask] them to process it to palm oil, they will do it"* (CN, a female older person).

[11] Beg is a word used in place of asking politely or using please when asking

Such support with IADL tasks was synonymous with support provided by either women or children. This is because sometimes children and women were classified under the same umbrella for some roles, such as getting palm fronds, while men were often associated with more complex tasks. Hence women and children were sometimes mentioned as support providers for a particular task. For instance:

> *"Interviewer: I want to ask the person that normally comes to cut palm frond and forages for your goat, who is that?*
>
> *Participant: Normally children and women do that*
> *Interviewer: Do you know them?*
>
> *Participant: Well is not a particular person, anyone can do it around here, I would just have to ask and nobody says no to it, it's a norm here"* (CA2, a male older person).

Furthermore, some giving of gifts were peculiar to women and usually provided to the womenfolk, for instance, a few participants commented on how other *nwunye-edi* gifted them foodstuffs such as crayfish and onions. The women were aware of their responsibility within the community and older people considered it their right because it was a norm within society for them to receive some kind of support. The women mainly provided support to older women, however, this support was not reported as being provided to men and the present study did not explore if it was exclusively for women.

6.8.1.3 Gender roles for men

Some physical activities were regarded as male roles probably because they were assumed to require more strength to perform, including cutting down trees or climbing trees to harvest farm produce. Participants mentioned whom they called for these tasks by referring to the male gender. For instance, figure 6-11 shows a picture of a jackfruit

tree taken by CA and the extract of how he called another male, in addition to his son, to help with the difficult task of climbing and cutting down:

Figure 6-11: Photograph 11 and extract from elicited interview data with CA

"Interviewer: Ok, tell me about that person that is not your son, that [name of person] that plucks for you. You mentioned that he lived with someone… How did you get to know him?

Participant: He lives in this vicinity, there is also another child called "[mentions a name]", that is [referring to a young male adult]. He lives in this village, He plucks [jackfruit] too. Once we call him, he comes to pluck when we call him to come and assist me… Yes, whenever I call him, he shows up. Yes, unless he is not around." (CA, a male older person).

Source: Photo created by CA for PEI

CA assumed that this was a male gender role, which explained why he chose males without mentioning any females as being suitable to carry out the task. The extract from the conversation also refers to the trust placed in the male gender to carry out such a task. Sometimes, older people still referred to these younger male adults as children, especially when they had children of their own within the same age range.

Another male-gendered role identified in the study related to the organisation of spiritual support, which was identified as being predominantly a male role; men were mostly the leaders in religious organisations and the community. Such leadership roles included Reverend fathers, pastors and the chiefs in the community. However, there were a few exceptions in cases where the church societies were exclusively for women, such as the Catholic Women Organisation (CWO).

Concerning social interactions, generally, both older men and women were visited in the community; however, the younger men visited older men, especially the oldest old, to seek information about the history of the community or to seek advice on a specific issue, usually relating to cultural matters, such as traditional marriage rites. Older people felt valued when they provided support by giving back through various means. This is because they sometimes viewed "seeking of advice, information about histories" from community members as being shown respect, honour and treated like an important person. The older men viewed this type of visit to obtain information as a sign of respect. This could be seen as older people supporting younger people but at the same time, the older people derived a mutual benefit from it. This type of support exchange occurred mainly between men in the community because they took the leadership position in cultural affairs such as marriage rites. CA talked about how he offered support:

> *"Mmmm, they come to inquire about things [tradition and culture] they do not know because of mistake. It is because they feel that I know better than they [the younger people] do. For example, somebody wanted to give out his daughter's hand in marriage and he came to ask me how many cartons of wine/palm wine and kola [it is a fruit offered to a visitor on arrival or given as a sign of respect or solidarity] that should be used"* (CA, a male older person).

Similarly, EO explained the relationship between respect and support by capturing the picture of a chair he used to entertain people that visited him. This is shown in figure 6-12 below:

Figure 6-12: Photograph 12 and extract from the elicited interview with EO

"The chair I took is for, this plastic chair, it is whoever comes to your house, comes to your house, is for visitors, when someone comes to your house you have to give him a chair to show you love him and the visitor you told to sit and he sits loves you too… Some people will come to ask what happened in the olden days because he knows his father and old people and things that happened in the old days. So I will tell them… it shows great respect and honour… it is big support" (EO, a male older person).

Source: Photo created by EO for PEI

Inviting a visitor to sit down on the chair signified love and affection, which EO found valuable because he still has male companions who loved him. Male gendered roles could be said to be a sign of respect and recognition of the male gender from which older men gained support.

It is important to note that only a few of the societal male-defined roles were reported in the interviews; this could be because most of the other IADL support roles as mentioned earlier in section 6.8.1.2 and as defined by the participants were female-gendered. At times, older people often paid a male for some arduous tasks such as cutting down trees.

This section on social norms discussed the cultural expectation of who provided care, and how the provision of support by different age groups and gender is interpreted. It highlighted how culture shaped the way support is provided or requested from members of the community. In the community, support roles were gendered and there was an expectation that a particular type of support should be received from either male or female and for a male or female to provide specified support at an older age. In addition,

different age groups and gender understood their responsibilities within the community and carried them out, thereby becoming norms within the community. Even though it is the social norm for children, women and men to provide some type of support, delayed reciprocity (which can be interpreted as “you reap what you sow”) was evident in all accounts. This meant that these groups of people desire that such support is accorded to them by the younger generation as they get older.

6.9 Theme 4: Spirituality

The predominant religion practised in the study location was Christianity and all participants belonged to the Pentecostal, Catholic or Anglican denomination. All participants valued spiritual support which was linked to one’s spirituality and the group-led support arrangement from the church (see section 6.5.1); participants viewed God as support or that all support comes from God and that their spirituality affected other areas of their life, which are discussed in the next few paragraphs.

6.9.1 God as support and support comes from God

All participants began the interview by talking about how God had been supporting them. When asked about the support they received, several participants stated that God was their main source of support. Hence this is why spiritual support was very vital to them because it is through spiritual support that they felt closer to God. They did this by taking pictures of their church, their spiritual altar in their home, or pictures of the Bible. Sometimes, they talked about God being their support by linking some of the support they had obtained from the church leaders. At the beginning of the conversation with EO, he started by referring to the altar as his strength and where he talked to God about his needs. Throughout the interview, EO referred to the altar and how it related to God. Figure 6-13 shows a picture of the photo EO took along with the elicited conversation:

Figure 6-13: Photograph 13 and extract from the elicited interview with EO

[Pointing at the picture of the altar], that is the place we stay to do our morning prayers, afternoon prayers, night prayers, that is my strength... If I tell the status [referring to the statue of Mary in the picture] my problem, big things begin to happen. So it gives me joy a lot and encourages me and gives me strength in anything I do... Through her, through her, we see God. When you pray she takes your prayer to God so, she helps us spiritually, she helps us spiritually (EO, a male older person).

Participants attributed the support they received as having come from God and any future support they would receive as also coming from God. Participants assumed that it was God who could offer the most useful support. This included circumstances where they felt that members of the community could support them, such as with IADL and in areas where support appeared to be impossible, such as healing them during sickness. One of the participants lamented on the issue he experienced and how he felt that only God could help him with the issue:

> *"The need I have is I just wish to be healed of this leg challenge [leg pain], which am not even expecting from a man, so am looking up to God, I am not God but he should solve it, with the way things is now, it is God I look up to… Medication, I am tired of medication [medication for the leg pain], I want is for God to heal me, let his will be done, let him be the one to heal me"* (CN, a male older person).

Participants believed that God orchestrated all forms of support and some believed that support should not be solicited because as long as they served and worshipped God, they trusted that support would not cease to be provided. Even though they recognised the help of humans to accomplish a certain task, they still wanted to give the credence to God. This was shown in the accounts of some participants:

> *"If God says, If God says I will finish this building [building of a house] then. I did not depend on man; I will believe it was God's will for the house to be completed. He permitted it… If God permits. If someone is building a house, when human beings do not assist you. God will assist you saying build it and give you what it takes. However, people assist and build it, they bring money"* (DO, a male older person).

> *"What I can say about it [referring to the support he received] is that I did not beg him [referring to a support provider] to assist me. It was God that sent him and he did all that in the name of God"* (IO, a male older person).

Sometimes, participants believed that God was their support and that since they had God, they would not lack support; this had an effect on them not asking for support because of the expectation they had in God, otherwise called faith in God. Inasmuch as faith in God helped and was a coping strategy, sometimes this did not always work out as anticipated especially when older people ignored any essential support available to them. For instance, a stakeholder who was a church leader recounted:

> *"Then I [Reverend father] Invited, I with the help of a Rev. Sis., invited a professor doctor from Awka [a community within the state where the study was conducted], he came here, wanted to begin the treatment [treatment on a woman with elephantiasis], the woman said no, no! no! that Jesus has already taken care [of the leg], Jesus has taken care so, and she, this is now two years now [since the doctor was called and she declined]"* (Stakeholder 1).

This implied that the spirituality of older people within the community went beyond their belief in the spiritual leaders, to a more personal level of spirituality. In addition, the data from the interviews showed that spirituality could be a coping strategy as well as being

detrimental if older people did not accept other types of support apart from spiritual support.

6.9.2 Spirituality affects psychological, emotional and physical areas

The spirituality of older people was largely dependent on the spiritual support obtained from the members of the community. In a few cases, the participants felt more supported spiritually, especially when it came directly from the leaders of the church. They viewed it as bringing joy, strength and renewal and, being uplifting and encouraging. In addition, they felt that the spiritual leaders connected them directly to God or reconnected them back to God through confession of sins or receiving the Holy Communion.

> *"It pleased my heart the way he [Anglican priest] prayed because it is God he consulted concerning me"* (DO, a male older person).

> *"There is a time it will get to, it seems the person [TU, older person] is tired but the person [Pentecostal pastor] who uplifts, when the person [Pentecostal pastor] is seen, it seems as the person was given a new strength and the person will keep going. I was a devout born-again Christian and at some point, I backslide. But there are some people that when I see them, I am encouraged because you know, you know, the heavenly race is not easy, one can fall, there are people who help you to stand. This man [pointing at the picture of the pastor] helps me to remain firm and my strength is renewed"* (TU, an older male person).

The way older people felt about spiritual support and the importance they placed on it explained why the church leaders brought spirituality closer to older people in their own homes, even when they were unable to move about. To explain, participants discussed:

> *"He comes [comes to CA2 home] to see us and give us communion because I can't walk to church again"* (CA2, a male older person).

> *"The role he plays are numerous, when he comes he gives me confession, Holy Communion and also words of encouragement"* (CN, a male older person).

Older people believed that the spirituality of a person or the spiritual support received affected other aspects of their life, most especially psychological, emotional and physical. Spiritual support such as prayer gained from members of the community including the church leaders helped reinforced their spirituality which then affected their psychological and physical life. For example, prayer and the word of God helped in their spirituality which affected their physical life and helped them to think and act righteously. To illustrate:

> *"What he [Reverend father] comes to do when he visits me, when he comes we will do confession [one of the Catholic sacrament] after we finish confession he will give you the holy communion to take then he will pray for you. Then chase all the demons that bring these diseases, he will chase the demons and bless us by sprinkling holy water on us and then he will go… When you read the Bible and after reading the Bible you ponder over it then you know the good one that you doing and the bad one that you doing and if there is any bad one you are doing you repent of it and then turn to a good living… If you are doing any bad thing, you should leave it; you know it is not good so you run a heavenly race"* (AN, a female older person).

AN further explained that spiritual support affected her physical life, as well as healing and renewing spiritually especially when prayer was made even when it was derived from people that were not within the same church denomination:

> "*They [support providers outside the church] don't ask about your church, they just come and pray for you and when they pray for you, it will be as if there is something God removed from the spirit of that person. Even if you are sick you will not be feeling it [The prayer which is regarded as being spiritual affects the physical sick body]"* (AN, a female older person).

Sometimes, the spiritual support received from community members made them feel that their level of spirituality was high; this was evidenced by being consistent in prayer. One participant took pictures of her altar and explained how she prays on the altar connecting to God through the spiritual support she received from the church and how the prayer affected other areas of her life including how she felt:

> *"After praying, all [sicknesses] goes away, I feel revived and everything [sicknesses] leaves me. There are certain times, I wake up to go to morning mass and I feel this pain immediately, I pray or after the morning mass and blessed sacrament, illnesses go, when you return home, you can go to your place of work [farm]"* (VA, a female older person).

Participants viewed spiritual support as something that needed to be provided especially for older people through prayer and hearing of the word of God or what was preached. This was because they believed that this was the greatest support that they could receive and it was linked to every other support that an older person received. For example, CA explained:

> *"In the past, he came to visit my brother and we all prayed and he sprinkled holy water on us [form used by the priest to bless]. He prayed for us, older people ought to be prayed for frequently"* (CA, a male older person).

They related their spirituality as commensurate to the amount of support they would receive for other aspects of their life; this was linking God to the help they would receive, for example, a participant explained:

> *"It is good to worship God. There are times that I have a need and it is that day someone comes to help without you expecting it"* (CM, a female older person).

Furthermore, the spiritual support they received was useful to older people in assessing and appraising their lives, for example, GO comments:

> *"Yes, yes, the word of God that they preach to us does something to my body. What it does is that, if you are doing something bad, by the time these people start sharing the word of God with you, you will understand that what you have been doing is bad"* (GO, a male older person).

This section on spirituality discussed how older people in the community perceive spirituality obtained from spiritual support and how these perceptions affected the way they sought support. Sources of community support were religious such as those from the church and there was the centrality of spirituality in community support in Nigeria. This

was derived from the stakeholders who provided support and belonged/organised support through a religious group and spiritual support provided by individuals. Spiritual support was mainly provided to the members of the church and a few times to the public. Even though Nigeria is a highly religious country and all the participants in this study belonged to a religious organisation, this questions the level of spiritual support provided to older people who did not belong to a spiritual group such as the church and whether they received the support they needed to meet their needs.

6.10 Chapter summary

This chapter provided the results of the interviews with older people. It highlighted how the life-course, needs and resources of older people determined what type of support they required and the size of their support network. It also explored various types of support networks which had not been explored or explored in a limited way such as *nwunye-edi*, foster children and church societies. Particularly for *nwunye-edi*, this was a support network that was only discussed by the female participants. Additionally, this section highlighted how older people understood their limitations and physical decline while retaining the mental capacity to negotiate their support and contribute meaningfully to society.

The interpretive themes 'I am old but a human', 'what we have become', 'social norms' and 'spirituality' were discussed in this chapter. It highlighted the effect of social support on how and what age groups provided various types of support. Female adults and children were often classed together and expected to perform similar tasks relating to IADL in the home, whereas men performed more physical arduous instrumental tasks. In addition, the centrality of spirituality in the support of older people was seen, older people ascribed the support they received to God and this translated into their understanding of spiritual support affecting other areas of their life.

The four overarching themes captured ways by which older people experienced support and factors that played a role in the way the support was provided, received and

interpreted. The next chapter presents the results of how stakeholders organised support provided to older people.

Chapter 7 Result 2: How stakeholders organise support

This chapter provides the second part of the results section. The results were the interviews with the stakeholders in the community including the Catholic priests, Anglican priests, church society leaders and a community leader. Firstly, the different support roles provided and organised by stakeholders are discussed. Secondly, the theme "religious obligation" is explored. Thirdly, the decision-making process in organising support for older people is discussed. This includes how resources for support were obtained, who receives support, how needs were assessed and how support was distributed. Lastly, the barriers to the provision of support will be discussed.

7.1 Stakeholder's role in the community

Stakeholders in the community support older people in different capacities either by providing or organising support. All the stakeholders interviewed were leaders in a religious organisation however, one out of the six stakeholders is also a village leader, therefore, organising and providing support as a stakeholder in two capacities. The role in the community performed by these stakeholders are described below:

- Stakeholder 1 is a reverend father in a church whose main duty is to provide spiritual support to the members of his church. However, he organises other types of support for those in need through various church societies such as Legion of Mary and St. Rita.
- Stakeholder 2 is a leader in a church, responsible for praying for members of the church. There is also the task of checking on people irrespective of whether they are from the same denomination or not. She organises visits for the sick or older people in their own homes or the hospital.
- Stakeholder 3 is a leader in a church and also a village leader. As a church leader, he is responsible for the six wards in his parish church. He is mainly responsible for gathering foodstuff, money and clothing from the wealthy in the society; he oversees and liaises with the ward leaders to ensure that things are distributed to the vulnerable in the villages including older people. He acts as the right-hand man

to the priest. On the other hand, as a village leader, he is responsible for the welfare of the vulnerable members of his village. He advocates for the right of older people and raises funds to assist those with the highest need.

- Stakeholder 4 is one of the ward leaders in a church who is responsible for those in need (the sick, older people and less privileged) within the church, however, the majority of older people fall within the group of people he looks after. Some of his duties include spiritual support, taking care of the older adults, obtaining foodstuffs and cash from members of the community and sharing it with the group of people he oversees. He also organises for members in his ward to assist older people in instrumental activities of daily living.
- Stakeholder 5 is a priest in the church; he mainly provides spiritual support to members of his church. In addition, he oversees the welfare committee of his church. The welfare committee is responsible for the welfare of its members through the five zones (led by zone leaders) in the church in order to reach the unreached.
- Stakeholder 6 is a priest in a church whose main responsibility is to provide spiritual support to members of his church. He also coordinates the welfare committee of the church whose main responsibility is to provide for those in need such as older people who do not have the means to feed. They do this by seeking funds and support from wealthy members of the church.

Generally, the main focus of stakeholders is the provision of spiritual support to their congregation. For all other types of support, stakeholders target the most vulnerable group such as the frail, bed-bound and isolated older people, however, due to their physical and mental state they could not be included in this study.

7.2 Stakeholder's support

The type of support organised or provided by the stakeholders includes informational, emotional, social interaction, instrumental, appraisal and spiritual support. These are explained below.

Informational support: Stakeholders passed information to older people as either advice or information that has been said or discussed in the church societies or church. In addition, they advocated for older people by seeking information for support that older people can access. Sometimes, they acted as representatives and relayed information on what has been said at the broader level (the church) to older people in the wards or villages. The leaders of the church such as the priest acted on the information they had received to provide advice when needed. One stakeholder explained what they did at the ward level:

> *"If there were any decision taken within the community we do attend to them; we give them feedback from time to time"* (Stakeholder 4).

> *"You are right, we get information from them [ward leaders], we give advice when necessary [to older people through ward leaders]"* (Stakeholder 3).

The Priest within a church met once a month with the ward leaders; it was during this meeting that they obtained information about older people, which determined the advice that would be given, and then, the information that would be passed across to older people.

In addition, stakeholders supported older people in the community to get what they deserved or were entitled to have. By seeking information, they advocated for older people to have privileges in the church or community such as advocating for non-payment of certain dues in the church. Usually, the church society leaders or the ward leaders did these because they knew older people individually. Other times, the stakeholders raised the issues of older people to other higher authorities when they were not able to help or the situation is beyond their control. To illustrate, Stakeholder 2 explained how he advocated for older people in the church:

> *"Someone [referring to an older person] who is unable to go [to church], to go such as doesn't have the strength anymore to come to church, he does not have the strength and does not have anyone to say 'what can we do to help him?' We give help to such a person and let the parish priest know, once the parish priest has been informed, the parish priest ensures that he visits such a person… People like that we*

> *have [talking about people who have no children or whose children do not support them] or render assistance to. That is, there are some people that if we come [to their house] if there are dues that are to be paid in the parish, we help to talk on their behalf that such people should be taken out off these dues such as this and that."* (Stakeholder 2).

> *"We encourage the ward leader to do that [advocate by bringing the case of older people to the church priest] from time to time; if there is anyone that gets so sick, it is the ward leader that comes to the parish to see the parish priest, to inform the parish priest."* (Stakeholder 3).

From the two extracts above, it can be seen how the stakeholders (ward or society leaders) that had more contact with older people at the village level advocated for them or how stakeholders at the organisational level[12] encouraged the ward leaders to advocate for older people where necessary. This implies that older people that are less known in the community or have no people to advocate for them are disadvantaged. This makes community support through this source inequitable and not very reliable. Even though community support through the church is significant and targeted to the most vulnerable, there are no clearly defined criteria for receipt of support and support provision might favour those that have a close relationship with the support providers or organisers.

Sometimes, the stakeholders fought for the rights of older people by being activists, and by looking out for information or resources that would be beneficial to the members of the community. For example, Stakeholder 3 explained:

> *"When somebody brought her [older person in need] plight to my notice that was when we [community leaders] had to go there [house of an older person], saw what was happening. In that case, apart from the help the church rendered [pause], [continues] fortunately within that period, the Anambra state government said they will be paying some elderly people some amount of money every month, so I had to*

[12] The organisational level is the level where the leaders operate from and organise the provision of support

make every effort, her name was put among the people [to receive]; N10,000 every month. So she started benefitting from that one [support from government which stopped after a short while]" (Stakeholder 3).

Stakeholder 3 functioned as a stakeholder in the church as well as in the community; he used his influence in the community to bring benefits to older people in need. This advocacy in the extract above was done at a period when the government of Anambra state was giving a monthly allowance, which only lasted for a very short time, and not every older person benefitted.

All stakeholders were provided informational support through either passing information, giving advice or advocating. Three stakeholders reported advocating for older people; two out of these three stakeholders were accountable to the priest. This could be because these stakeholders oversaw older people at the village level thereby they were able to know older people on an individual basis.

Emotional support and Social interaction: All stakeholders in the community provided emotional support; they encouraged older people and gave hope, especially to the sick. Emotional support often happened alongside social interaction. Sometimes, when older people were visited, they encouraged them with the word of God. The stakeholders often organised this support because they had people who represented them in the community that provided this type of support. In some cases, the stakeholders provided the support themselves by visiting; sometimes they used what they had been told about their condition to encourage and made them feel important. Stakeholders provided emotional support to older people by strengthening their faith in God. For instance, Stakeholder 2 recounted:

"In the process of having a conversation on how the older people are faring, they open up on their needs. *We use the word of God to encourage them; there is what they will tell you [talking about their needs], what they tell you will determine what you tell them [what you are told will be the yardstick for encouragement]"* (Stakeholder 2).

"We talk with them, chat with them and they feel important, remembered" (Stakeholder 5).

As seen from the extracts above, emotional support was mainly provided during a conversation when older people were visited and this support was often based on the need that had been communicated to the stakeholder.

Instrumental support: Instrumental support includes offering financial compensation, and gifting of foodstuffs, clothing and money. Older people were supported by either relieving them of some financial commitment in the church as explained by one of the stakeholders:

> *"Another thing we do for them [older people] is that when they are up to the age of 80 years. We remove their names from paying their dues in the church that is another benefit they receive from the church… When they are up to the age of 80, we inform the people involved [in the affairs of the church] not to let them do anything in the church. They should just be members, no commitments, no paying of tithes, no paying of dues. It is another area of our help to them. They do not think about church dues or activities because of their age"* (Stakeholder 5).

Stakeholder 5 explained that older people were supported by relieving them of dues or any monetary commitment and they retained their membership in the organisation. This support was only for the oldest-old aged from 80 years and above but they might not be those with the greatest need.

The stakeholders did not only relieve older people of some financial commitments but they also provided direct financial help; they gave them money for daily maintenance or arranged to contribute towards their hospital bills:

> *"We look for the aged, we seek for them and one of them died just towards the end of last year but before he died, we were visiting and giving money to care [to the older person] for himself and maybe meet up with the payments in the hospital"* (Stakeholder 6).

Three of the stakeholders reported that they organised instrumental support relating to finances for older people.

Stakeholders provided or organised foodstuffs to be given to older people. Sometimes, the stakeholders did not perform the function themselves especially if they had to support a large number of older people but they organised other people to provide the support. Stakeholder 1 commented on how this was organised in the extract below:

> *"Some groups, some societies also take it on their own to visit them in their respective homes too. And then we provide foodstuffs, sometimes we provide clothing, erm you know, so these are the things we do here but we do them through various societies and er groups"* (Stakeholder 1).

Instrumental support also included assistance with IADL such as home repairs, cleaning and weeding the compound depending on the need of the older person. For example, Stakeholder 2 explained the things they did:

> *"Some other times, when we arrived at a home, we find out the older person is living alone and the surrounding [compound] is untidy, you [support provider] that came for Legion of Mary work, you will take the industrial broom and sweep the compound and tidy the surroundings. In some cases, the older people are usually alone in their homes, now older people are not supposed to stay alone. There is the help we can render such as fetching firewood; that person you know that needs, that needs such thing when going to the person's place, you fetch firewood, it does not mean picking up woods by the roadside. You could sacrifice some amount say N200 from your pocket to buy firewood for such a person to use for cooking"* (Stakeholder 2).

Oftentimes, instrumental support came with social interaction and could not be differentiated. For example, Stakeholder 4 discussed how they (the stakeholders) combined social interaction with instrumental support, as well as informational support.

> *"So when we visit them [older people], we ask them what their needs are, then whatever they mention that we can do, we direct our attention to that particular thing… At times ehhhh, we help them in, you know keeping the compound clean, washing their clothes, you know running errands for them, as time and needs arise"* (Stakeholder 4).

All the stakeholders discussed organising one form of instrumental support or providing the support by themselves.

Spiritual and Appraisal support: Spiritual support was the core support organised by stakeholders in the community for older people and this comes in different forms. Older people regarded some types of spiritual support as being appraisal support because they obtained information that helped them to evaluate their lives. All stakeholders discussed organising and providing spiritual support for older people. It is not surprising that this is the case given that all the stakeholders belonged to, and a leader in a church, this might not have been the case if some stakeholders were traditionalists or were not connected to the church. They did this by praying, sharing the word of God with them, and leading them through confession or Holy Communion. Sometimes, during religious meetings and on specific days, they specially prayed for older people in the church. Stakeholders saw these as being vital for an older person and sometimes, spirituality was brought closer to them in their own homes for those who were not able to walk or very sick. To explain:

> *"Visitation is one of our major help. Visiting the needy, visiting sick people. Even the older adults who are 80 years and above. We always go there [older people's homes] to give them Holy Communion… Normally, some of the women we visit, and their sons and daughters are well-to-do people. They do not need much financial help. What they need is visitation. It uplifts their minds. It makes them feel important, that people still remember them, and it helps them to live longer. They feel important that the church has not forgotten them"* (Stakeholder 5).

> *"He [parish priest] will go round the whole ward [villages], he will go on visitation, going to their [older people] houses; go to their houses to pray for them. Those that are taking communion, he gives them communion to let them feel that they are still part and parcel of the church"* (Stakeholder 3).

The support from the church given to older people in their homes comes as a package including both spiritual, instrumental and emotional support. This is because sometimes they cannot be separated from each other especially when the support is targeted at older people who found it difficult to walk around outside their houses. It is important to note that majority of the support provided to older people or organised by stakeholders

target a given group such as those with mobility or sight issues or those with other limiting illnesses. This meant that the church did not provide every type of support to all older people. Even though stakeholders offered these types of support, often, they serve more at the organisational level rather than at the operational level[13]. Ward leaders and members of the church provided most of the operational support. This could be because there were only very few stakeholders in comparison to the number of older people in the community. In addition, because of limited resources, they focus on the very needy or the sick.

This section on stakeholder roles explained the different services and types of support organised or provided by older people in the community. Each stakeholder was involved in organising and providing four or more types of support, however, all stakeholders engaged in organising and providing spiritual, emotional and instrumental support. Spiritual support was the core support reported by the stakeholders; however, this could be attributed to their leadership roles in various forms within the church and its value in the study community. In like manner, the result from interviews with older people showed that spiritual support was the core support and valued by all older people due to "the belief that it is connected to all other support". Sometimes, the different types of support happen alongside each other, for example, social interaction might be provided alongside the provision of instrumental support. The next section discusses the theme "religious obligation".

7.3 Religious obligation

This theme "religious obligation" explored the motives why stakeholders organised and provided support. It highlighted how stakeholders were guided by a religious obligation to support older people within the church and in the community. An overarching body, which is the central church or headquarters, and its principles guided each of the churches and its societies; the church worked independently and did not work with the

[13] The operational level is the level where the provision of support takes place, only a few stakeholders (ward leaders) operate at this level and then other members of the community

government to support older people. The smaller churches in the community are known as parishes or district churches. Each parish has the mandate to support older people even though the means to support them are often limited. Stakeholders reported that they created a welfare or works committee department, which was responsible for overseeing the support provided. Often, the church worked through its groups and societies to achieve its aim as explained by the stakeholders:

> *"The church has them [older people] in mind so there is no government that ermmm or any other ehhhh organization [pause]. Therefore, the church now tries to create various ehhhh, societies through which these people will be constantly attended to. That's why you may have ehhhh ehhhh, Madona group, ehhhh, ehhhh, you may have Legion of Mary, you may have ehhhh, ehhhh St Rita, St. Jude. All these things are different societies but it is the church, all these things [referring to the church societies] are under the umbrella of the church and then from there, the church interacts, visits them, and then helps them… So these are the things we do here but we do them through various societies and erhh groups"* (Stakeholder 1).

> *"As I said earlier that the Legion of Mary is the eyes with which the parish priest sees everywhere in everything. Because there are certain things that the Parish priest is unable to see around the community, but the Legion of Mary members will see them and say to the father [parish priest], see what is happening, see how it is"* (Stakeholder 2).

The church societies were created to help the church achieve its multiple goals. Each of the church societies had a defined group of people they supported and they were mostly formed or named after a Bible character; the purpose of a group or society could target a wide range of age groups but the majority of people supported were mainly older people, for example, Stakeholder 1 explains:

> *"St. Rita [church society] is meant to take care of the widows mainly, ermmm, some of them are also elderly. So, these people [members of the church societies] visit different homes, encouraging the elderly ones. Sometimes there are younger ones, especially in St Rita's, they also encourage them, by helping the elderly ones the Legion of Mary, they do that work, and then St Jude and one of the outstanding*

things here is that these societies, the members are mainly these elderly ones" (Stakeholder 1).

The members of the churches or church societies understood that it was an obligation and a commitment to support older people in the community. Sometimes the stakeholders encouraged the members of the groups to support older people by visiting. To explain:

"Therefore, what we do is when you join [Legion of Mary church society] and become a member [Legion of Mary church society], tasks will be assigned to you every Sunday that you must go to perform every week. There is so much that we do…some people will be assigned the task of going from house to house to check on people. Going from house to house is not going after only the Catholics because we are Catholics. It is all houses, when you arrive at a house within the area of your assigned tasks, you go into the homes, irrespective of their places of worship [church]. This is where you see the sick people, the older people; while some are assigned the task of visiting hospitals to check on sick people who now live in the hospital, encourage them so that they can have hope that that place is not their end" (Stakeholder 2).

Not only did the members of groups provide support, the leaders in the church especially the Catholic Church had a duty to visit people in their homes conducting sacraments. Even though they visited older people as a religious obligation, they provided additional support by giving food items or money as explained by Stakeholder 6:

"One of the services [support provided] after service [church worship], one of the Sundays after service [church worship], I decided to meet with the woman [old woman, a member of the church], you know to pray with her then give her, whenever we visit you visit with some gift mainly of money" (Stakeholder 6).

In addition, it was a religious obligation in all the church denominations to support older people, especially on special occasions for them to feel loved and to be happy. All the stakeholders discussed it; this depicts the account of a stakeholder:

> *"During the group service like mothering Sunday [special occasion for mothers], during that service, the church takes the old people and visit them, pray for them, give them gifts, the old people. It is mandatory that these organisations during that time, look for the aged particularly and see that they are made happy, they are made happy… In diverse ways, then during the father's Sunday [special occasion for fathers] which will be coming up by June this year, we may also seek out their fellow men that are now old and are unable to join in the church activities, we visit them and pray for them sometimes you go their conduct service in their houses. I visit often for holy, sick communal; we call it sick communal but it should be sick aged communal, those who are not able to attend service and partake in the church service, we will go to their houses and give them communion and pray for them"* (Stakeholder 6).

As can be seen from the extracts, the stakeholder, an Anglican priest perceived organising support for older people as a mandatory aspect of their work, especially during special occasions; therefore, this was not just the case for the Catholic Church where the priests were paid but it was seen in all other church denominations.

Most often, these churches had headquarters that they reported to including a report on what they did each month and year; the report included activities of the sacrament in which one of the sacrament is attending to the sick and older people (sacrament of penance). This explained why they always fulfilled their religious obligation in society. These stakeholders offered this support because they were bound by a religious obligation to provide support within their governing laws and the aims of the church or the church societies. However, whether paid or unpaid, they believed that God rewarded them for the work they did. It could be said that stakeholders' motivation for providing and organising support may not be purely religious obligation but because they expect an exchange, which I will call "eternal reciprocity" since they expect a reward from God. For instance, a stakeholder who was unpaid explained how God watched over her and the family while she carried out her religious obligation:

> *"There was a time, there was a time I had a meeting, Legion of Mary meeting, and I had a sick child; and that I left for the meeting leaving the sick child with the children. And after I had returned from the meeting, people scolded me for leaving*

my child behind [pause] but before I came back, the child had gotten up, moving around; it was joyful, I saw my child looking strong, hale and hearty. That brought joy to my heart; this is the work of Our Holy Mother [referring to the Holy Mother as initiating the healing of her child while she was on duty for the Holy Mother]" (Stakeholder 2).

Stakeholders fulfilled these religious obligations for the church or church societies they belonged to with the hope that they were serving God.

Having discussed religious obligations that explained why stakeholders were committed to supporting older people, the next section discusses several decisions around how stakeholders provided support to older people.

7.4 Decision-making process

Through series of decision-making, stakeholders supported the neediest older people with their limited resources. This section discussed how resources for providing support were obtained, the process used in identifying the people that needed support, how needs were assessed and how support was implemented or distributed. Furthermore, the barriers to the implementation of support were discussed.

7.4.1 How resources were obtained

Resources that were sought for or obtained were human and economic. Stakeholders obtained the human resources needed to provide support by encouraging members of the church or church societies to participate in supporting older members of the community. For economic resources, they called on everyone in the church or church societies to bring things that they could donate. Most often, the leaders called upon the very wealthy in the society to offer whatever they had especially money, sometimes this was done through the ward leaders; the money that was obtained was used to solve other needs, for example buying foodstuffs. Other items that were needed for day-to-day survival were also requested from the members of the church such as beddings, foodstuffs and clothing. Sometimes, these requests were done during particular seasons

such as Christmas or celebrations in the church for these older people to feel loved. This implies that if the members of the church are of low-socio-economic status then it becomes an issue to support older people due to lack of resources. Stakeholders discussed how they sourced resources:

> *"We map out some Sundays we call welfare Sunday, that is what we call for donation; in my own capacity, I do it once twice in the month and in the second month usually second and third Sunday"* (Stakeholder 6).

> *"But what we use to [pause], the collections [resources obtained] we are gathering, in this case, is only monetary collection so immediately after, immediately as the Lent is about to close, we start calling for foodstuffs, clothing, mattresses, mats, errrrhhhh, anything you can be able to bring. We start collecting these, so that before the Easter period, because we, we use that as packaging making them feel the celebrative effect of Easter [use the gifts to show them love during Easter]. So we share all these things among them to take home, share to the women and men, those who have not, the sick ones, the indigent ones, share to them… then within that period we use to call on some well to do people [pause]"* (Stakeholder 3).

The items that were requested and donated were things that solved the basic needs of older people. Funds were sourced at regular intervals as well as during specific occasions. Some other times, to solve a specific need for an older person, the church engaged in fundraising to meet the need of the person. For example, Stakeholder 5 explained:

> *"One of our members, an older adult went to a hospital. She went to the hospital and when she came back, she told us what happened. So I called the leader of that zone and they went to her, and her family, saw her and they asked her how much she spent in the hospital. She told us and we came to church and made an announcement, raised some money to help her"* (Stakeholder 5).

Having explained how stakeholders sourced the resources that they needed to support older people, the next section discusses whom they support with the resources they obtained.

7.4.2 Whom we support

The group of people being supported was highly dependent on the need which was being identified and/or the purpose for which the church society or group was created.

Spiritual support was provided to all older people because churches and their societies believe that it was meant for everyone. Pentecostal churches and the Catholic church societies such as the Legion of Mary offered their support to everyone in the community; their support was mainly in visiting which involved praying for the sick. The extract below showed how the churches and their societies provided support generally to older people but in the process gave priority to the sick:

> *"While visiting homes [homes of people in the community], just like you that visit house… Just before you take your leave, you call for prayer; you call on the Holy Spirit, thanking God for the gift of life for the day at hand. If it's a sick person and also a member of the Legion who is an older person, we call them 'auxiliary', those who stay at home and can only come for meetings once a month… There are times that they are unable to come. We go, pray, we pray the Catina, when we go there, we pray Catina [a prayer in Legion of Mary called prayer of our Holy Mother] while we're together"* (Stakeholder 2).

In some cases, spiritual support was planned and provided specifically to those who were very sick, had difficulty with mobility or were unable to walk around. This was because they were unable to reach the central location where spiritual support was provided, therefore, it was brought to their homes. To explain further:

> *"The church creates that sacrament to visit the sick, the elderly and the aged because we know that there is so much disintegration that happens in our body especially when we begin to get old. So the church made provision for that, for them to be visited, for them to be assisted and to be encouraged* (Stakeholder 1).

For all other support, stakeholders used their limited resources on members who required support or had no means for survival particularly the poorest poor and childless older people. The church societies were sometimes made up of a large percentage of

older people; the younger older person took it upon themselves to support the oldest old amongst them that require support as shown below:

> *"Helping the elderly ones, the Legion of Mary [church society], they do that work, and then St Jude [church society] and one of the outstanding thing here is that these societies, the members are mainly these elderly ones. So that is one thing that you got to know about these societies so most of the members are the elderly ones"* (Stakeholder 1).

In other cases, a large percentage of the church societies were not older people but they took it as a duty to encourage the older people amongst them. Some of these church societies were mainly formed to help their members who needed help; Stakeholder 1 described one of the church societies as the *"help for the helpless"*. The support provided was mainly visiting and encouragement.

Specifically, instrumental support was organised for people whose children did not provide for them. This was because either they had no children or they had children who abandoned them. It could also be because their children could not take care of them due to inadequate resources to provide for their older parents. Talking about this group, a stakeholder discussed the groups of older people they assisted or provided instrumental support to and the reason they did so:

> *"Some majority of them [older people] don't have children, some of them have children but their children because of how wretched [poor] they could not be able to, to, to, to, place [train] their children in such a way that they could also be at an advantage to them [support their parents when they are old]"* (Stakeholder 3).

> *"We look at them [older people], if they do not have children, we include [include in people to be supported] them [older people] because they do not have children or who to help them"* (Stakeholder 1).

Often, the leaders of the community took it upon themselves to remember specific older people during particular seasons such as during the planting season of some of the most enjoyable fruits/food or Mothering Sunday, Christmas and Easter season as seen:

> *"People like that [without children or those that have been abandoned by children]... In terms of mothers such as when mothering Sunday is about to happen, mothers bring out money and send out someone, people who…, the motivators [people who are able to communicate to enable people to give]. They send them [the motivators], they write names, Umuoli village [a village] write names of people like that [not well or sick] that are older people in your place. Umuechem [a village] write the names of those in your place that are not well, these people write the names of older people that are not well and do not come out. After writing the names, then, then, the top officials, and the leaders look at them and see how much they will bring out, how much they will bring out. The motivators will go house to house to those people saying that CWO [Catholic Women Association] people said they should visit them so that they can spend time that they should hold on fast [encouragement to be strong], they give them [older people], and they give them what they said they should give them"* (Stakeholder 2).

On special occasions like this, stakeholders mainly targeted and supported older people who had no children or those that did not receive support from their children; stakeholders did this so that older people would not feel the pain of being childless or not being supported. Stakeholders supported older people either by providing food from the seasonal produce or they gave gifts and money to older people because they had no close family members who would have given them gifts during those special seasons. Therefore, the church or the church societies played the roles that an adult child would normally play. In these cases, the church could be said to have substituted the role of kin or family in the provision of support, however, this support might not be sufficient for an older person to survive.

7.4.3 How needs were assessed

The needs of older people were varied including health, social, spiritual, emotional and instrumental needs. As seen in the section on religious obligation, the church had to ensure the good welfare of its members but the priority was given to the sick and childless older people. Some types of support were given generally to older people in the

community such as having one day in a week to pray for older people, which the religious stakeholders believed could heal and preserve older people. Stakeholders provided this to all older people, therefore, they did not need to assess if older people needed the support.

For older people with specific instrumental needs such as financial difficulties, stakeholders provided further support by assessing that they had a need. Sometimes, older people did not talk about their challenges. This could be because they did not want to be seen as a beggar, dependent or a burden because these are perceived as weaknesses. Therefore, stakeholders took it as a responsibility to assess the needs of older people and thereafter offered them support. Stakeholders were not able to reach the entire congregation of older people in a religious group so they often worked with members of the church or sub-leaders such as the ward leaders and identified those in need. They did so by sending people to various homes and families of older people to visit them; the stakeholders or representatives can know them more and assess their needs based on their interactions. Stakeholder 3 explained how they knew the needs of an older person:

> *"We come there [house of the older person], we talk with them, feel their impulse [pain], know their problem, see the best way we can be able to help out"* (Stakeholder 3).

In like manner, Stakeholder 5 reported how they assessed or knew that an older person might be in need based on attendance in meetings:

> *"Those who could not come to church because of their age, they cannot walk, they cannot move around because of their age. That is the reason why we created the zone. In that zone, we organize a meeting so they could come there and receive Holy Communion, praises or prayers before we dismiss. If there is anyone there that is not well, we will find out and we will give you help"* (Stakeholder 5).

From the extracts, the stakeholders came closer to older people and assessed what their needs might be and the support they would provide; they did this by either visiting them in their own homes or organising a zone/village meeting to see all older people at the

same time in order to assess them. Other times, the way they decided to support an older person is based on church or church society non-attendance. They use 'not seeing them in church' as a yardstick to measure older people who were either weak or sick or had an issue that made them unable to go to church especially those that had previously been frequent in church. Therefore, the stakeholders organised members of the church societies or church to visit the older person and find out what the problem may be as explained below:

> *"So when they [stakeholders] see when they are no longer seeing one of them [older people] for two or three or four [times], not coming to meeting, prayer meetings so they [selected members of the church] take it upon themselves to visit those people and then encourage them and find out why they have not been coming"* (Stakeholder 1).

In most cases, they did not ask older people about their problems or the issue that they had, but through discussion or visiting, they decoded and assessed what the need may be. Then the representatives gave feedback about the situation of older people to the higher church leaders. At times, the representatives or leaders of the church directly asked the older people what their needs were or the older people in the process of discussing with the stakeholders or representatives opened up to them about their needs. For example, one of the stakeholders stated how they ask in some cases:

> *"There are some things that we also ask questions to know exactly the challenges that the person is facing… upon our arrival, in the process of having a conversation on how the older person is faring, they open up on their needs"* (Stakeholder 2).

Other times, they evaluated the instrumental need of an older person by looking at the compound; they knew or assessed when an older person is sick or too weak to clean their surroundings and there was no one around them that would assist in those IADL probably because they lived alone. To explain:

> *"Some other times, when we arrive a home, we find out the older people are living alone and the surrounding is untidy, you that came for Legion of Mary work, you will take the industrial broom and sweep the compound and tidy the surroundings. In*

some cases, the older people are usually alone in their homes, now older people are not supposed to stay alone [means that older people are not meant to stay alone because there are many things they need assistance with]. " (Stakeholder 2).

Stakeholders understood that older people should not be lonely or left in isolation because of their age and varied support needs. Additionally, stakeholders singled out needy older people in the community because they had people in the community who serve as 'ears' that can listen to what happens around them and feedback to them. Then, the stakeholders which could either be the church leaders or the community leaders might visit to assess the impact and analyse how to help the older person.

The next sub-section discusses how support is distributed after assessing needs.

7.4.4 How support is distributed

Organised support provided by the stakeholders involved various processes as explained in the previous sections. For the Catholic and Anglican churches, the church is divided into various wards or zones; these were based on the villages that make up the church. This means that each ward or zone represents one or more villages and then there is a ward leader for each ward as explained by Stakeholder 3:

"In my church, we have what we call six wards or what I will call six villages, six villages" (Stakeholder 3).

This was done so that the ward leaders can easily familiarise themselves with the older people within their ward and be able to reach out to them or distribute resources when needed. Stakeholder 5 described the zones as a system that "*helps us to reach the unreached in the community*". This meant that for a particular village, the zone or the ward leaders were the eyes of the church. They looked out for those with needs and then feedback to the higher authorities in the church.

The ward leader was not only involved in sourcing for resources; they, as well, engaged in distributing the resources to older people because they knew the village members well enough than the priest or Reverend Father, as explained by Stakeholder 3:

> *"But their [ward or zone leaders] main focus is gathering things from the well-to-do ones [wealthy], money, foodstuff, clothing. When we gather them, we call what we, within the ward we have what we call ward leaders, people who are representing those various wards, so we call them together, they will come, we liaise with them and distribute among various wards. They [ward leaders] will carry those things to those indigent ones [poor and needy] and share with them… They are [the ward leaders], they are, they are, they are a sort of liaison officers to the church, the liaison officers between the village and the church. That is their major work, errr, so any, anything that we need to pass down to the villages or the ward, through the church to the village, we pass it through them"* (Stakeholder 3).

Considering that each village is made up of several families, which cannot be covered by a single person, each ward leader had people within the village that helped them carry out support. This was either to distribute the physical resources such as food items or in helping with IADL, for instance:

> *"There is a woman in my village here, who doesn't, could not move again, what the woman ward leader did was to appeal to one lady living closer to help in sweeping the compound"* (Stakeholder 3).

It is important to note that in some cases, after assessing the needs of older people and in the process of distributing resources, the stakeholders were unable to execute or provide support because there were barriers to providing support such as limited resources. The next section discusses the different barriers faced by older people when organising and/or providing support.

7.5 Barriers to providing organised support

Stakeholders in the community and the church organised and provided support to older people within the community especially the very needy, however, they had several barriers, which made them unable to do so.

Food items and money were usually required by stakeholders to provide instrumental support to older people, however, these were often limited as the stakeholders depend

on the members of the community, usually the affluent, to provide them. In addition, this barrier was heightened because sometimes, older people especially those who had needs relating to basic necessities of life expected that monetary or food items were given when they were being emotionally or spiritually supported. One of the stakeholders explained why he visits with food items (out of his pocket) and how challenging it was to keep up with the demand of having to support with his resources:

> *"I try to visit them ermmm with foodstuff, sometimes I don't have those foodstuffs, sometimes I don't have those foodstuff and the little I have here [in his house], I still try to share it among the poor and then the elderly... Erhh erhh, so sometimes I find it challenging to even the little I have here, if I share these now, there is no money and I am going to buy the ones I am going to eat so these things are really, they are challenging"* (Stakeholder 1).

Another stakeholder explained why the church could not support because they had no resources:

> *We do not have funds to care for the welfare of our people who are in need. Like I said, that woman whose house collapsed, we ought to have done something like moulding the blocks for her and all that but because of the financial incapability of the church right now, some of the help we ought to render, we do not have enough money to do that* (Stakeholder 5).

In this case, the stakeholders had assessed the woman and seen that she needed to be supported but there was a barrier to the church fulfilling the task probably because it was more resource-intensive than other instrumental support which was being provided in the church. Therefore, it can be seen that resources affect the organisation and provision of support.

Another reported barrier pertaining to resources was the heavy dues expected to be paid to the church headquarters. The community church parishes were meant to pay some money at regular intervals to the headquarters of the church, thereby, leaving the community church parishes with little finance to support their members as explained by Stakeholder 5:

> *"The church is going away from what they used to be [service to humanity]. Today, they lay so much emphasis on money. The leaders at the top [headquarters] demand so much from us. And because they demand so much from us, we do not have enough left to see to the welfare of our members and it is a big challenge to us… The higher authority, they demand more money and more money so that is the challenge"* (Stakeholder 5).

In some cases because of limited resources, there was no continuity of support which might be what an older person needed, therefore, this had implications. For example, when medical care was given just once a year because of the cost involved, this posed an issue for the health of older people who had no finance to fund their medical care. To explain, Stakeholder 1 shared his experience of organising healthcare support and the effect of the limitation of resources:

> *"I will give you an instance, somebody [pause], which should be 2016 Christmas, somebody ehhhh decided to you know, he invested heavily, I was the person that organised it but he gave me the money, so I planned it, it was a medical mission. And I announced it, people came en mass, people were in their thousands here, but he did it only for one day so we were able to attend to the much number of people that are possible you know. So you see, again, then you discover that because people have different needs we will not be able to meet up with… These things [talking about support] are not constant, things that come maybe seasonally, maybe ehhhh, as for [e.g] medical care, it could be once in a year, sometimes once in two years, if a person has a sickness the person can die before the sickness is cured"* (Stakeholder 1).

Other barriers faced by the stakeholders were lack of or poor infrastructure required in the process of providing support such as bad roads. To explain:

> *"After going to visit these people, your car you know, you get ehhhh u get ehhhh your car is broken on the way. You know you get your tire, you get you this and that you know, we haven't the good roads to be going there every day. So sometimes when you remember to go and see these people, my God, ahh it becomes very difficult you know, so you [pause], ah, you, first of all, think about, after going to see these people you come back to begin to repair your car you know (talked in pain)"* (Stakeholder 1).

Other people considered the unpleasant environment or the situation of the older person and if it was something that they would be able to deal with despite being a religious obligation. For instance, Stakeholder 1 talks about possible unpleasant situations that were encountered:

> *"Some people can't stand some sights, visiting the elderly people, you discover that there are things that you, there are things, there are both, the, the, the environment. The odour that comes out of those places, these things ehhhh is discomforting you know, some people throw up [vomit]; some people are prone to vomiting when they behold such scenes. So in other not to vomit or to embarrass themselves, they will decide to stay away you know these things are challenges"* (Stakeholder 1).

Another barrier presented by some of the stakeholders was the lack of time to carry out their religious obligation in supporting older people especially when there was no available resource person to assist in the support. This was explained below:

> *"Yes, we do have challenges because of the fact that most of the people are choked [occupied] with the time factor, so at a time it is not easy for you to finish your immediate needs and have time to reach the less privileged people or older people"* (Stakeholder 4).

> *"Time factor is there because you need time to visit them [older people] one on one if it is you, say you just go there and talk to them together, it's not like that they live in their children's houses and then you have to, you have to go, have time, map out [plan] then that time factor is a challenge… I talked of sick aged communal it will take me to drive, drive to this place, settle there [relax], do communion, park my defence [things used in communion], the things I use, package them. We go to that place, it takes me two, three days to cover,"* (Stakeholder 6).

Even though they found it challenging, they still created time to do it in some cases because they had a religious obligation to support older people in their local churches.

Another barrier stakeholders encountered was being able to capture all who needed support. Some older people might be left out from receiving instrumental support when they lived with family members or had family members living in the same compound, as

there is the expectation that they were being supported. This is because there is the societal expectation in the community that older people should be cared for by family members, however, this was not always the case. This was shown in the account of one of the stakeholders that commented on why they do not provide support:

> *"There are things we are supposed to do which we are not doing but for a reason; we visit, not always, once in a while we visit the aged and the destitute, reason being that in our culture, in African countries, we practice extended family system. Whereby we know that it is irresponsibility on someone's side if you do not matter [care] for the aged, it is an irresponsible attitude and the town doesn't view that individual with any good eye so because of that we relax a bit because we feel that the relations are catering for them…"* (Stakeholder 6).

Since there was no standardised system for assessing the needs of older people, this group of older people might be left out. Sometimes, older people are not vocal or do not speak up when they had challenges except if you ask them and then they open up but because of time factors and limited resources, which had been identified earlier as barriers, older people living with family members within a parish might be unreached and remain unsupported.

Other times, the barrier might be a lack of explicit negotiation between older people, their families and the stakeholders. For example, a stakeholder discussed how they were waiting for the family member of an older person to start the building of an older person; the tone and body movement of the stakeholder signifies that there has been a delay in the building project. It might be that there has not been appropriate communication between the older person's family and the stakeholders or that the expectation from the family was not adequately defined. This had implications because it led to a delay in the support for the older person. Although this was largely linked to limited resources, if there were adequate resources, the church would have organised and provided support to older people without support from other sources such as the family. The quote below shows the extract of the conversation with the stakeholder:

> *"Ehhhhn, if we have more money, more people, we constantly visit them, and then their health needs, provide their drugs, provide them with clothing, or whatsoever.*

> *Most of them complain, for example, that woman whose house we saw, she is still there lamenting but there is nothing we can do, we do not have the money. We are waiting for the members of the family to start something, then we can give them the little that we have"* (Stakeholder 5)

Furthermore, barriers faced by stakeholders in providing support is resentment from older people due to things happening around them or in the world which made them very careful and doubt the authenticity of support being given. For instance, Stakeholder 5 talked about the disbelief in the system and lack of human trust to sincerely support:

> *"Nowadays, because of what we call false prophets, false doctrines now, people think that they want to use them for ritual. They say, ' no, no, no, they will use the money to take away our destiny or ritual.' So that is the doctrine of false teachers. They tell them what is being done is not right and that this person or that person is an occult man."* (Stakeholder 5).

This fear and disbelief in the system as seen in the accounts of the stakeholder were also shown in the accounts of older people. For instance, ME explained how she resents support if she did not trust the support giver and because of the things happening around her:

> *"There is so much happening. Yes but you do not know the kind of help the person is helping, there are some people that are not actually helping, they put poison or put a curse"* (ME, a female older person).

In receiving support, even when the support came from a trusted source, older people had their fears and reservations about it, rather than negotiating and seeking clarification about the source and intention for the support being given especially since it was mostly free, they rejected it. Another instance when older people were resentful was when they doubted the authenticity of support or when they felt that the people supporting them wanted to take advantage of them. This happened in cases where other forms of support which were not monetary support were given to wealthy older people; for instance, an older person may feel community members were supporting them in order to gain from them financially.

This sub-section on the decision-making process explains the different things considered in deciding who to support, getting the needed resources and then getting to the older person.

7.6 Chapter Summary

This chapter provided a descriptive analysis of the roles of stakeholders which were broadly grouped into informational, emotional, social interaction, instrumental, spiritual and appraisal support. Stakeholders either provided the support by themselves or organised it to be provided by members of their church or village. Each support was sometimes organised alongside the other but this depended on the position occupied by the stakeholder and the needs of an older person.

Religious obligation was a motivating factor in why religious leaders supported older people. Amongst all types of support, spiritual support was provided to all and by all stakeholders, whereas other support targeted those who had greater needs. This re-emphasises the value of spirituality as seen in the accounts of older people. Furthermore, stakeholders understood the needs of older people and could negotiate their support better by getting closer to them or through detailed observation. Chapter 8 discusses the findings in light of the existing literature.

Chapter 8 Discussion

8.1 Introduction

Chapters 6 and 7 presented the findings of this research arising from the interviews with older people and the stakeholders. The primary aim of this study was to understand community support for older people, and how it is negotiated and organised in Nigeria. In light of existing literature, this chapter discusses the key findings from this research and its implications in order to address the key research questions outlined in Chapter 1 of this thesis. These are, firstly, how do older people experience support provided by community members? Secondly, how do older people negotiate support from members of the community? Thirdly, what are the roles of stakeholders in providing and organising support for older people? This chapter discussed how the social support framework and social network theory enhanced the understanding of the findings of this study, the contribution to knowledge and an outline of the policy implications derived from the findings. Thereafter, the conclusion, limitations of the study and implications for future studies will be discussed. Lastly, this chapter presented recommendations for practice.

8.2 How do older people experience the support provided by community members?

How older people experienced support will be discussed in three sections. These are (i) who provides support by exploring the support networks of older people, and the support network structure and characteristics, (ii) what support is provided by exploring types of social support, and (iii) how older people perceive themselves and how they think community members perceive them.

8.2.1 Structure and characteristics of support networks

The results from the analysis of this study found that support networks of older people can either be organised or unorganised support networks as seen in the literature. Each

older person in the study had several support networks, which included both organised and unorganised support networks. The organised community support networks include the church, the church society or the village leaders and are defined based on common religious or cultural characteristics within a defined space. Friends, neighbours, *nwunye-edi*, children in the community and foster children are unorganised community support networks. These findings are consistent with other studies, which showed that the village, the church, friends, neighbours and foster children are support network members for older people (Black 1999; Schröder-Butterfill and Kreager 2005; Lunga and Musarurwa 2016; Coe 2017; Ruparanganda *et al.* 2017).

These support networks can be understood using the social network theory (Barnes 1954; Bott 1957). The social network theory is useful in understanding the impact of support networks on an older person, which translates to how older people experience support. This is because according to Berkman and Glass (2000), the structure and characteristics of social networks largely determine individual behaviours and attitudes by shaping the flow of resources[14] through the networks. Additionally, the social network structure determines the different functions (types of support) provided by the support networks of older people (Uchino 2004); these functions will be discussed further in section 8.2.2. Each network member in this present study was defined based on the structure or characteristics of the social network according to Berkman *et al.* (2000) which includes proximity, reachability, homogeneity and frequency. In general, older people negotiated or were offered support by their network members based on one or more of these social network structures.

Proximity was an important factor identified from the findings of the study as one of the reasons older people, especially women, negotiated for support from their support networks or were offered assistance by some network members such as *nwunye-edi* and neighbours. Proximity to older people enables the availability and swiftness of community members in providing support. This finding resonates with that of Okumagba (2017) on proximity being an important factor in the availability and frequency of family support in

[14] Resources can be human, physical and financial as discussed in sub-section 7.3.1

Nigeria. Even though the findings of Okumagba relate to family support, it can be seen that in Nigeria, proximity promotes the likelihood of support to be provided irrespective of who provides the support. The findings of this present study showed that most support networks of participants lived in close proximity to older people and did not require a means of transportation to provide support thereby reducing cost. Specifically, two female participants revealed that neighbours and *nwunye-edi* looked out for them and there was ease in calling out to them when they needed support. A possible explanation could be because the participants lived in compounds, which are clusters of houses and sometimes, they are not able to leave their own houses due to mobility problems. They sometimes need help if they have fallen or can't get up; they shout for help from within their house because they can't move so that a nearby neighbour to hear them and help. One argument here is that the built environment of the study location facilitates the negotiation and provision of support for older people.

The proximity of neighbours and *nwunye-edi* also contributes to initiating or maintaining social interaction, negotiating other forms of support and feeling of security amongst older people. This finding is similar to the study of Ochieng (2011) carried out amongst African-Caribbeans living in the north of England that pointed out the importance of the nearness of neighbours and friends in the provision of support such as giving a sense of security. This also accords with the results of van Dijk *et al.* (2013) which notes that the proximity of neighbours aid in the provision of support such as in looking out for their neighbours. Therefore, this implies that the proximity of support providers is an important social network structure because neighbours and *nwunye-edi* often live close to each other, know each other's movements, and can detect when things go wrong. Furthermore, participants that lived in close proximities to their support providers reported higher levels of support most relating to social interaction, instrumental and emotional support. In line with Berkman and Glass (2000) and Andris *et al.* (2019), network members who live in close proximity are more effective in providing emotional and instrumental support. A possible explanation is that having support network members in proximity may increase the perceived support expectation of older people and in turn, lead to a positive experience.

In Berkman's model of social networks (see figure 2-1), reachability is a part of the social network structure and this was highlighted by the study participants as a structure that characterised the support networks. Reachability is closely related to proximity and relationship with the support network member. A few participants described their support network members as being reachable because they lived in proximity, were dependable and available when they were needed. On the other hand, one participant reported that a community member was reachable because their relationship has progressed over time into a closer relationship and because of accessibility. Support networks that older people feel are within reach are usually their first point of contact when there is a need, especially relating to instrumental and emotional support. This finding is in line with and builds on a cross-sectional quantitative study conducted in Denmark, which found that the reachability of network members significantly increased the odds for good mental health (Hansen *et al.* 2017). This present study which used a qualitative study explored and captured a broader picture of an individual's perceptions of themselves and their social networks. It adds that reachability can lead to a better experience when older people know that they have people who are reachable and could support them when needed. Therefore, these findings highlight the need for older people to have social networks that are reachable and contactable when needed even as they age.

Homogeneity is another structure of the social network that defines a whole network and explains how related network members are, contextually and demographically. Homogeneity influenced older people's expectation of receiving support, as well as, choosing who to ask for support, and what type of support to ask for from different people. In the present study, the homogenous nature of older people's support networks in terms of social norms, beliefs, and values explains the greater availability of some support types such as social interaction, instrumental and spiritual support. This is because, in Nigeria, spirituality and religiosity are considered by almost everyone as crucial aspects of wellbeing according to Ohaja *et al.* (2019). Therefore, everyone wants to be supported spiritually and because of the homogenous nature of the study community, most support network members can offer spiritual support. These findings resonate with the study of Tulin *et al.* (2019) carried out in the Netherlands which found

that networks that were homogeneously engaged more than networks that were not homogenous. One possible interpretation for this finding that was seen in the Netherlands and Nigeria despite the contextual difference could be because homogeneity brings about mutual understanding which can lead to support. For this present study, homogeneity might mean a better understanding of the support older people need due to the same religion, ethnicity and cultural norms, therefore, better support is received even when older people do not specifically request it. This could lead to better engagement and availability of support providers who could meet older people's needs because of shared cultural characteristics. This, therefore, highlights the importance of support networks that are homogenous to older people even as they age because it will lead to better understanding and will aid the negotiation process of support.

In addition, a clear important finding from this present study was the effect of social norms in bringing about homogeneity. In line with the research of Yamin, social norms bring about a homogenous community because they are context-dependent (Yamin *et al.* 2019). Participants had an understanding of social norms within the community such as gender and age-specific specialisations of various tasks that will likely be provided by men, women (*nwunye-edi*) and the children in the community. Due to a homogenous community, there is often an expectation from older people that support will be provided even without making any specific request. This is particularly important for older people who are unable to move around or do not have the means to reach support providers. Homogeneity also makes it possible for older people living alone or those who have family members living far away to receive support from members of the community because of shared values and understanding of the cultural context regarding support. This implies that gender-specific norms in the community could lead to older people getting the needed support they require from the members of the community.

The social norm is for children in the community or *nwunye-edi* to provide instrumental support relating to non-arduous IADL such as fetching water or firewood whereas men supported with more arduous tasks like cutting down trees. These findings resonate with that of Ene-Obong *et al.* (2017) study of gender roles amongst households in Nigeria. The authors found that even though women engaged in agricultural work, they engaged in non-arduous tasks such as clearing the weeds whereas men were expected to engage in

arduous tasks such as preparing the ground and planting yams. The implication of this is that even with societal changes, social norms are fundamental in enabling a smoother negotiation process of support such as reducing or eliminating the feeling of being a burden that older people may have. This is because these tasks are gender-specific across the community and seen as a responsibility that should be lived up to. However, when men are not available to support, this might pose a limitation for older people in seeking support with arduous tasks from women even when they are capable and willing to do it.

Another characteristic of network ties in the social network model is the frequency of contact (Berkman *et al.* 2000). The findings of this study revealed that the frequency of contact often experienced by older people was dependent on the need of the person, and the relationship with the support provider or rules governing the organisation providing support. Analysis showed that the assistance provided by *nwunye-edi* was more frequent for things like helping with a monetary contribution in the village or visiting in contrast to one-off instrumental support by a stranger. Stakeholders emphasised how frequent they support by visiting older people identified as the highest risk such as the oldest old or those with severe limiting illnesses. This finding resonates with that from the study of Nocon and Pearson (2000) in which the frequency of contact was influenced by the need of an older person as well as the availability of a support provider; this reinforces the need for older people to be assessed adequately, and those with the highest need targeted and supported more frequently especially when there are limited resources.

No study was located specifically on the rules governing a religious organisation as being a factor in determining the frequency of contact. This could be because the majority of the studies focused on unorganised support networks such as that from friends and neighbours, whereas, this study focused on all community support networks aside from that provided by close family. The frequency of contact could be linked to other features of the social network ties previously discussed, such as proximity and reachability. This is because support network members who are in close proximity and reachable are more likely to be called upon to provide more frequent support.

This section on support networks, structure and characteristics highlights how older people's choice of support network can be mapped using the task-specificity model of the

social network theory developed by Litwak (1985). This takes into account the needs of the older person and the characteristics and structure of the support network member in the provision of support. This gives the older people a sense of satisfaction that they are receiving or will receive the best support experience from the most suitably qualified support networks. In addition, instrumental support and social interaction were the most frequent types of support received by older people and were commonly mentioned as a type of support provided based on proximity, reachability, homogeneity and frequency of contact.

8.2.2 Types of social support

This sub-section discusses the different types of support, which are also known as the functions of social support provided by members of the community, highlighting those that were of particular importance to the participants. The support networks of older people in this study provide various types of support; these various types of support received by older people can be represented using the social support framework (Cassel 1976; Kaplan *et al.* 1977). In this present study, older people received various types of support including social interaction, instrumental, appraisal, informational, emotional and spiritual support. These types of support are predominantly identified in the literature as functions of support (Cobb 1976; Barrera and Ainlay 1983; Heller and Lakey 1985; House *et al.* 1985). Adding to these five functions of support identified above is spiritual support which was explored by Lee and An (2013) as a form of support. It is important to add spiritual support alongside other types of support because, in this present study, it was recognised as a vital type of support because of the value placed on it, how it is viewed and how important it is to older people.

Spiritual support was the most valued support type amongst all older people. The findings from this study showed that irrespective of the network member who provided any type of support, the participants believed that the reason that support was given was because it is God's will. They linked this to the spiritual support they obtain mainly from their organised support networks via the church. However, it is important to note that the church does not provide only spiritual support but also other various types of support

including social interaction, appraisal, instrumental, informational and emotional support. This finding is in line with other studies in which older people received other types of support from the church aside from spiritual support (Lee and An 2013; Krause and Hayward 2014b). This finding also aligns with several other studies that have been carried out amongst Black Africans and Asians living in America, which showed that spiritual support was provided to older people by the church amidst other types of support (Krause 2002; Stone *et al.* 2003; Ellison *et al.* 2010). The similarities between this present study and that which explored Black Africans and Asians in America could be because globally, the church operates in a multi-dimensional way to support its members.

The church providing different types of support could be because there are better chances for a single wider organised support network, such as the church, to provide more accessibility to other types of support and resources as opined by the functional specificity model of social network (Simons 1984; Campbell *et al.* 1999). This is supported by the findings of Kaplan and Berkman (2017) and McFadden (2010) who noted that the church has the capacity to provide various types of support. On the other hand, Debnam *et al.* (2012) noted that religious organisations provide different types of support but some participants in his study reported negative social interactions due to criticism or many demands from their religious organisations. This was not the case from the account of older participants in this present study, however, one of the stakeholders discussed how there are demands from the church headquarters to fulfil some financial obligations such as contributing a specified monetary quota per month to the church headquarters. This implies that some older church members might come to church to be supported and then they are faced with contributing their limited resources to meet the demands of the church.

Older people's faith in God, religiosity, spirituality and beliefs that all support stems from God explains why spiritual support is perceived as being very important and the reason why eight out of seventeen older people took pictures of their altar, Bible, the church, candle or church calendar to signify spiritual support. This is because older people assumed that through spiritual support, their psychological and physical life would be affected positively. In addition, the way spiritual support is valued by older people could be because 94.3% of older people in Nigeria are religious according to Zimmer *et al.*

(2016). This highlights the importance of adding spiritual support as another type of support and the recognition of church members and the leaders of religious organisations as important social network members. It is important to note that spiritual support was reported as being obtained from organised support networks such as the church; other unorganised support network members who provided spiritual support still belonged to a church. Furthermore, this emphasises the importance of strengthening and supporting the religious organisations in these types of settings as a platform to provide various types of support in the community.

Aside from spiritual support, instrumental support was the second most important type of support provided by members of the community. An important finding from the analysis relating to the instrumental type of support is that support such as sweeping the compound was highly valued by older people. This is because of their belief that the compound portrays the inner house of a person and because the compound is where most other activities take place including receiving visitors which is highly important to older people. The compound is highly important to older people because one's compound is a symbol of one's authority and territory, and also a family's main unit of a political organisation according to Olowu and Erero (1996). This implies that older people do not just want to be supported in IADL but they value the support that is linked to or represents who they are.

Another instrumental support that is worth discussing is monetary gifts; an analysis of the working status of the children generally revealed that all but two older people received money from their children even though it may not be sufficient for all of their needs. However, older people with dependent children did not receive monetary gifts from community members more than older people with children of working age who would provide for them. This could be because they did not have a very limiting illness and either they or their spouses were still working even at an advanced age. This implied that this group of older people might be faced with economic hardship and could be forced to keep working to provide for themselves and their families even if their health is declining.

Despite spiritual and instrumental support being the most support valued by older people, members of the community provided all other types of support. While it is

relatively straightforward to classify each type of support, in principle, the different types of support are performed alongside each other and might not be differentiated as opined by Barker (2002). A cross-cutting example from the reports of older people was spiritual support which was often accompanied by emotional support, social interaction and instrumental support. Additionally, appraisal support could also be obtained from spiritual support when older people hear the word of God and can make decisions, and personal self-evaluations of their lives and attitudes. Therefore, it can be posited that various types of support are interwoven and one might be a precursor to or happen alongside the other. This provided more opportunities for some participants to receive all the different types of support they require to meet their needs from a single person or group such as the church without having to renegotiate with a different person or group whenever they need help. Even though it is recognisable that one type of support may occur alongside the other and is important to an older person with several needs, it is important to clearly separate support types in future research. This is because it helps support providers focus their resources on those who need a particular type of support. In addition, it helps support recipients focus on what type of support they will like to receive from a person or group.

Lastly, another important finding is that the type of support older people request or expect to receive was also reflected in the theme “what we have become”. This theme discussed the condition of older people; the condition of older people determines what type of support older people need. People who have lost network members either because their friends are dead or because they are homebound want to be supported emotionally and have more social interaction. This is in line with the study of Wenger (2001) carried out in Rural Wales who observed that over time, older people lose their friends to death, therefore, creating a support gap that was previously filled by friends. Similarly, Dunér and Nordström (2007) in their Swedish study on informal support networks noted that friends provided emotional support but some of these friends had died and they were unable to establish new relationships at older ages.

Loss of network members as people age is common across all countries; friends are amongst support networks notable for providing social interaction and emotional support. Therefore, there is a support gap created in this area at the death of friends.

However, the specific social network members that older people may have lost were not explored since it was not the focus of the study. Therefore, an area for future research might be to explore some social network members that older people might have lost; this is useful in understanding areas in which they might need to be supported. Additionally, older people's report of their loss of network and inability to carry out IADL highlights the value and the feeling they derived from social interaction and instrumental support. Therefore, a recommendation could be that the religious organisation can play a role in organising forums for older people that can attend church in order to make new friends, socially interact and be emotionally supported.

8.2.3 How older people are perceived

In terms of receiving or requesting to be supported, older people indirectly communicated their expectations, how they perceived themselves and were perceived by others. This was important to older people because they perceived support as a two-way process. Although they expect to receive support or request for support to be provided, they still want to be viewed as active members of society who are not just recipients. In line with some other studies, it has been recognised that older people are active members of society by contributing their skills, expertise and experience (Newman and Hatton-Yeo 2008; Northridge 2012; World Health Organization 2015b). This is not different to Nigerian older people, therefore, it leads to the exchange and transfer of various resources among the members of the community from the young to the old and from the old to the young.

Irrespective that older people want to be viewed as active members of the society, a few of the older people identified that they experienced physical decline and they understood their limitations and difficulties or inability to carry out IADLs such as house chores, sweeping and maintaining the home. Therefore, they expected that members of the community should support them. One important finding was that most female participants reported a decline in their physical state. This could be because there is a cultural expectation that the female gender help with IADL within the home and because of their inability or difficulties in carrying out IADL, they talk about it more frequently. This

is in line with the observation of Akanle and Oluwakemi (2012) study on traditionalism in Nigeria that there are cultural aspects of role allocation in the family and that household chores are mainly mainstreamed to women.

Furthermore, the analysis of the living arrangements of all participants showed that all male participants within the study lived with their wives who could provide IADL support or find alternative means for their needs to be solved whereas, seven out of eight older women within the study were widowed. A possible explanation for the living arrangement seen amongst the participants is that women were more likely than men to be widowed because women have higher life expectancy so, it is expected that they might live longer than men, and women were more likely to marry men who were older than them (Trivedi *et al.* 2009). This implies that in the study community, women needed more support than men did because of their various gendered roles within the home regardless of age.

It is important to note that, as deduced from the accounts of older people, the physical decline or limitations of older people were sometimes perceived negatively by members of the community as not being in control of their health and having to live off people's help. From the analysis of the interviews, older people being supported does not translate to being helpless, unable to do IADL or always sick. Being supported could mean assistance in IADL, which means complementing their efforts rather than doing the job completely for them. A few older people within the study described themselves as not being "dead". Being "dead" in this context is a phrase older people use to explain that even though they are old, they are still able to function as a human but with physical decline. This implied that community members often perceived older people as being equivalent to a dead person who is mentally unable or incompetent to do things like every other person.

Interestingly, the way community members viewed older people could be useful in the sense that older people will be supported based on the assumption that older people do not have the adequate capacity to perform some tasks. However, this could be a stereotype and not pleasing to some older people in receipt of such support. Three of the older people highlighted how they can work and provide for themselves without having

to depend entirely on people to live. Older people being generally stereotyped and equating older people as mentally incompetent has been found in several studies (Cuddy *et al.* 2005; Richeson and Shelton 2006; Gázquez *et al.* 2009; Dionigi 2015). This influenced the way people view or support older people and how older people respond to support providers such as pushing away support they do not need. In addition, it could cause them to reject the support that they need which could have detrimental effects on their experiences and overall wellbeing.

On the other hand, older people perceive themselves as mentally capable of making decisions; they still want to be in control of what happens and the decisions of what support they want to receive. This aligns with the Swedish study of Dunér and Nordström (2010) in which older people wanted to be supported based on their conditions and also, be in control of the support. For this present study, older people display being in control when they negotiate support by considering some of the structures of the social network such as the nearness of the person providing the support and how swift they can be in providing the support. They also considered the willingness with which support is provided, determining if they will explicitly ask for support or implicitly signify that they need support. For example, an older person will explicitly ask for support from someone willing but implicitly request from those who are unwilling just in the event that the person declines to support.

Even though it is clear that older people in this study have and recognised their limitations, they also understood their strengths and do not want to be overly reliant on the members of the community to provide support for tasks that they are capable of doing. In line with Janssen *et al.* (2011), older people's acceptance of their limitations was important in understanding their strengths and wanting to deal with stressful events on their own by taking control. The findings from this study showed that older people recognising their limitations was fundamental in understanding what their support needs were, the importance of support networks and also useful in negotiating their support.

Because of the way older people are sometimes perceived, a few older people regard seeking support as being vulnerable to the support providers. Occasionally, this translates to older people not willing to ask for support, therefore, in some cases, older people

waited for support to be offered. Whereas, in a few other cases, older people reported carrying out the tasks gradually or continuing the tasks with minimal support from other community members in order to maintain independence and/or be active in old age. These findings are consistent with Abdi *et al.* (2019) review on understanding older people's care and support needs, in which managing with some ADL and IADL helped older people maintain a sense of independence. In this study, older people held on to having a sense of independence to communicate "being old but still being a human who can maintain certain functions" to not feel completely helpless. However, this was particularly seen in instrumental support with IADL, and the constant visits by the church (which in the study community translates to losing a sense of independence). This was reflected in four older people engaging in IADL even when they have available network members to support and not wanting to be visited even when they have obvious physical limitations.

This is unusual and contrasts with what is expected in the African culture where there is an expectation of dependence in later life and older people will normally get family support. It is rather consistent with the Western culture of being independent as seen in the studies of Barken (2017) and Secker *et al.* (2003). A possible explanation for this is that they want to engage in physical activity for health, longevity and independent level of daily functioning. This suggests that these older people view support as something that should help them maintain rather than take away independence. This concurs with Lombard and Kruger (2009) study on older people in South Africa which emphasises the role of various stakeholders in delivering appropriate services for older people but highlights that the ability of older people to make decisions forms the basis for their dignity and helps them remain independent in the society.

8.3 How do older people negotiate support from community members?

Older people have different needs, resources and living arrangements; older people lived either in their homes alone or with a member of their close family member or a foster child. Therefore, they negotiate support differently which could be implicit or explicit

negotiation, continual or a one-off conversation via spoken or bodily movement as discussed in section 4.4. This research question will be addressed by first discussing the motives underpinning the negotiation process. Secondly, it will explore the different types of support and how they are negotiated. Thirdly, this section will examine how older people arranged support in light of the functional specificity and hierarchical compensatory social network models. Lastly, the condition of older people and how it affects the negotiation process will be explored.

8.3.1 Motivations for the provision of support

Exploring the motivations of community members in providing support brings additional understanding to the negotiation process of support. This includes the way each party started the conversation and what motivated them to support an older person. A support network member can have more than one motive when providing support. The analysis identified two distinct factors that influenced community members including the stakeholders to provide or organise support for older people in the community. These are moral or religious obligations and social obligations and are discussed in two sub-headings below.

8.3.1.1 Moral or religious obligation

In the literature, there is a religious obligation for the church (church leaders and members) to provide support; this forms their multi-faceted roles and functions to the community especially amongst those who are their official members and attend church frequently (Taylor and Chatters 1988; Krause 2006). The findings of this thesis revealed that moral or religious obligation was seen as a major reason why community members provided support, as well as the main underlying reason why stakeholders organise or provide various types of support; these, in turn, influenced the way support is negotiated. Two of the older participants explained that in the church, children are taught that it is a moral obligation to help older people in the community and that is the reason why they are assisted. This is in line with the report of Patel *et al.* (2012) that the church plays a role in teaching its members a sense of obligation and the need to provide support.

Nonetheless, it cannot be certain that this is the reason why the children provided the support since this was based on the report of older people.

In like manner, the findings from all the stakeholder's interviews revealed that there is a strong religious obligation that binds stakeholders to provide or organise support for older people within their community. They do this because they feel that it is a way of worshipping God and they derive fulfilment from providing or organising support from this setting. Hence, the negotiation of support is hinged on it. The findings in this study align with the study of Barker (2002) conducted in Northern California that found out that religious beliefs and moral obligation to support were the motivations for the provision of support. The findings seen might reflect similarities in the understanding of moral obligation between the population from which the participants were drawn; some participants in Barker's study were drawn from the church. In addition, It is not surprising to see that religious or moral obligation was a major reason amongst the stakeholder and accounts of older people because Nigeria is a highly religious and spiritual country and all the stakeholders belonged to a religious group.

The negotiation of support provided to older people based on a religious obligation is often explicit and most often started by the stakeholders and the community members. When support is negotiated based on moral or religious obligation, there is no expectation that there should be an exchange and the older person assumes that God has remembered him. Therefore it can be posited that receiving support from a religious organisation might appear to present more economical benefit than support from other community members such as *nwunye-edi* because there is no reciprocal obligation. However, the relationship existing or formed with individual members of the community might outweigh the benefit from the religious organisation.

8.3.1.2 Societal obligation

Societal obligations are motivating factors to the provision of support, which determines how the support will be negotiated. For example, the societal obligation for *nwunye-edi* and children to provide some instrumental support. The support negotiation between an older person and *nwunye-edi* or the children in the community most especially relating to

non-arduous IADL is often implicit and in a few cases explicit. The implicit nature of negotiation for instrumental support mostly relating to non-arduous IADL is because it is a societal responsibility for older people to be supported with these tasks by *nwunye-edi* and the children in the community. However, that is not to say that men do not offer instrumental support. On a few occasions, it could be explicit especially if it relates to one-off support such as support in fetching water from the borehole to the house. In addition, it could also be an explicit negotiation when the task is arduous and there is a societal expectation for men to carry out such tasks.

It is worth noting that sometimes an implicit negotiation that happens over time initially started as an explicit negotiation for a specific one-off request by the older person, which might then become continuous and implicit over time without a need for constant explicit negotiation. This finding concurs with previous research by Pleschberger and Wosko in Austria which highlighted that in some cases, support negotiation starts as a small specific request (Pleschberger and Wosko 2015; Pleschberger and Wosko 2017). Implicit negotiation over time is helpful for older people because there is no need for constant explicit negotiation. After all, trust and hope are already built that support will be provided. However, it is important to note that sometimes, support that is offered based on societal obligation could lead to a situation where older people do not request the support they need because they are waiting for support from a particular group whereas the support is not forthcoming.

8.3.2 Negotiation based on types of social support

Different types of support determine how a negotiation will happen between the members of the community and an older person. Negotiation of instrumental support relating to IADL is often implicit because there is a societal expectation that this type of support should be provided and the conversation starts with either the older person or the community member as discussed in section 8.3.1. Whereas instrumental support with ADL or arduous IADL involves explicit negotiation which could be one-off or continuous depending on the support network member involved. This is because this type of support often involves clarification on what needs to be done. Surprisingly, the findings from this

present study highlighted that for instrumental support relating to money, most older people do not explicitly ask for support from community members when they do not receive or obtain little monetary support from family because they see it as a taboo requesting for monetary support from non-family. Rather they wait to be offered money or they give a subtle hint of their need (which money would solve) to their support network members who might have come to visit or provide other types of support. This could partly be because financial support is regarded as the primary responsibility of the family (Merli and Palloni 2006).

This finding is unexpected and surprising; in some other studies carried out in Tanzania, some older people resorted to begging for livelihood rather than going hungry (Spitzer *et al.* 2009). For this present study, sometimes, to avoid the stereotyping that comes with older people "*are in constant need of support"* or that they are beggars*,* they will rather wait a long time for the support to be offered or continue working to very old age because they need money. A few older people preferred to remain without the support and faced the consequences, a finding reflected in the study of Kelly *et al.* (2019) as "if you do not have money, you will be in pain". However, it is important to note that some older people engaged in work because they wanted to remain active even at very old age. A possible explanation for older people implicitly asking for support could be because they wanted to maintain their dignity and pride. This is seen in one of the participants who was reluctant to request monetary support from one of the community members because of her pride.

For instrumental support involving stakeholders, older people with specific needs are targeted and supported because of limited resources. Oftentimes, the stakeholders negotiate the process of support through the ward leaders (church leaders for each village) or chiefs in the community; the process of negotiation involves seeking more information about the circumstances of the older person and then offering support to the older person. Older people are often laid back with making requests unless they are specifically asked; this is because they do not want to be seen as a burden and as someone making more demands in addition to what has been provided. These findings align with the reports of Age UK (2013b) and Tanyi *et al.* (2018) in which older people

both in the UK and in Nigeria feared that they are being viewed as burdens. When older people internalise this fear, this can have detrimental effects. In line with the study of Flett and Heisel (2020), the fear of being a burden could lead people to be suicidal; Flett and Heisel revealed that local organisations for older people can discuss and refute the notion. Relating the findings of Flett and Heisel to this present study, the church would be useful in promoting good mental health and refuting suicidal thoughts amongst older participants because community members regard the words from the religious leaders as being sacred and essential for life and wellbeing.

Negotiation for spiritual support is often implicit; it is usually offered by the stakeholders or community members to everyone and not targeted to anyone except when it is offered in the process of visiting. This is true, given that there is a biblical command for Christians to offer various types of support including prayers and sharing the word of God from the Bible. However, on a few occasions, the stakeholders offer spiritual support for specific individuals if requested explicitly by the older person especially when the stakeholders visit the older person. In these few cases, spiritual support is offered alongside other types of support and is often explicit. The analysis of this study showed that a large number of older people play a part in the negotiation process by coming to church to be supported or accepting random community members who come to support them spiritually. This is not surprising because several types of research have shown that globally, the rate of church attendance amongst older people is high and other types of support obtained are linked to participation and attendance in church (Drennan *et al.* 2008; Debnam *et al.* 2012).

Furthermore, on different types of social support, social interaction is usually implicit and the community members often start the negotiation by visiting or when another support is being offered to the older person. In the process of offering social interaction, informational support is also provided which is also implicit and arises from the community members or the stakeholders.

8.3.3 Social network models

The functional specificity and the hierarchical compensatory models of the social network provide different perspectives on the negotiation process of support.

One important finding from the interviews with older participants is that the same social network structure such as reachability and proximity can be evident amongst different network members, therefore it gives different network members the ability to perform similar tasks. The functional specificity model of social network (see section 2.2.1) seeks to explain how one social network member may provide a broad range of support depending on the negotiation over time between the individual or group and the older person (Simons, 1984; Campbell *et al.*, 1999). Support network members such as a neighbour, fictive kin or a foster child with whom there is a very close relationship performed various tasks (instrumental support relating to ADL and emotional support) that a family member would have performed if available without a need to constantly renegotiate the provision of support.

For foster children, support provision is explicitly negotiated at the outset and thereafter there is constant implicit renegotiation; the foster child performs different types of support including instrumental support, social interaction and emotional support. Explicit negotiation of support with foster children is often lengthy and involves an exchange between an older person and the foster child; the children of the older person are involved as they are often in the best position to negotiate. This is in line with the study of Coe (2017) carried out in Ghana who noted that for foster children, there is always an explicit negotiation at the outset which involves an exchange of resources whereby the child performs the function of a young biological child and the older person performs the function of a parent.

Furthermore, the findings of Coe (2017) highlighted that family members such as daughters often negotiate the support for their parents because they can provide the resources involved and also because they are not willing to relocate to support their parents. Family members being part of the negotiation process could give the older person confidence that they would always get the support they need. It could be said that

fostering is widespread in West Africa according to Isiugo-Abanihe (1985) even though it has not fully been explored. In addition, there is already a pre-knowledge of the negotiation involved and the need for constant implicit re-negotiation. Therefore, this makes the process simplified for both parties involved, in contrast to the task-specific model of social networks which highlights that each group of network members has different nature of work. Therefore, this means that older people might not need to negotiate for a different type of support with several network members because a single support network member can perform several functions.

Analysis from the present study also showed how the hierarchical compensatory model can be used to explain how older people negotiate their support. According to the hierarchical compensatory model of the social network, individuals seek support based on preferences rather than the type of support required. When the most preferred support network is unavailable, support is sought and negotiated from individuals in the lower hierarchy to replace in a compensatory way (Cantor 1979; Cantor 1991). Before older people negotiate for support, they consider the person that is closer to them in the relationship based on hierarchy. A clear finding from the present study was that older people substituted their family members by negotiating explicitly with other people when there is no close family available; some support networks that were used to compensate were either the *nwunye-edi* or their neighbours. Specifically, two of the older people referred to these people as *siblings* or *their people* to show the hierarchical replacement, sense of control over them and/or the value placed on those support networks based on reachability, willingness and bond as identified by Berkman and Glass (2000).

The pattern of seeking and negotiating community support found in this study follows a hierarchical compensatory model of social network that focuses on preferences in seeking support starting with family and then other non-kin in the absence of family (Dykstra 2007; Li *et al.* 2014). This is because older people could regard these informal networks as a primary network if the relationship had developed over time, therefore, placing them next to the hierarchy of family members. Penning (1990) indicates that organised support networks come into place when there are no unorganised support networks such as from spouses, children, friends and neighbours. However, this is not the case in this study as organised and unorganised support networks jointly provided support to older people in

this study. The combination was not because there was a lack of access to unorganised support networks but because from the findings of this present study, organised support networks were mainly the church and their church societies, and these groups have a religious obligation to substitute or complement the support irrespective of the support received from unorganised support networks.

8.3.4 Condition of the older person

The overall condition and the support needs of an older person can impact the specific type of support provided and its negotiation. It could also influence how quickly an older person negotiates for support especially when they have access to a limited number of potential support providers. The negotiation process involves who provides the support and the frequency of support.

The analysis of the interviews showed that older people who have a limiting illness such as mobility issues often required repeated continuous instrumental support. This is consistent with the findings of Maresova *et al.* (2019) review which highlighted that physical impairment is linked with continual support with IADL. Therefore, they often have to negotiate support explicitly from the members of the community because they would often need more support than the usual support provided by *nwunye-edi* or children in the community based on social norms.

However, some older people with limiting illnesses sometimes do not explicitly ask for support because they do not want to be a burden to their networks. These findings are consistent with the study of Dunér and Nordström (2007) where some participants were not willing to bother their support networks because they believe that they have their own needs. Whereas, a few older people in this study preferred to wait and not ask believing that God will send someone to meet their needs. This has health and wellbeing implications for the older people because the network members might not offer them support, which will result in their needs not being met.

Older people with smaller support networks (including family and the community) often have to negotiate their support by asking the few available support network members

and waited to be supported in comparison to older people that have broader support networks and can request or be offered support from a wide range. In line with Platt *et al.* (2014) and Berkman and Glass (2000), access to support from broader networks such as religious organisations and the community may increase access to a wider range of resources. Some other authors have linked broader support networks to subjective wellbeing, happiness and perceived social support (Chan and Lee 2006; Zhang *et al.* 2019). Findings from the analysis showed that one of the younger older people with less limiting illness who was still in active work/employment did not often negotiate for support in which they have to request to be supported. He was supported because he had broader support networks based on fame and because of past deeds.

Therefore, this section highlights the need for support from community members to be targeted to older people with worse health conditions and fewer support networks.

8.4 What is the role of stakeholders in providing and organising community support for older people?

The findings from this study showed that stakeholders organise and provide support to older people. The account of the stakeholders will be compared and contrasted with the report of the older people. The stakeholders' roles were similar to the roles reported by older people from both organised and unorganised support networks. The analysis of the results showed that the stakeholders' role was various and collectively regarded as religious support (any type of support received from the church); the support includes informational, emotional, instrumental, appraisal, social interaction and spiritual support. This is consistent with Debnam *et al.* (2012) and Barrett (2013) who described the support religious organisations provide as religious support which includes various types of support. This is beneficial to older people, especially for those who have smaller networks because a single broad network can provide a wide range of support in line with the functional specificity model (Simons 1984; Campbell *et al.* 1999). In addition, it helps older people to be supported in a multi-dimensional way rather than just tackling an area of need. Religious support, which is organised and provided by the stakeholders, could be regarded as being

provided by community members because sometimes the stakeholders take the initiative to provide support to older people as a member of the community and not as part of a religious organisation.

The core support reported by the stakeholders is spiritual; this is true and in line with the report of older people based on the analysis of the interview, and this could be because of their value for spiritual support. It is important to note that when stakeholders report offering spiritual support, it is most often accompanied by emotional support and in a few cases, instrumental support; this is similar to how older people experienced support as discussed in section 8.2.2. Emotional support being received by older people when spiritual support is provided is because the situation of older people often presents the need to provide emotional support hence creating the opportunity for stakeholders to offer spiritual support alongside emotional support. This was seen mostly in older people with a more serious and limiting illness such as lower back pain.

Spiritual support is usually provided to all members of the community whereas all other types of support are provided based on need. Specifically, instrumental support is targeted to their members in need due to limited resources; the number of people requiring support outweighs the number of people who can provide support. Usually, the wealthy in the church contribute money used in supporting those who require help in the church. This finding is broadly similar to the study of Lourenço-Lindell (2002) in which only three people in a large church congregation in Guinea-Bissau offered material resources to support those in need and these were insufficient to meet the needs of needy members. This might be the case in some African countries given the economic state of these countries and welfare provisions to their members. Limited resources have implications for older people given the condition of the other three different sources of support in the care diamond according to Ochiai (2009), which include the inadequacy of the state according to Anifalaje (2017), limited support from the family and few market institutions.

To summarise, there is a decision-making process involved in providing or organising support for older people; stakeholders seek, identify and assess people needing

support before distributing resources. This process of filtering the people who need support often helps to reduce the barriers faced by stakeholders such as limited resources because available resources are used for those with the highest need, however, the barriers are often not eliminated. The understanding of the role played by stakeholders through the religious organisation for older people and the various types of support, including spiritual support, reported by older people are very useful in having a complete understanding of social support in the study community.

8.5 Contribution to knowledge

This thesis makes four major contributions to knowledge:

Firstly, it broadens the understanding of the experiences of older people receiving support. In the Nigerian context, older people experience support based on how they perceive themselves, how the community perceives them and the social norms within the community. They want to receive support based on who they have become while recognising their abilities at an increasing age. In addition, it adds to the literature on informal support in Africa by showing how organised and unorganised support networks within the community meet the needs of older people through social support.

Secondly, this is the only study that has explored in detail how older people negotiated various community support in Nigeria. The literature reveals that most research on who provides social support for older people in Africa focused on family support (Unanka 2002; Aboderin and Hoffman 2015; Ani and Isiugo-Abanihe 2017; Ogunyemi *et al.* 2018). This research builds on the few studies that have been conducted in Europe to explore how older people negotiate support (Finch *et al.* 2003; Dunér and Nordström 2007, 2010) with even fewer studies carried out in Africa (Coe 2017). However, some of these studies were on the negotiation of support carried out in the family or in a formal setting in which the motivation to provide support and the negotiation process differs from that in the community. This study also highlights how types of support, societal and religious obligations influence whether support will be implicitly or explicitly negotiated. Additionally, this study sheds more light on the support system in Nigeria; it highlights that non-kin members and other community members largely support older people

through varied forms such as *nwunye-edi* which has not been explored in the literature. They support by offering instrumental, spiritual, social, informational, appraisal and emotional support, as there is often an expectation by policymakers that the family takes full responsibility for supporting their own which could sometimes lead to older people being overlooked or not receiving support when there are no family members to support them. In addition, this study highlighted that even though community support is significant, it is inequitable because sometimes people who have more (those of high-socio-economic status) get more support by using their means to attract support whereas those who have less, get less.

Thirdly, it makes a theoretical contribution. The study contributes to the understanding of the social network theory and social support framework by particularly highlighting the importance of spiritual support as another dimension/type of social support; it highlighted the value of spiritual support amongst other types of support for a Nigerian older person. This study sheds more light on spiritual support by exploring the support provided by church leaders and their members. In addition, it builds on the hierarchical compensatory models of the social network theory by highlighting older people's preference in compensating for lost networks based on reachability and relationship over time. It also broadens our understanding of the functional specificity of the social network model of how one social network member can provide various types of support. Furthermore, it explores other forms of important under-studied informal social networks in Africa aside from friends and neighbours that have not been fully explored in the literature such as foster children, fictive kin, church members and church leaders.

Fourthly, it makes methodological contributions. It builds on the body of literature on visual and participatory research in Africa by giving older people the opportunity to create and construct narratives based on pictures. This thesis demonstrates how older people engagingly used the photo-elicitation method to produce and create subjective meaning of their experiences of receiving support in the religiosity/spirituality and socio-cultural contexts.

8.6 Conclusion, limitations and policy recommendations

8.6.1 Conclusion

In conclusion, this research set out to understand the views and experiences of Nigerian older people who negotiated and received community support from members of the community. Based on the qualitative analysis of photo-elicited interviews with older people and semi-structured interviews with stakeholders, the study identified that older people experienced and negotiated support differently based on their current situations, their needs, the motivation of support providers, and the social network structures and characteristics. The findings from the thesis showed that older people experienced support through their different organised and unorganised support networks via the provision of various types of support including instrumental, emotional, appraisal, social interaction, informational and spiritual support.

This thesis also showed that from the perspectives of older people, the different types of support provided by members of the community are similar to those identified from the stakeholders' accounts except for some of the accounts of the stakeholders which focused on older people with the greatest needs. This group of older people were excluded from older people's interviews such as those with sight issues or those unable to walk who were not able to take photographs. However, they were discussed by the stakeholders as part of the people they supported. Spiritual support was remarkably found to be the most vital support in light of how older people experienced support largely because of the centrality of religiosity and spirituality in the study community. In addition, the provision of one type of support by a single support network member often leads to the provision of another type of support because most support types are often intertwined with one another. Generally, social norms influenced how older people experienced support most especially instrumental support relating to IADL because there is often an expectation for *nwunye-edi* and children in the community to provide support to older people around them. Therefore, sometimes, older people do not have to stress themselves to request support or enter into a lengthy negotiation process before being offered instrumental support.

This thesis also revealed a perception by older people that they do not want to be seen as people having mental decline or the inability to contribute to society even though they experience a physical decline. Thus, either older people tend to refuse support that they do not need or give things through the proceeds from the support they received. Most importantly, by recognising their limitations and physical decline, their support needs were understood which was useful in negotiating their support. Furthermore, the stakeholders in the community were mainly recruited from the church and had a religious obligation to provide support to older people especially their members with greater needs.

8.6.2 Limitations and implications for future studies

Firstly, this study explored in-depth the support provided by members of the community and organised by stakeholders in the community. However, this study only recruited stakeholders from religious organisations including one who was a religious leader and at the same time, a village leader. There may have been diverse findings if stakeholders such as chiefs and village heads were recruited to explore other forms of stakeholders' community support that may be available for older people. Exploring this in further studies perhaps using telephone interview method would provide a broader view of the roles stakeholders perform for older people, especially for older people who do not belong to a religious organisation.

Secondly, the study community is highly religious, all the study participants were Christians, therefore, the experiences, and situations accounted for are somewhat limited as a few members of the community might belong to other groups such as traditionalism, Islam and other spiritual practices. Another qualitative study exploring all these religious groups could provide more depth and would be useful in understanding if there were any differences in their experiences compared with the majority of the Christians.

Thirdly, stakeholders often targeted and supported older people with the most pressing need such as the very sick older people and those with some long-term limiting issues such as issues with sight. However, these groups were excluded because they would not have been able to take rich photos of their experiences that signify support. Amongst

those recruited, those with limited mobility such as those in wheelchairs were only able to take pictures within their reach or within the distance they could travel thereby limiting the number of pictures they might have taken. Capturing the perspectives of these groups of older people would have been useful in comparing the data obtained from the stakeholders that focused mainly on providing and organising support to their members who belonged to these groups. In addition, including them would have given me a broader view of their support needs and the type of support they often negotiated due to their long-term limiting illnesses.

Fourthly, the study could not capture the perspectives of older people without children because the researcher had no such case in the study sample; there is a need for further studies to explore if the support that childless older people obtain differs from other older people since the stakeholders identified the former as having greater need. In addition, the findings from this study showed that older people with dependent children might have unmet needs. Therefore, it will be important to explore if they have another unique way through which they obtain support aside from those already explored in this study, possibly using the hierarchical compensatory support model such as non-distant kin, especially for instrumental support relating to finances. In addition, there was only one case of fictive kin in this study, therefore this is an area that needs further investigation.

Another potential limitation in this study relates to recruitment. The study used the snowball sampling method in which the Reverend father of one of the Catholic churches introduced me to some of the participants that I recruited therefore there might have been issues of social desirability of what the church portrays when participants discussed the role of the stakeholders. However, I tried to eliminate this bias by interviewing them alone and informing them that their data is not sharable to anyone except, where necessary, to those in the research group.

Even though this study set out to explore informal support excluding family members, however, older people briefly discussed support from different members of their family including living arrangements, spouse, and number and ages of children. Discussing support from the different members of their families, spouses, number and ages of

children and support was useful in understanding the hierarchical compensatory model, which explains how older people compensate for or substitute support when there is no little or no support from family. This is because the living arrangement of an older person could highlight what type of support an older person might have such as social interaction whereas the number and ages of children highlight the different types of support an older person may have or need. For example, an older person with children below 18 years may need support with finances. A broader and in-depth qualitative or mixed methods study on support from family members and other forms of support will be more helpful to understand in detail the pattern of the hierarchical compensatory model. Notwithstanding, this study was able to shed more light on the hierarchical compensatory model with the available data on the number of children, living arrangements and non-family members from whom they sought support.

This study showed that *nwunye-edi* often supported older women with instrumental, emotional and informational support. It is recognisable that all older men in the study lived with their wives who would normally provide support with IADL given the social norm for women to carry out IADL in the home but the situation of widowers in the community is unknown. However, it is highly recommended that further studies explore if either the male or the female groups support older men in the same manner as older women, if there are other existing ways to support older men, or if they are left with only support from the children in the community and few other members of the community.

Furthermore, the age of the participants might not be accurate or a true representation of their age as the participants especially the oldest old had no birth certificate at the time they were born; they calculated their age based on seasons.

8.6.3 Recommendations for practice

This study showed that the organised support networks such as the church and the church societies function separately from the community leaders. The church, their societies and the community collaborating and pooling their resources together to support older people might result in greater benefit to support those identified as having the greatest needs. Additionally, the resources used in maintaining the church and

supporting older people are sourced from the wealthy in the community; given the current economic crises in the country, this questions the sustainability of the funding used in the provision of support. Therefore, the government collaborating with the aforementioned groups within the community would provide a more sustainable means of funding for supporting older people. Furthermore, given the value placed on spirituality, spiritual support and the source of support, it might be good for other organisations such as the village group leaders to collaborate with the religious organisations since older people value and trust the support they provide as being very essential for life.

Total Word count: 77500

Appendix A Simplified Explanation of the Process for Photography

Brief introduction of myself and the purpose of the research project and obtain verbal or written informed consent.

1. This is your camera for the next one week; keep it securely, out of sun and water
2. Please take pictures of anything that relates to the support provided by other members.
3. Please do not take a picture of anything deemed illegal.
4. I will come back to take the camera after one week in order for me to develop the photographs but I will call every two days during the week you are taking the photographs to see how you are doing and if you have any issues.
5. After developing the photos, I will bring them back for us to discuss the photos.
6. Enjoy yourself.

Appendix B Photo-Elicited Interview Protocol

Brief introduction of myself again.

1. Can you tell me about yourself?

   Probe

   Age

   Number of children

   Marital status

   Working status

2. Questions for each of the chosen photos (positive and negative photos)
   a) Where was this photo taken?
   b) Please can you tell me what is happening in this photo?
   c) Why did you take this photo?
   d) What things do this photo reminds you?
   e) Why is A (pointing at something in the picture) an important part of your experience of receiving support from community members?
3. Is there any other thing you would like to discuss that relate to the support by members of the community that supports you?
4. Is there any other way you think that members of the community can help or support you?

Thanks for your time.

Appendix C Semi-structured Interviews (Stakeholders)

Brief introduction of myself and the purpose of the research project and obtain verbal or written informed consent.

1. Can you tell me about yourself?

   Probe

   Age

   Job title/Community role

2i. What type of services do your organisation provide to older people?
2ii. What ways do you think these services have been useful to older people
2iii. Are there any challenges in providing services for older people?

3i. In what ways can members of the community be useful in improving the wellbeing of older people?
3ii. Are there other services that you feel that should be provided to older people?

Probe

Physically, socially, psychologically, spiritually and economically

4i. Are there any areas of services that needs to be improved?

Probe

Organisation

Recruitment

5i. Is there any other thing you will like to tell me about what we discussed?

Thanks for your time

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