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GENDER VARIATIONS IN CARE SUPPORTS RECEIVED BY SENIOR CITIZENS IN ONDO STATE, NIGERIA

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ABSTRACT: *The study investigates gender variations in care supports received by senior citizens in Ondo state, Nigeria. Data was collected from sampled family caregivers (20-59 years) with senior citizens (50-99 years), who received care supports in Ondo state, Nigeria. A total sample size of 61 family caregivers participated in online questionnaire interviews at Okitipupa Local Government Area (LGA) of Ondo state. Frequency tables, cross-tabulation and binary logistic regression were used to analyze the data collected through online questionnaires. The results derived from the study are as follows: The different care supports received by male and female senior citizens include: financial and medical; financial and multiple cares; medical care; multiple cares; physical care; physical and financial; physical, financial and medical cares; and physical, financial, medical and multiple cares. Obviously, the dominant care supports received by male and female senior citizens in the study are financial (39.3%) and physical (32.8%). Furthermore, financial (p=0.000), medical (p=0.000), multiple (p=0.000) and physical (p=0.000) are significant care supports received by male and female senior citizens in the study. The study recommends that medical and multiple care services must urgently become prioritized care supports to be packaged for male and female senior citizens in Ondo state and entire Nigerian societies.*

KEYWORDS: Care supports, Gender, Ondo state, Senior citizens, and Variations.

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INTRODUCTION

The chaotic situations faced by senior citizens are obviously related to gender variations in the care support received by them within the family settings in Nigeria. This problem varies from one society to another in Nigeria.

In Nigeria, studies have clarified that senior citizens who are still energetic, economically productive and retired are poorly paid. In effect, such senior citizens usually rely on their matured children with financial capabilities and sponsorship by religious institutions (Ebimgbo et al., 2018; Josephson, 2017; Togonu-Bickersteth and Akinyemi, 2014). Evidence from Nigeria's demographic estimate in 2010 depicts that senior citizens of 60 years and over were 10 to12 percent of the population and by projection, it will be about 15 percent by 2025. This implies that in 2025, about 2.55 million senior Nigerian citizens will need family care support in order to survive (Fajemilehin, 2010).

Further research revealed that low quality of care and support for senior citizens would invariably increase susceptibility, especially for caregivers those who depend on family caregivers to finance their medical bills. In-effect, the senior citizens with psychosocial health needs are often neglected; which invariably affects their aging experiences (Animasahun& Chapman, 2017).

Across the globe, several pieces of evidence have depicted that the proportion of senior citizens who belong to the age category of 60 years and above are projected to be greater than 2 billion by 2050 (World Health Organization, 2018). However, this study will capture senior citizens as those who have attained the age of 50 years and above as previously defined in Southwestern Nigeria (Akanbi et al; 2015).

It is vital to note that all over the world, women are major providers of informal care for family members with chronic medical illnesses or disabilities, including senior citizens and adults with mental illnesses. It has been observed over the years that there are several societal and cultural demands on women that make them adopt the role of family caregivers (Morris, 2001). More importantly, the traditional roles of women in care support given to the senior citizens are majorly on providing food, good accommodation, money, emotional, medical and spiritual supports for them.

Interestingly, a prominent study advocated that physical care, financial support, medical care and multiple cares are the identified care support types received by older persons in Southwestern Nigeria (Akanbi, 2024).

The concept of demographic transition cannot be overemphasized when discussing care support for senior citizens. In fact, demographic transition occurs when fertility and mortality levels have undergone drastic decline particularly among the senior citizens. Population aging is a situation of both low fertility and mortality levels among the senior citizens (Lesthaeghe, 2004; United Nations, 2005c).

With reference to the afore-stated problematic situations, this study will investigate gender variations in care support received by senior citizens in Ondo state. Essentially, the following research questions are asked in this study.

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First, what are the different cares received by male and female senior citizens in the study location? Second, are there dominant care support received by male and female senior citizens in the study? Third, do we have significant interaction between gender and care support received by senior citizens in the study area?

LITERATURE

In an African setting, a senior citizen is associated with diverse problems of life. These include: poverty, malnutrition, accommodation, transportation, and physical and mental health (Abanyam, 2013). Another study opined that the major problems of senior citizens are scanty material support, poverty, inadequate financial support, isolation and widowhood (Masauso, 2016).

In order to address the challenging situations that are facing the senior citizens, efforts must be intensified by family caregivers to ensure that care support systems are accessible to them. Moreover, care support systems are welfare packages that enhance the well-being of senior citizens. For instance, a previous study has emphasized that care support systems are those factors which guarantee that senior citizens are maintained and adequately helped for the rest of their lives (Buckholz, 2014).

Further studies in African traditional settings strongly advocated that families and adult children are mainly responsible for senior citizens caregiving in terms of financial assistance, material provisions and instrumental help (Masauso, 2016). This result is supported by Eboiyehi (2015), who revealed that in African societies, children are committed to caring for their senior citizens as a way of appreciating them for taking care of them when they were young.

Also in sub-Saharan Africa, previous studies indicate that there have been inadequate qualities of intergenerational support for senior citizens, which might be as a result of traditional beliefs that they are benefiting from their past labor later in life (Aboderin, 2017). In-fact, it was observed that a tangible proportion of senior citizens with health challenges are often neglected and isolated. In Ethiopia, another study revealed that the pressure of care experienced by family caregivers could lead to neglect of senior citizens (Chane and Adamek, 2015).

Furthermore, studies have posited that families are original sources of emotional, physical and financial support for the senior citizens. Major proportions of senior citizens have close and frequent interactions with their family members. These family members are responsible for providing care support when the senior citizens are in need (Haifeng, Yang, & Tianyong, 2014). No doubt, the family caregivers and relatives are in charge of giving both instrumental and material support to their senior citizens. This invariably helps to reduce all forms of loneliness among the senior citizens.

In Nigeria, it is vital to posit that the proportion of senior citizens has been increasing. As a result, the need for caring for and supporting the senior citizens is rising on a daily basis. In this study, it is vital to note those who have reached the age of 50 years and above are regarded as ‘senior citizens’ in Southwestern Nigeria (Akanbi et al; 2015). These categories of senior citizens are in need of various care supports from family caregivers in this study.

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Generally, it is interesting to note that a major proportion of old age parents are relying on their adult working children in order to meet up with the basic necessities of life. Invariably, these adult working children are equally battling with personal economic challenges of meeting the basic needs of their own families; which makes it unrealistic for them to provide adequate care support types for their senior citizens and relatives (Mayston et al., 2017).

METHODOLOGY

Description of Study Area: Ondo State

The study location is Ondo state in southwestern Nigeria. Specifically, Ondo state has eighteen (18) Local Government Areas (LGAs) which include: Akure North, Ese-Odo, Owo, Ilaje, Odigbo, Ose, Ondo West, Irele, Akoko North-East, Akure South, Ile-Oluji/Oke-Igbo, Akoko South East, Akoko South West, Idanre, Akoko North West, Ifedore, Ondo East, and Okiti-pupa, respectively. There are reasons for choosing Ondo state as a study location: First, proximity to the researcher. Second, there are eligible proportions of senior citizens. Third, this type of study has not been systematically carried out in Ondo state. The study design was a quantitative technique through online questionnaire interviews.

The data were collected by sampled 61 family caregivers (20-59 years), on behalf of senior citizens (50-99 years); who received care support in Ondo state. A total sample size of 61 family caregivers participated in online questionnaire interviews at Okitipupa Local Government Area (LGA) of Ondo state. Data on gender variations in care support received by senior citizens were collected in Okitipupa LGA of Ondo state, Nigeria. The study employed a convenience/purposive sampling technique in order to secure a representative sample from the entire population in Okitipupa. The sampling procedure involved selecting family caregivers from different communities in Okitipupa. The questionnaire for this study embraced socio-demographic characteristics of respondents like: age of family caregivers, age of senior citizens, gender, marital status, educational level, employment status, income level, marital status, ethnicity, marriage type, religion, responses on care supports received by senior citizens and significant care supports received by senior citizens. Before data analyses, the data collected went through the process of data cleaning, validation, and coding. Descriptive statistics were used to elicit frequencies for the variables of interest. In fact, inferential statistics were employed to test the research hypotheses and examine the interaction between the dependent variable (gender variations in care supports) and independent variables (e.g. age of family caregivers, age of senior citizens, gender, marital status, educational level, employment status, income level, marital status, ethnicity, marriage type, religion, responses on care supports received by senior citizens and significant care supports received by senior citizens). Cross-tabulation and binary logistic regression were used to examine care supports received by senior citizens on a categorical independent variable (gender). The Statistical Package for Social Sciences (SPSS version 27.0) was employed in the data analyses.

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RESULTS/FINDINGS

The results/findings from this study are enumerated below: Table 1a, 1b, 1c, 2a, 2b, 2c and 2d show the socio-demographic profile of respondents as enumerated below.

With reference to Table 1a, the majority of family caregivers (62.3%) fall in the 20-29 age range. Subsequently, 19.7% are in the 40-49 age group, 9.8% in the 30-39 age group, and 8.2% are aged 50-59. The senior citizens who received family care are dominated with 34.4% in the study. Overall,there seems to be a diverse representation of family care-givers, with a relatively higher percentage in the 20-29 age range. According to gender, the percentage distributions of respondents depict that males (62.3%) are greater than females (37.7%) in the study area. The educational level of respondents showed that those who acquired tertiary education (65.6%) are higher than those with secondary education (26.2%) in the study.

In Table 1b, the employment status of respondents revealed that employed dominated the study with 44.3%. The income level of respondents advocated that family caregivers with average incomes have the highest percentage with 52.5 in the study area.

Moreover, the ethnicity of respondents clarified that Yoruba people (60.7%) dominated the study.

Marriage type of respondents showed that monogamous families (67.2%) are higher than polygamous families (14.8%) in the study.

Religious affiliation of respondents in Table 1c indicated that Christians (86.9%) have a greater percentage than their Muslim counterparts (11.5%) in the study.

Nine care types' role in family care giving for senior citizens are identified in the study. The financial support (34.4%) of respondents is higher than that of physical care (19.7%).

In Table 2a, cross tabulations between gender and care support received by senior citizens are enumerated below. The dominant proportion of senior citizens who received different care supports are as follows: The higher proportion of male senior citizens (71.4%) received financial care compared to their female counterparts (28.6%) in the study. No doubt, an equal proportion of male (50.0%) and female (50.0%) senior citizens received financial and medical aid in the study. Moreover, a dominant proportion of female senior citizens (100.0%) received financial and multiple types of care compared to their male counterparts (0.0%) in the study. In-fact, a larger proportion of female senior citizens (66.7%) received medical care compared to their male counterparts (33.3%) in the study. To be specific, a greater proportion of male senior citizens (72.7%) received multiple cares compared to their female counterparts (27.3%) in the study. Interestingly, higher proportion of male senior citizens (58.3%) received physical care compared to their female counterparts (41.7%) in the study. Also, dominant proportion of male senior citizens (100.0%) received physical and financial cares compared to their female counterparts (0.0%) in the study. Obviously, a major proportion of female senior citizens (100.0%) received physical, financial and medical care compared to their male counterparts (0.0%) in the study. Lastly, a higher proportion of male senior citizens (60.0%) received physical, financial, medical and multiple types of care compared to their female counterparts (40.0%) in the study.

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In Table 2b, financial, medical, multiple and physical supports are significant care supports received by male and female senior citizens in the study. Further results from Table 2c depict the following: At p=0.000, there is a highly significant association between gender and financial support received by senior citizens in the study. As a matter of fact, at p=0.000, there is a highly significant association between gender and medical support received by senior citizens in the study. Moreover, at p=0.000, there is a highly significant association between gender and multiple support received by senior citizens in the study. To be specific, at p=0.000, there is a highly significant relationship between gender and physical support received by senior citizens in the study. The results from Table 2c are in line with previous findings by Akanbi, 2024; which posit that physical care, financial support, medical care and multiple cares are the identified care support types received by older persons in Southwestern Nigeria.

More importantly, the dominant care supports received by male and female senior citizens in the study are financial (39.3%) and physical (32.8%).

With reference to Table 2d, the model summary from Cox and Shell's R-squared (0.045) and Nagel and Kerke's R-squared (0.062) revealed that gender has a significant interaction with care supports received by senior citizens in the study.

Table 1a: Percentage distribution of respondents by socio-demographic characteristics

Variable	Frequency	Percentage
AGE OF FAMILY CARE-GIVERS		
20-29	38	62.3
30-39	6	9.8
40-59	12	19.7
50-59	5	8.2
TOTAL	**61**	**100.0**
AGE OF SENIOR CITIZENS		
50-59	21	34.4
60-69	16	26.2
70-79	10	16.4
80-89	11	18.0
90-99	3	4.9
TOTAL	**61**	**100.0**
GENDER		
Female	23	37.7
Male	38	62.3
TOTAL	**61**	**100.0**
EDUCATIONAL LEVEL		
No formal Education	2	3.3
Secondary Education	16	26.2
Tertiary Education	40	65.6
Vocational Training	3	4.9
TOTAL	**61**	**100.0**
Source: *Survey, 2025*		

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Table 1b: Percentage distribution of respondents by socio-demographic characteristics		
Variable	**Frequency**	**Percentage**
EMPLOYMENT STATUS		
Employed	27	44.3
Retired	1	1.6
Self-Employed	19	31.1
Unemployed	14	23.0
TOTAL	**61**	**100.0**
INCOME LEVEL		
Average	32	52.5
High	2	8.3
Low	7	11.5
Middle	20	32.8
TOTAL	**61**	**100.0**
MARITAL STATUS		
Married	21	34.4
Single	40	65.6
TOTAL	**61**	**100.0**
ETHNICITY		
Yoruba	37	60.7
Hausa	3	4.9
Igbo	6	9.8
Others	15	24.6
TOTAL	**61**	**100.0**
MARRIAGE- TYPE		
Monogamy	41	67.2
Polygamy	9	14.8
Others	11	18.0
TOTAL	**61**	**100.0**
Source: *Survey, 2025*		

Table 1c: Percentage distribution of respondents by socio-demographic characteristics		
Variable	**Frequency**	**Percentage**
RELIGION		
Christianity	53	86.9
Islam	7	11.5
Traditional	1	1.6
TOTAL	**61**	**100.0**
CARE-SUPPORTS RECEIVED BY SENIOR CITIZENS		
Financial	21	34.4
Financial and Medical	2	3.3
Financial and Multiple Cares	1	1.6
Medical Care	6	9.8

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Multiple Cares	11	18.0
Physical Care	12	19.7
Physical and Financial	2	3.3
Physical, Financial and Medical cares	1	1.6
Physical, Financial, Medical and Multiple cares	5	8.2
TOTAL	**61**	**100.0**
RESPONSES ON CARE-SUPPORTS RECEIVED BY SENIOR CITIZENS		
Yes	59	96.7
No	2	3.3
TOTAL	**61**	**100.0**
SIGNIFICANT CARE-SUPPORTS RECEIVED BY SENIOR CITIZENS		
Financial Supports	**19**	**31.1**
Medical Cares	**15**	24.6
Physical Care	14	23.0
Multiple Cares	13	21.3
TOTAL	**61**	**100.0**

Source: *Survey, 2025*

Table 2a: Cross-tabulations between Gender and Care-Supports received by Senior Citizens

Variables	**Gender**		**Total**
Care-Supports	**Males**	**Females**	**Total**
Financial	15(71.4%)	6(28.6%)	21(100.0%)
Financial and Medical	1(50.0%)	1(50.0%)	2(100.0%)
Financial and Multiple Cares	0(0.0%)	1(100.0%)	1(100.0%)
Medical Care	2(33.3%)	4(66.7%)	6(100.0%)
Multiple Cares	8(72.7%)	3(27.3%)	11(100.0%)
Physical Care	7(58.3%)	5(41.7%)	12(100.0%)
Physical and Financial	2(100.0%)	0(0.0%)	2(100.0%)
Physical, Financial and Medical cares	0(0.0%)	1(100.0%)	1(100.0%)
Physical, Financial, Medical and Multiple cares	3(60.0%)	2(40.0%)	5(100.0%)
TOTAL	**38**(62.3%)	**23**(37.7%)	**61**(100.0%)

Source: *Survey, 2025*

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Table 2b: Categorical Variable Codings					
Care Supports	**Frequency**	**Percentage**	**Parameter Coding**		
			(1)	(2)	(3)
Financial	24	39.3	1.000	0.000	0.000
Medical	6	9.8	0.000	1.000	0.000
Multiple	11	18.0	0.000	0.000	1.000
Physical	20	32.8	0.000	0.000	0.000
Total	**61**	**100.0**			
Source: *Survey, 2025*					

Table 2c: Binary logistic regression showing interaction between gender and care-supports received by senior citizens						
	B	**SE**	**Wald**	**Df**	**Sig.**	**Exp(B)**
Constant	0.502	0.264	3.612	1	0.057	1.652
Source: *Survey, 2025*						

Table 2d: **Model Summary showing interaction between gender and care-supports received by senior citizens**			
Step	**-2 Log Likelihood R- Squared**	**Cox and Shell's R-Squared**	**Nagel Kerke's R-Squared**
1	78.002a	0.045	0.062
(a)Estimation terminated at iteration number 4 because parameter estimates changed by less than 0.001.			
Source: *Survey, 2025*			

DISCUSSIONS

Discussions of findings are enumerated below with respect to Tables 1a, 1b and 1c:

The highest proportion of family caregivers (20-29 years) dominated the study. The reason is due to the economic and energetic capability of these family caregivers that helped them to give support to their senior citizens in Ondo state. The largest proportion of senior citizens in the study is 50-59 years. This category of respondents is the onset of senior citizens in southwestern Nigeria according to Akanbi, et al; 2015. A higher proportion of male senior citizens received care supports than their female counterparts. This is probably due to the fact male senior citizens are financially incapable compare to their female counterparts in Ondo state.

Also, the highest proportion of senior citizens acquired tertiary education. The literacy level of senior citizens might have influenced their literate and responsible family caregivers to

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support them in Ondo state. The employed senior citizens who received care supports dominated the study. The reason is because the salaries of senior citizens are not sufficient to cater for their financial and medical needs.

The senior citizens with average incomes are highest beneficiaries of supports from family caregivers in Ondo state. This may be due to dwindling economic capacity of senior citizens that led to their reliance on supports from family caregivers.

Furthermore, the senior citizens with 'single marital status' are major recipients of supports from family caregivers in the study. This may be attributed to some problems of single senior citizens ranging from emotional, loneliness and financial insecurity. Yoruba senior citizens dominated the study. This is because the study is domiciled in southwestern Nigeria, where Yoruba ethnic group is ubiquitous. Also, the senior citizens with monogamous families are major recipients of supports from family caregivers in Ondo state. This is probably due to the fact that monogamous families have tendencies to unite and strengthen the family caregivers in discharging their responsibilities.

Christianity is the religious affiliation that dominated the study compare to their Islamic counterparts. Financial support is the major family care received by senior citizens in the study.

This is due to lack of money by the senior citizens in Ondo state. This recent finding is buttressed by previous study which advocates that; physical care, financial support, medical care and multiple cares are the identified care support types received by older persons in Southwestern Nigeria (Akanbi; 2024).

In Table 2a, cross tabulation between gender and care supports received by senior citizens are enumerated below. The higher proportion of male senior citizens (71.4%) received financial care compared to their female counterparts (28.6%) in the study. The male senior citizens received more financial support, while, female senior citizens received more medical support. The reason is connected with Yoruba cultural norms, patriarchal family structure and economic realities in Ondo state.

In Table 2b, financial, medical, multiple and physical supports are significant care supports received by male and female senior citizens in the study.

Evidences from Table 2c depict the following: At p=0.000, there is a highly significant association between gender and financial supports received by senior citizens in the study. As a matter of fact, at p=0.000, there is a highly significant relationship between gender and medical supports received by senior citizens in the study. Moreover, at p=0.000, there is a highly significant connection between gender and multiple supports received by senior citizens in the study. To be specific, at p=0.000, there is a highly significant relationship between gender and physical supports received by senior citizens in the study. The results from Table 2c are in line with previous findings by Akanbi; 2024, which posit that physical care, financial support, medical care and multiple cares are the identified care support types received by older persons in Southwestern Nigeria.

Results from Table 2d, the model summary from Cox and Shell R-squared showed the value of 0.045. It means that the model only explains 4.5% of the variance in care support. Nagel Kerke R-squared depicted the value of 0.062. It implies that the model only explains 6.2% of

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the variance in care support. In summary, the two models revealed weak association between gender and care supports received by senior citizens in the study.

IMPLICATION TO RESEARCH AND PRACTICE

The implication of this research is that medical and multiple cares must urgently be prioritized and packaged for male and female senior citizens in Ondo state and entire Nigerian societies.

CONCLUSION

The study on gender variations in care support received by senior citizens in Ondo state, Nigeria would be concluded as follows: The different care supports received by male and female senior citizens include: financial; financial and medical; financial and multiple cares; medical care; multiple cares; physical care; physical and financial; physical, financial and medical care; and physical, financial, medical and multiple cares. Obviously, the dominant care supports received by male and female senior citizens in the study are financial (39.3%) and physical (32.8%). Furthermore, financial (p=0.000), medical (p=0.000), multiple (p=0.000) and physical (p=0.000) are significant care supports received by male and female senior citizens in the study.

FUTURE RESEARCH

The study of this nature can be extended to six geopolitical zones in Nigeria so that robust data can be obtained.

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INSTITUTION

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