



Prevalence and Pattern of Elder Abuse and Maltreatment in a Peri-urban Area, South-South, Nigeria

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ABSTRACT

Background: Elder abuse is an unpleasant act or inaction against an older person who is above 60 years old. It occurs in different forms and has adverse effects on the general well-being of abused elders.

Materials and Methods: This was a descriptive cross-sectional study with a sample size of 204 respondents drawn from a study population of 5 communities in Akpor kingdom, Obio-Akpor LGA, Rivers State using the multi-stage sampling method. An interviewer-administered questionnaire was the study tool. Data collected were analyzed using descriptive statistics to answer the research questions and the chi-square test to test the hypothesis on the relationship between Socio-demographic characteristics and the prevalence of elder abuse.

Results: Two-thirds of our respondents were elderly men (67.2%) and were mainly farmers (32.8%) and retirees (19.1%). A major source of income was from their children (37.3%) and the majority resided in their own homes (66.18%) with their female daughters being most of the caregivers. There is a high prevalence of elder abuse in Akpor kingdom (145 elders out of the 204 respondents had experienced one or more forms of abuse). Various forms of elder abuse were identified with Neglect being the most prevalent (40.6%), followed by emotional abuse (especially verbal abuse (24.4%). The least was sexual abuse (2.5%).

Conclusion: There is a high prevalence of elder abuse. Neglect followed by emotional abuse were the commonest forms in our locality. Public health campaigns against elder abuse/maltreatment and the implementation of appropriate sanctions against the act of abuse should be a priority. The elderly should not be left out in the provision of social determinants of health.

INTRODUCTION

Elder abuse is a significant social health problem dating back to ancient times.¹ The World Health Organization defines Elder Abuse “as a single or repeated act or lack of appropriate action within a relationship where there is expectation of trust. This action causes harm or distress or is likely to cause harm or distress to an older person who is above sixty years old.”² The action or inaction that constitutes elder abuse was unrecognized as abuse until the development of approaches to address child abuse and domestic violence in the latter part of the 20th century. Its perception, knowledge and understanding have progressively improved, though slowly, over the decades. From being treated covertly as a family affair, it has gained better attention to the point that it is now considered a problem of public health importance with legal implications.^{1,3} A historical evolution of Elder Abuse that brought the issue to prominence is necessary here. A British scientific journal first documented it in 1975, describing it as ‘granny battering, elder battering’.⁴ This publication opened up discussions on Elder Abuse. In 1982, the matter of elder abuse as a crime gathered medical attention during the ‘First World Assembly on ageing’ in Vienna, Austria.⁵ Thereafter, no discussion on ageing is complete without the welfare of the older persons with Elder Abuse and maltreatment pointing to inadequate welfare. The Vienna Assembly provided the groundwork for policies and programmes on ageing. They outlined the following concerns: health and nutrition, protection of the elderly, especially from abuse, housing, family life, social welfare, income and security. Other issues included employment, education and actions regarding research into the needs of the elderly citizen.⁵ The United Nations also proclaimed the year 1999 as the international year for older persons. With the renewed attention on ageing and the aged, discussions on Elder Abuse became inevitable.

The ‘Second World Assembly on Ageing’ took place in Madrid, Spain in 2002 and two key documents were adopted: “A Political Declaration and the Madrid International Plan of Action on Ageing”, in which Governments pledged to show more commitment towards problems associated with ageing, including elder abuse and neglect.⁶ The responsibility for translating and implementing the International Plan of Action on Ageing was given to the United Nations Regional Commissions with a mandate for a five-year review. The third five-year review was in 2018, during which the Economic Commission for Africa (ECA) announced its most recent progress. Information was obtained through various methods which consisted of administration of questionnaires to member countries to ascertain the availability of selected data, document reviews, database searches, internet searches and case studies. The conclusion was that there was slight advancement in policy formulation and development on ageing in Africa, but implementation was slow and unevenly spread within the continent and regions.⁷ More so, the paucity of information particularly with regards to the elderly in Africa makes the tracking of

implementation of the ‘Madrid International Plan of Action’ on ageing very difficult. On June 15 every year, the ‘World Elder Abuse Awareness Day’ is marked to increase awareness and suggest strategies to surmount this issue.⁸

In Nigeria, it is solely the responsibility of family members to care for their elderly persons.⁹ Nigeria first showed interest in policy for elderly care when the Federal Ministry of Health participated in ‘the 1999 Fourth Global Conference of the International Federation on Ageing in Montreal, Canada.’¹⁰ Despite this participation, the family is still wholly responsible for care of their elderly ones. There was however a minor general statement as regards elderly care in Section 14.2(b) of the 1999 *Constitution of Nigeria* which states ‘that the security and welfare of its people shall be the primary purpose of the government’¹¹ and it promises in ‘Section 16, sub-section 2(d), that suitable and adequate shelter, suitable and adequate food, reasonable national minimum living wage, old age care, pensions, and employment,’ as well as sick benefits, will be provided to all citizens.¹² Despite these declarations, Nigeria still lags as there is no consensus on care and support of the elderly persons of Nigeria. A situation where care and support are lacking quickly breeds elder abuse and maltreatment. The occurrence of elder abuse varies among nations and cultures, with high incidence seen in low- and middle-income countries.¹³ It occurs in various forms and degrees ranging from psychological/emotional abuse, physical abuse, financial abuse, neglect, sexual abuse, theft and even institutional abuse. Elder abuse is detrimental to the general well-being of any elder. It is a violation of human rights. The global population of persons aged 60 years and over continues to rise and has been estimated to reach two billion by the year 2050. Hurme and colleagues have predicted that this demographic shift will lead to more elder abuse and maltreatment. Factors that increase the likelihood of an elder being abused include: age, gender, social status, educational background, level of income, living arrangement, and marital status among others.¹⁴ With the expected increase in the population of the aged in Nigeria and the predicted rise in Elder Abuse, a survey of elder abuse and maltreatment is timely. This study therefore aimed to determine the prevalence and pattern of Elder Abuse and Maltreatment in a Peri-urban area of Rivers State, Nigeria.

MATERIALS AND METHODS

Study Area

The study took place in Akpor kingdom in Obio-Akpor Local Government Area (LGA) of Rivers State, Nigeria. Traditionally called Akpor Kingdom, the area is in Obio/Akpor Local Government area, one of the two LGAs that make up Port Harcourt metropolis. There are ten communities in Akpor kingdom, but through multi-stage sampling, five communities were selected. They are Alakahia, Choba, Rumuekini, Rumuosi and Ozuoba communities. They are part of a major city

(Port Harcourt) in the Niger Delta - a major centre of economic activity in Nigeria. The LGA covers 260 square kilometre (km²). There is one tertiary institution – the University of Port Harcourt, Choba in the locality of this study.

The population estimate for 2023 was 665,789 people in Obio /Akpor LGA and a calculated average population of 35, 211 people was obtained for each of these communities. Like in most parts of the country, the people of these communities value longevity. The elderly persons are involved actively in diverse farming activities as a means of livelihood. Most still have the burden to cater for themselves. Akpor is the heartland of the natives– the Ikwerres.³

Study Design: Descriptive cross-sectional study design was employed.

Study Population: All persons aged sixty (60) years and above in the selected five (5) communities in Akpor Kingdom.

Exclusion Criteria: Elderly persons who have cognitive impairment or are too ill to answer questions.

Sample Size Determination

The sample size was calculated based on the formula:

$$n = \frac{Z^2 p(1-p)}{d^2}$$

The prevalence we worked with was obtained from a previous study on the assessment of elder abuse and neglect in Akwa Ibom State, Southern Nigeria.¹⁵ Sample size used was 204 persons above the age of 60 years.

Sampling Method

Multi-stage sampling method was used. In the final stage - in the selected communities, all the households were visited and elderly persons who satisfied the inclusion criteria were recruited into the study until the sample size was reached.

Study tool

A structured interviewer-administered questionnaire was the study tool. It consisted of three (3) sections. Section 1: Socio-demographic characteristics. Section 2: Prevalence and patterns of elder abuse among the respondents (adapted and reviewed from the WHO/INPEA model in the Spain Report¹⁶ of elder abuse in the family); while Section 3 highlighted the areas the respondents suggested needed improvement in elderly care.

Ethical Considerations

A signed informed consent was obtained from each respondent (elderly person) after adequate information. The first page of the administered questionnaire had the request to obtain informed consent and the signature or thumbprint of the respondent.

Data Collection Procedure

Community entry and house-to-house surveys of elderly persons. A brief description of the study to the prospective respondents was done and informed written consent was obtained, followed by interviewer administration of the questionnaire.

Data Analysis

Descriptive and inferential summary statistical tools were used. The data collected was entered into Microsoft Excel and analyzed using Statistical Package for Social Science (SPSS) software. Data obtained from the study were further summarized into tables and graphs. Also, the Chi-square (χ^2) non-parametric test of significance was used to interpret the relationship between selected Socio-demographic characteristics and patterns of elder abuse.

RESULTS

Table 1: Socio-demographic characteristics of the respondents

Variable n = 204	Frequency(n)	Percentage (%)
Age group (years)		
60-70	168	82.4
>70	36	17.6
Sex		
Male	137	67.2
Female	67	32.8
Marital status		
Single	9	4.4
Married	147	72.1
Widowed	48	23.5
Separated or divorced	0	0.0
Source of income		
Pension	49	24
Children	76	37.3
Family members	3	1.5
Properties	26	12.7
Others	50	24.5
Residence		
Own	135	66.2
Rented	67	32.8
Family member	2	1.0
Number of Children		
≤3	42	20.6
4-6	116	56.9
>6	46	22.5
Religion		
Christianity	185	90.7
Islam	11	5.4
Traditional	8	3.9

The result showed that there were more males 137(67.2%); 147(72.1%) were married; 73(35.8%) had primary education; 67(32.8%) were farmers and 168(82.4%) were ≤ 70 years.

The table above also shows that the source of income for most of the respondents 76(37.3%) was from their children; 135(66.18%) owned the home they resided in; 116(56.9%) had between 4-6 children and 185(90.7%) were Christians.

Table 2: Caregivers of the respondents

Variable	Frequency(n) n=204	Percentage (%)
Caregiver		
Children	79	38.7
Grand Children	20	9.8
Relative	37	18.1
Wife	30	14.7
Others	38	18.6
Sex of Caregivers		
Male	75	36.8
Females	129	63.2
Prevalence of elder abuse		
Haved been abused	145	71.1%
No Abuse	59	28.9%
Pattern of Elder Abuse (multiple responses applied)	n= 357	
Physical Abuse	48	13.4%
Financial Abuse	68	19.0%
Neglect	145	40.6%
Emotional/Psychological Abuse	87	24.4%
Sexual Abuse	9	2.5%

The result showed that most of the caregivers 79 (38.7%) were their children and females 129 (63.2%).

145 (71.1%) of the respondents had experienced at least one (1) form of elder abuse.

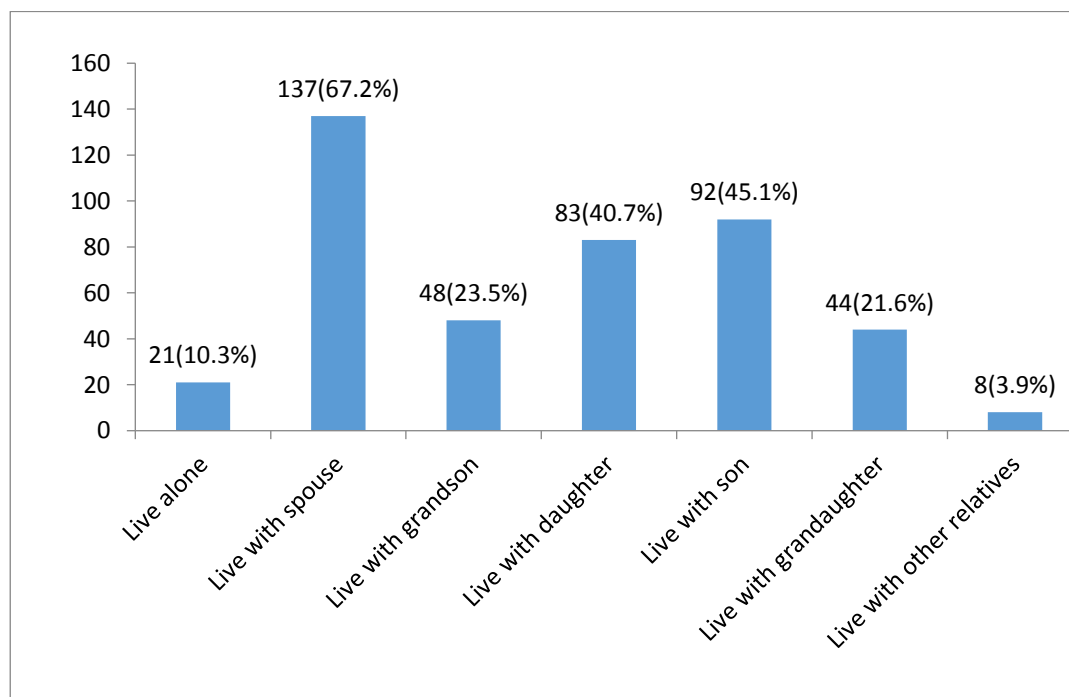


Figure 1: Graph showing who the elders resided with.

Most of the respondents 137(67.2%) lived with their spouses.

Table 3: Pattern of elder abuse experienced by the respondents - Multiple responses allowed

Variable	Frequency(n)	Percentage (%)
Physical abuse	n= 48	
Restriction/confinement	18	37.5
Pushing/pulling/beating	30	62.5
Financial abuse	n= 68	
Stolen from	51	75.0
Forced/deceived to release money	10	14.7
Inflated price of goods/services	7	10.3
Neglect	n= 145	
Inadequate food/water	36	19.4
Neglect of healthcare	58	31.4
Non-conducive shelter	24	18.4
Inadequate clothing	13	17.8
Poor hygiene	14	13.0
Emotional/Psychological abuse	n= 87	
Isolation	1	1.1
Verbal abuse	86	98.9

***Multiple Responses applied**

The pattern and prevalence of different forms of Elder Abuse - multiple responses applied. prevalence of physical abuse (48/357, 13.5%); Financial abuse

(68/357, 19.0%), Neglect (145/357 40.6%), Emotional abuse (87/357, 24.4%), Sexual abuse 9/357(2.5%)

Table 4: Relationship between socio-demographic factors and experiences of abuse

Variance	Elder abuse		χ^2 (P-Value)
	No n (%)	Yes n (%)	
Sex			
Males	30(50.8)	107(73.8)	10.010(0.002)
Females	29(49.2)	38(26.2)	
Age			
60-70	50(84.7)	118(81.4)	0.327(0.567)
>70	9(15.3)	27(18.6)	
Marital status			
Single	4(6.8)	5(3.4)	2.714(0.257)
Married	38(64.4)	109(75.2)	
Widowed	17(28.8)	31(21.4)	
Education			
None	12(20.3)	25(17.2)	5.376(0.146)
Primary	19(32.2)	54(37.2)	
Secondary	11(18.6)	42(29.0)	
Tertiary	17(28.8)	24(16.6)	
Residence			
Own	40(67.8)	95(65.5)	4.411(0.093)*
Rented	17(28.8)	50(34.5)	
Family member	2(3.4)	0(0)	
Caregiver			
Children	20(51.3)	49(48.0)	
Grandchildren	2(5.1)	8(7.8)	
Relative	8(20.5)	29(28.4)	
Wife	2(5.1)	3(2.9)	
Others	7(17.9)	13(12.7)	

The result shows that male sex was significantly associated with being a victim of elder abuse.

DISCUSSION

The abuse and maltreatment of the elderly is a serious public health challenge due to its significant weighty consequences such as clinical depression, malnutrition, bed sores, and worsening health challenges among others.

Our study showed that (71.1%) of the respondents claimed to have experienced at least one form of abuse. This prevalence is high but not unusual in a developing country like ours where overwhelmed family members must take care of the elderly with no external help, no form of insurance, large families and meagre resources. Institutionalized homes are also very few and culturally unacceptable. It is viewed as a taboo to send your elderly ones to care homes in our country. Based on a meta-analysis, the global average for elder abuse is about 17%.^{15,17,18}

This study also revealed that almost three-quarters (72.1%) of elders were married. However, one-third of the spouses were widows/widowers which differs from the survey by Ekot and colleagues in Akwa Ibom State, Nigeria¹⁵ which showed more widows/widowers.

This study noted that most of the elders (81.8%) had obtained formal education. The primary level of education accounted for the most common level of educational qualification in Akpor kingdom. This did not tally with a similar study in south-south Nigeria.¹⁵

The proportion of respondents who had worked or were working for the government was 30.4%. This result agrees with the urban nature of our study area where government jobs are readily available. The results of this study indicates that most of the elders (80.9%) were still actively involved in one occupation or another for survival, thereby further highlighting some form of inadequate financial care by their family and the lack of social security from the state.¹⁹

According to the results of this study, the sources of income for elders ranged from support from their children (37.3%) to that from extended family members (1.5%). Estate rents and sales gave 12.7% while some income (24%) came from pension receipts and 24.5% from business proceeds. This observation conforms to our culture and agrees with what obtains in reality in our locality.

Almost two-fifths of the elders (38.7%) had their children as caregivers while (18.6%) had caregivers who were not related to them. Females made up about two-thirds of the total caregivers for the 204 respondents (63.2%). This conforms to findings from previous studies which stated that care for elderly persons rests mainly on their children^{20,21}.

In most Nigerian cultures, care of parents is seen as a filial responsibility and a family obligation. Most of the elders (66.2%) owned and lived in their own houses. This may be because most of the respondents are indigenous to the place where this study was carried out.

In identifying the pattern of elder abuse and maltreatment, we observed neglect to be the most common form of abuse followed by emotional abuse.

Neglect of healthcare was pinpointed as the most prevalent. This finding aligns with a similar study in another locality in South-South Nigeria.¹⁸ Physical abuse, financial abuse and neglect among respondents were noted among respondents. This agrees with other studies that had been carried out in Nigeria which showed in decreasing order the prevalence of abuse as psychological/emotional, neglect, financial, physical abuse and sexual abuse the least common.^{15,19,21} The outcome of our study revealed that the prevalence of restriction and physical assault was found to be low. This low prevalence of restriction is anticipated in an environment like that of this study population where some elders still go out to fend for themselves and their family members because of poor welfare services from the government and society. And also the inability of their children to give the expected support due to the high unemployment rate in Nigeria. We also live communally so daily interactions with neighbors is the norm. Physical assault/beatings was low relative to the other forms of abuse because the dread of being cursed by the elderly person restrains people from such acts as an elder's curse is feared in our local culture.

One-third of the abused elders had experienced financial abuse, particularly in the form of their money being stolen and other financial misappropriations, including price inflation.

From the results of this study, prevalence of neglect of elders was high. This high value may be because most of the care for the elderly occurred within the family and the caregivers were majorly family members. Due to the competing family demands, they tend to ignore the basic living needs of the elderly and perhaps some wrong cultural beliefs that they have lived their lives and need to expend less energy on them. The neglect of health care needs was most significant as 28.4% of respondents claimed to be victims. The misinterpretation of elderly persons' illnesses as merely due to senility and a preference to spend resources on younger persons rather than to seek treatment for the aged may explain this. The combination of poverty, the busy schedule of children as they seek their daily bread and the long time spent to obtain health care services in our locality also contribute to the cause of health care neglect. Also, the fact that healthcare negligence is not conspicuous makes the perpetrators feel a bit secure. This high level of healthcare negligence is contrary to what is obtained in developed countries where there is strong and effective healthcare insurance for all ages and special health aides for the elderly.²²

Poor hygiene was the least form of neglect (11.8%). This may be because of the location of our study which is in an urban area with better amenities like water and sanitation. Neglect in the form of inadequate clothing was also low (16.2%) but may be as a result of their less involvement in social activities so their available clothes would suffice.

This study showed that neglect and emotional abuse were the most common forms of elder abuse in Akpor kingdom. This agrees with the studies of Ekot, Asogwa and Dong X.^{23,24,25} Dong et al and Teaster et al in their respective studies observed that neglect was

the most common type of elder abuse.^{25,26} The hardly-recognized, easily-ignored nature of neglect may explain its predominance.

The study also showed a low prevalence of sexual abuse towards elders (4.4%). This agrees with the studies by Acierno et al, and Mowlam et al.^{27,28} This low prevalence of such acts may be due to the fact that it is seen as a taboo attract a lot of ancestral curses in our local tradition.

Conclusion:

There is a high prevalence of elder abuse with Neglect and emotional abuse being the most common form of elder abuse in our locality. Steps need to be taken to reduce all forms of abuse and maltreatment of our elderly persons. There is an urgent need for a public campaign against elder abuse. Health education on the impact of various forms of elder abuse, and the implementation of appropriate sanctions against acts of abuse towards the elderly should be made a priority health and social policy by the government. Provision of the necessities of life for the elderly by the family, community and government should be an integral part of our way of life.

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Authors' contribution

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