

Effect of Social Support Systems on the Psychosocial Well-Being of the Elderly in Old People's Homes in Ibadan

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Abstract

Aging is not entirely a negative process, but old age is undoubtedly a difficult period, worsened by the inadequacy of social institutions to care for their aged. The elderly is faced with several health and social challenges which created a gap in traditional family system that caters for the well-being of aged. It is against this background the study examined the effect of social support on the psychological well-being of the elderly in old people's homes in Ibadan.

The study used descriptive survey research design. The sample comprised of 122 elderly within the ages of 65 years and above who were purposively drawn from three (3) old people's homes in Ibadan that operate on residential and non-residential services. Three research instruments were used: Social Support was assessed by the adapted scale of "multidimensional scale of perceived social support" ($r=32$); psychological well-being was measured by adapted scale of 'the general psychological well-being index' ($r=82$); social well-being was measured by adapted scale of 'Perceived Social Well-being Questionnaire' ($r=68$). The reliability of the instrument yielded $r=0.84$ Cronbach Alpha.

Five null hypotheses were formulated and tested using analysis of variance (ANOVA) at 0.05 level of significance and multiple regression was used to test the variables with magnitude effect on the psychosocial well-being of the elderly. The study established that there was a significant effect of emotional support on the psychosocial well-being of the elderly ($f\text{-cal}=128.058$, $f\text{-crit}=2.19$, $P<0.05$). The study also showed that, there is a significant effect of financial support on the psychosocial well-being of the elderly ($f\text{-cal}=64.821$, $f\text{-crit}=2.19$, $P<0.05$). Furthermore, the study established that, there is significant effect of companionship on the psychosocial well-being of the elderly ($f\text{-cal}=32.506$, $f\text{-crit}=2.19$, $P<0.05$), also, the study showed that, there is a significant effect of information access on the psychosocial well-being of the elderly ($f\text{-cal}=120.655$, $f\text{-crit}=2.19$, $P<0.05$). In terms of magnitude of effect, companionship contributed most to the psychosocial well-being of the elderly ($\beta=0.798$; $t=8.685$; $P<0.05$), followed by information access ($\beta=0.609$; $t=6.788$; $P<0.05$); followed by emotional support ($\beta=0.137$; $t=5.150$; $P<0.05$) and next is financial support ($\beta=0.239$; $t=2.300$; $P<0.05$).

The findings showed that social support (emotional support, information access, companionship, financial support) has significant effect on the psychosocial well-being of the elderly in old people's homes. It was recommended that, there is need for the structural framework to address the complex system of the elderly services in all old people's homes. The areas of services should include economic services, attitudes of people towards aging, establishing support groups, aged responsive library services and health care services that are responsive to the needs of the elderly.

Background to the Study

In our society today, there exists a particular group of individuals, who had come into the world as babies, had spent their entire lifetime in service to humanity, had retired from active service and are only waiting to take a final exit from the world into eternity. This group of individuals is in a stage of life known as late adulthood, a stage in life in which people are known as the elderly or referred to as the aged. This period in the life span is characterized by declines that occur in association with advanced ageing in almost all aspects of development [1,2]. Late adulthood or old age commences from the age of 65 and stretches to the period of near death or process of dying. It is a period in life with unique challenges/problems [3].

The family is most often the major source of social support, and its functionality correlates well with the health of a person. The social support from friends and significant others are necessary, but are inadequate in compensating for what is missing when the family is not functioning well. The family is often the primary caregiver of patients especially those with chronic illnesses, and not the health care providers. The family helps with most physical demands of illnesses like preparing special meals, assisting in giving insulin injection or running a home dialysis machine. Unfortunately, the economic situation of most children makes it difficult for them to cater for their parents. Coupled with lack of institutional framework for the care of the old, some Nigerian parents end up being physically and emotionally abused.

According to Okunola, [4] he revealed that, institutions for the care of aged persons in Ibadan, they are operating under the auspices of the missionary group. the inmates were mostly females and most of them, by and large senile, had been collected, which indicated they are from the way, rescued from unruly crowds who yelled at them, giving the impression that, they were being rewarded for alleged sins of the past, the sins of being 'witches and wizards'. These men and women were in the last lap of their lives, a number sat by themselves, others sat in twos and threes. Most of them wore the looks of despair as if they were awaiting the final call [4]. Some social scientist has braved an adventure into the study of older people have assigned age ranges to six stages of life, namely, infancy (0 to 5 years), childhood (6 to 2 years), adolescence (12 to 18 years), young adult (18 to 30 years), prime of life (30 to 60 years), old age (beyond 60years) [4,5].

The state of old peoples' home is not encouraging and not helping the psychosocial well-being due to poor or inadequate funding from government and international non-governmental agencies, non-availability of services to improve their psychological state, poor and inadequate personnel to provide the needed information, emotional and companionship supports to aid the improvement of psycho-social well-being of the elderly, often times, old people homes in Nigeria does not have qualified personnel with background in social work/welfare and strong background in psychopathology as a result, the unqualified personnel often does not sustain and uphold the principle of social work profession.

The thrust of this study is to investigate the effect of social support systems (emotional support, tangible support, informational support, companionship support) on the psychological and social well-being of the elderly in selected old peoples' home in Ibadan metropolis.

Objectives of the Study

The general objective of this study is to examine the effect of social supports on the psychosocial well-being of the elderly in selected old peoples' homes in Ibadan.

Specific objectives

1. To examine the effect of emotional support on the psycho-social well-being of the elderly in old peoples' homes in Ibadan
2. To examine the effect of companionship on the psycho-social well-being of the elderly in old peoples' homes in Ibadan
3. To examine the effect of information access on the psycho-social well-being of the elderly in old peoples' home in Ibadan
4. To investigate the effect of occupational/financial services on the psycho-social well-being of the elderly in old peoples' home in Ibadan
5. To make appropriate suggestions/recommendations on improving the social support system for the elderly in homes.

Research hypotheses

Hypothesis one: There is no significant effect of emotional support on the psychosocial well-being of the elderly in old people home

Hypothesis two: There is no significant effect of companionship on the psycho-social well-being of the elderly in old people homes in Ibadan

Hypothesis three: There is no significant effect of Information access on the psycho-social well-being of the elderly in old peoples home in Ibadan

Hypothesis four: There is no significant effect of occupational/financial services on the psycho-social well-being of the elderly in old peoples home in Ibadan.

Hypothesis five: There will be no joint effect of emotional support, companionship, information access financial services on the psycho-social well-being of the elderly in old peoples home in Ibadan.

Implication of social support for the elderly to social work practice

The national association social worker, [6], the aging of the population presents social, economic, and political implications for families, the social work profession, and the global community. Social workers, other professionals, and the public increasingly recognize that advanced age is a time of continued growth and that older adults contribute significantly to their families, communities, and society. At the same time, many individuals face multiple bio-psychosocial challenges as they age: changes in physical and cognitive abilities; barriers to accessing comprehensive, affordable, and high-quality health and mental/behavioral health care; decreased economic security; lack of affordable, accessible housing; increased vulnerability to abuse and exploitation; and loss of meaningful social roles and opportunities to remain engaged in society. These challenges often affect entire families, who struggle to provide physical, emotional, financial, and practical support to their aging members.

According to Mojinyinola and Ayangunna, [7], they highlighted the major areas of concern to social workers in the care of the aged which are:

Provision of adequate financial support: Aged need steady and adequate income to guarantee security and eliminate fear. They require money not only for feeding and housing but also for health care services. In most elderly health care, the social are on top of this issue through linkages with available resources in the community.

Enhancement of physical and mental health: Good health is one of the most important factors in the elderly sense of well-being. The social workers apply psychosocial approaches to reduce these effects where total elimination of the effects is not possible.

Ensuring suitable housing: The major problem of the aged generally is housing. Some elderly cannot afford safe, comfortable housing while those who can afford good housing do not keep the regulations for safety requirement. They live in an unsafe housing facility which is easy that aged are catered for in good housing environment. The see children or relatives of the aged person provide better housing or good communication for them.

Restorative services for those who require institutional care: The aged in need of institutional care are carefully evaluated by social workers. Institutional care of the aged (e.g. care for the elderly in nursing homes) is not encouraged except in such situations as in serious health and mental health problems. The institutional care that is quite restorative encouraged by the social workers for the aged is recreational. This is where the aged come together to talk and have some indoor games that are not energy-sapping (e.g. Ayo games, checker card, etc.) reading of newspapers and magazine and watching

television programmes. This is a pursuit of meaningful activity in a way [8].

Knowledge about laws guiding geriatric care: The social worker working with the aged must be knowledgeable in the existing laws of the land guiding the practice among the aged. The practice must be within the laws. The aged need to be independent to choose the kinds of activities they pursue. They need to make decisions concerning their lives. Social Workers have the responsibility to see that the aged are given these opportunities.

Improving the quality of life: The aged are caught up in a number of contradictions that do not affect people at earlier stage of life [9]. Because these contradictions are incompatible within the desired quality of life, the aged are caught up in a social problem. Therefore, the main goal of social work practice among the aged is to enhance the quality of life and promote the independence and dignity of the aged. The social workers work very closely with the family of the aged since the family is the primary provider of the care for their aged.

Respect for human rights and dignity: Social work is based on respect for the inherent worth and dignity of all people, and rights that follow from this. The aged are sometimes not respected by the people because of ageism, that is, the notion that old people are no longer useful as they think. Social work does not support this notion. Social workers uphold and defend each person's physical, psychological, emotional and spiritual integrity and well-being. In other words, social workers respect the right to self-determination, right to make own choices and decisions irrespective of their age, provided this does not threaten the rights and legitimate interests of others.

Collaboration with other care-givers: Social workers work in solidarity with other professional who have interest in the well-being of the aged. They, therefore have the obligation to challenge social conditions that contribute to social exclusion, stigmatization or subjugation and to work towards an inclusive society [10].

Reducing psychological instability: One of the major psychological factors affecting the aged is psychological instability. The children, and probably the spouse, may not be with the aged and feeling of loneliness (complete empty nest) sets in the colleagues or mates are almost all dead. The living may not meet as often as before. One or all of these may lead to depression. The social help in reducing repressive feelings by encouraging the aged to visit their children, friends, neighbours, relatives or ask for their assistance to take them out.

Ensuring adequate social support: There is usually lack of support for most of the aged. This lack may be financial, material, medical, peers and family [11-13]. Gjonca et al. [12] observed that a depressed individual, especially an aged has many issues to deal with such as: bereavement, especially the loss of a spouse; increased awareness of one's own physical vulnerability i.e. that one's own life is limited; and prospect of dependency on others to have one's basic needs met.

Meeting the autonomy need: The elderly need autonomy supportive relationships and meaningful activity. The elderly who maintain autonomy in such things as managing on their own, having control over how they spend their time and having adequate financial resources adapt well to later years. Social workers ensure that the elderly persons are involved in decisions that affect their daily living. They also make sure that the aged enjoy good supportive relationships from their family, friends and care-givers. They see that the aged are engaged in meaningful activities that allow them to experience a sense of achievement and personal growth.

Methods and Materials

Population

The study employed the descriptive survey method for the research. The population of study for this research are elderly persons (ages ranging from 60 years and above) living in old people's home who are either registered as residential or non-residential inmates in the home. In the study, old people in the city of Ibadan were the major population of the study. Ibadan being the third largest metropolitan area by population in Nigeria after Lagos and Kano has a population of over 3 million people which consists of 33 local government areas [5].

Sampling method

Purposive sampling technique was used to select one hundred and twenty-five (125) elderly from three purposefully designated old people's home of the elderly in Ibadan metropolis which are both residential and non-residential.

Participant

Eligible respondents were registered patients of elderly person age 60 years and above residing in the selected old peoples home in Ibadan. The researcher briefly interviewed potential respondents to determine whether they were competent, judge their ability to understand the psycho-social problems surrounding poor social support. Informed consent was obtained from the patient and ethical approval for the study and was granted by the Matron in the selected old peoples home in Ibadan.

Data collection

The research instrument for the study was questionnaire. The main instrument used for the research was the questionnaire tagged: social support and psycho-social well-being questionnaire (SSPSWQ). The questionnaire was designed on a four-point rating scale of strongly agreed (SA), agreed (A), strongly disagreed (SD) and disagreed (D), with the corresponding values of 4, 3, 2, 1.

Section A: Measure of social-demographic characteristics: This consisted of items question that were self-constructed about the social and demographic characteristics (age, gender, years of retirement, mode of retirement, number of children) of the elderly.

Section B: Measure of social support systems. This consisted of item questions that were adapted from an internationally tested questionnaire design titled 'multidimensional scale of perceived social support' by Zimet, et al. [14] about social support systems of the elderly which are drawn from (emotional, financial, companionship, information). The respondents were asked to respond to a 4-point likert scale ranging from SA-strongly agree [4] to SD-strongly agree [1].

Section C: Measure of psychological wellbeing. This consisted of five items questions developed by the researcher titled: 'the psychological general well-being index'. The respondents were asked to respond to a 2-point scale ranging from Yes [1] No [2].

Section D: Measure of social well-being: This consisted of ten items questions developed by the researcher titled: 'the psychological general well-being index'. titled 'perceived social well-being questionnaire'. The respondents were asked to respond to a 2-point scale ranging from Yes [1] No [2].

Data analysis

Data analysis was done at the univariate, bivariate and the multivariate levels. The simple percentages and frequency count was used to analyze the demographic section while ANOVA was used to examine the effect of social support on the psychosocial well-being of the elderly in Ibadan. The result was analyzed with statistical package of social sciences (SPSS version 20).

Method of data collection

The researcher conducted the study personally with the help of three research assistants from the selected homes for the study. The researcher recruited and trained carers in the selected home on the administration of questionnaire. The researcher obtained ethical consent from directors of the old people's homes. The researcher assisted the respondents to fill the questions contained in the instruments. About 20 minutes was spent with each respondent in the selected homes. Out of 125 copies administered, 3 were not properly filled and were not used while 122 copies were properly completed and were used for analysis.

The instrument was analyzed with simple percentage frequency distribution and analysis of variance (ANOVA) was used to test the effect of social support on the psychosocial well-being of the elderly in the homes while Multiple regression analysis was used to test the joint and relative effect of all the social support variables on the psychosocial well-being of the elderly this will be tested at $P < 0.05$ level of significance.

Results

Analysis of characteristics of respondents

Age	Frequency	Percentage
60-65years	5	4.1%
66-70years	21	17.2%
71-75years	47	38.5%
76-84years	29	23.8%
85years and above	20	16.4%
Type of accommodation		
Residential	98	80.3%
Non-residential	24	19.7%
Sex		
Male	45	36.9%
Female	77	63.1%
Religion		
Christianity	77	63.1%
Islam	45	36.9%
Traditional	0	0%
Family background		

Polygamous	70	57.4%
Monogamous	52	42.6%
Marital Status		
Never married	14	11.5%
Married	77	63.1%
Separated	16	13.1%
Divorced	15	12.3%
Ethnic group		
Yoruba	85	69.7%
Igbo	23	18.9%
Hausa	14	11.5%
Other	0	0%
Total	122	100.0
Sources of income		
Family members	10	8.2%
Religious Organisation	11	9.02%
Pension	62	50.8%
Investment/insurance	13	10.7%
Current occupation	20	16.4%
Others	4	3.3%
Total	122	100.0

Table 1: Distribution of respondents by age.

From the table presented above, 5 (4.1%) of the respondents are within the ages of 60 to 65 years, 21 (17.2%) of the respondents are within the ages of 66 to 70 years, 47 (38.5%) of the respondents are within the ages of 71 to 75 years, 29 (23.8%) of the respondents are within the ages of 76 to 84 years while respondents within the ages of 85 years and above are represented with 20 (16.4%). The results that, a larger percentage of respondents are within the age bracket of the older adult, followed by oldest adult. 98 (80.3%) reside in the home while 24 (19.7%) are on day care services of the selected homes. This is an indication that, more than half of the elderly are on residential services of the homes. 77 (63.1%) of the respondents are female while 45 (36.9%) are male. This indicated that, a little half of the respondents are female and they are residential and non-residential in the home. 77 (63.1%) of the respondents are Christians, 45 (36.9%) of the respondents practice the Islamic religion while none of the respondent reported to practice traditional religion. 70 (57.4%) of the respondent are from the polygamous family background while 52 (42.6%) of the respondents are from the monogamous family background. 14 (11.5%) of the respondents never married, 77 (63.1%) of the respondents are married, 16 (13.1%) of the respondents are separated while 15 (12.3%) of the respondents are divorced. The result showed that, half of the respondents are married. 85 (69.7%) of the respondents are Yoruba, 23 (18.9%) are from the Igbo ethnic group, 14 (11.5%) of the respondents are Hausa while none of respondents were represented from other

ethnic groups in Nigeria. 10 (8.2%) of the respondent receive income from their family members, 11 (9.02%) of the respondents receive income from religious organization, 62 (50.8%) of the respondent receive income from monthly pension, 13 (10.7%) of the respondents receive income from their investment/insurance, 20 (16.4%) of the respondent receive income from their current occupation while 4 (3.3%) of the respondent receive income from other sources.

Analysis of research hypotheses

Hypothesis one: There is no significant effect of emotional support on the psychosocial well-being of the elderly in and out of old people's homes in Ibadan.

Emotional support	SA	A	SD	D	Mean	f-cal	p-value
I am rejected and abandoned by family members	52(42.6%)	28(23%)	7(5.7%)	35(28.7%)	2.21	128.058	0.001
I am uncomfortable with the home condition	24(19.7%)	18(14.8%)	16(13.1%)	64(52.5%)	2.98		
I feel unsafe with the home environment	25(20.5%)	42(34.4%)	23(18.9%)	32(26.2%)	2.51		
I cannot discuss my problem with people in the home	7(5.7%)	35(28.7%)	34(27.8%)	46(37.7%)	2.98		
I feel disturbed about children's welfare	18(14.8%)	38(31.1%)	19(15.6%)	47(38.5%)	2.78		
I find it difficult to sleep conveniently in the home	18(14.8%)	47(38.5%)	28(23%)	29(23.6%)	2.56		

Table 2: Analysis showing the effect of emotional support on psychosocial well-being of the elderly in and out of old people's homes.

Based on the results presented above, on the effect of emotional support on the psychosocial well-being of the elderly in old people's homes in Ibadan. Most of the elderly reported that, they feel uncomfortable with the home condition (mean=2.98) followed by I cannot discuss my problem with people in the home (mean=2.98), then I feel disturbed about children's welfare and then (mean=2.78), I find it difficult to sleep continently in the home (mean=2.56), I am rejected and abandoned by family members (mean=2.21) took the least significant effect.

The result of the hypothesis revealed that, there was a significant effect of emotional support on the psychosocial well-being of the elderly in old people's homes. The results indicated that, f-ratio is greater than the f-table ($f\text{-cal}=128.058 > f\text{-crit}=2.19$, $P < 0.05$). The results reject the null hypothesis and accept the alternate hypothesis.

Hypothesis two: There is no significant effect of companionship on the psycho-social well-being of the elderly in and out of old peoples' homes in Ibadan.

Companionship	SA	A	SD	D	Mean	f-cal	p-value
I love chatting with my friends in the home	22(18%)	42(34.4%)	23(18.9%)	35(28.7%)	2.582	64.821	0.001
I love staying with my children	24(19.7%)	71(58.2%)	14(11.5%)	13(10.7%)	2.131		
I love have group discussion with friends in the home	33(27%)	61(50%)	8(6.6%)	20(16.4%)	2.582		
I wish I could still have my old friends	32(26.2%)	43(35.3%)	9(7.4%)	38(31.1%)	2.131		
I love going out on parties and meetings	19(15.6%)	36(29.5%)	12(9.8%)	55(45.1%)	2.123		
I love going out on excursions	29(23.8%)	64(52.5%)	29(23.8%)	0(0%)	2.434		
I love meeting new friends	61(50%)	25(20.5%)	14(11.5%)	22(18%)	1.975		

Table 3: Analysis showing the effect of companionship on psychosocial well-being of the elderly in and out old people's homes.

The result showed that, more than half of the respondent revealed that, they love having group discussion with friends in the home (mean=2.582) and also they love chatting with friends in the home,

they love meeting new friends (mean=1.975), they love going out on excursion (mean=2.434), they wish they could still have their old friends (mean=2.131), then, I love going out on parties and meeting

(mean=2.123). From the presented above it showed that, companionship has a significant effect on the psychosocial well-being of the elderly in old people's homes. The results indicated that, f-ratio is greater than the f-table (f-cal=64.821, f=crit=2.19, P<0.05). The results reject the null hypothesis and accept the alternate hypothesis which states that, there is a significant effect of companionship on the

psychosocial well-being of the elderly in and out of old people's homes in Ibadan.

Hypothesis three: There is no significant effect of information access on the psycho-social well-being of the elderly in and out of old peoples' home in Ibadan.

Information access	SA	A	SD	D	Mean	f-cal	p-value
My social worker guides me	15(12.3%)	71(58.2%)	25(20.5%)	11(9%)	2.26		
I have access to magazines and newspapers in the home	31(25.4%)	46(37.7%)	25(20.5%)	20(16.4%)	2.28		
I have access to internet services in the home	14(11.5%)	62(50.8%)	12(9.8%)	34(27.9%)	2.54		
I have access to television and radio	31(25.4%)	37(30.8%)	31(25.4%)	23(18.9%)	2.38		
I receive education in the home consistently	22(18%)	54(44.3%)	21(17.2%)	25(20%)	2.40		
I have access to recent news in the country	38(31.1%)	35(28.7%)	7(5.7%)	42(34.4%)	2.43		
I find it easy to communicate with my social worker	29(23.8%)	57(46.7%)	0(0%)	36(29.5%)	2.35		
I call my social worker when there is emergency	42(34.4%)	40(32.8%)	24(19.7%)	16(13.1%)	2.12		
My social worker responds promptly to my call	34(27.9%)	33(27%)	21(17.2%)	34(27.9%)	2.45		

Table 4: Analysis showing the effect of information access on psychosocial well-being of the elderly in and out of old people's homes.

Based on the result presented above, a larger percentage of the respondents have access to internet through their phone, or computer, (mean=2.54), followed, my social worker respond promptly to my call (mean=2.45), followed by I have access to recent news in the country (mean=2.43), I find it easy to communicate with the social worker (mean=2.35), then, I have access to magazines and newspapers in the home (mean=2.28), I receive education in the home consistently (mean=2.40), My social worker guides me in all relevant issues about the home (mean=2.26). I call my social worker whenever there is emergency (mean=2.12).

The ANOVA result showed that, there was a significant effect of information access on the psychosocial well-being of the elderly in old people's homes. The results revealed that, f-ratio is greater than the f-table (f-cal=32.506, p<0.05). The results reject the null hypothesis and accept the alternate hypothesis which states that, there was a significant effect of information access on the psychosocial well-being of the elderly in old people's homes in Ibadan.

Hypothesis four: There is no significant effect of financial support on the psycho-social well-being of the elderly in and out of old peoples' home in Ibadan.

Financial Support	SA	A	SD	D	Mean	f-cal	p-value
I receive consistent pension	29(23.8%)	41(33.6%)	14(11.5%)	38(31.1%)	2.500	102.655	0.000
My children pay my monthly allowance to my social worker	32(26.2%)	58(47.5%)	11(9%)	21(17.2%)	2.172		
I earn extra income in the home	16(13.1%)	31(25.4%)	19(15.6%)	56(45.6%)	2.943		
I find it difficult to buy foods and my drugs	20(16.4%)	60(49.2%)	15(12.3%)	27(22.1%)	2.402		
People come donate money and materials for my welfare	21(17.2%)	40(32.8%)	17(13.9%)	44(36.1%)	2.688		

I love doing vocational training to gain income for myself	16(13.1%)	65(53.3%)	14(11.5%)	27(22.1%)	2.426		
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Table 5: Results showing the effect of financial support on psychosocial well-being of the elderly in and out of old people's homes.

The result presented above showed that, most of the respondents reported that, I earn extra income in the home (mean=2.943) followed by people come and donate money and materials for their welfare (Mean=2.688), I receive consistent pension (mean=2.500), then, I love doing vocational training to gain income for themselves (mean=2.426). I find it difficult to buy foods and my drugs (mean=2.402). My children pay my monthly allowance to my social worker (mean=2.172). The table also showed that, there was a significant effect of financial support on the psychosocial well-being of the elderly in and out of old

people's homes. The results showed that, f-ratio is greater than the f-table ($f_{cal2.19}=102.655, p<0.05$). The results reject the null hypothesis and accept the alternate hypothesis which states that, there was a significant financial support on the psychosocial well-being of the elderly in and out of old people's homes in Ibadan.

Hypothesis five: There will be no joint effect of emotional support, companionship, information access and financial support on the psycho-social well-being of the elderly in and out of old peoples' home in Ibadan.

ANOVA						
	Sum of Squares	Df	Mean Square	F	P	Remark
Regression	187.966	4	46.991	16.169	<0.05	Significant
Residual	340.042	117	2.906			
Total	528.008	121				
Unstandardized Coefficients		Standardized Coefficients		t	P	
	β	Std. Error	Beta			
(Constant)	13.853	1.023		13.537	0.002	
Emotional support	0.876	0.946	0.137	5.15	<0.05	
Financial support	0.21	0.613	0.239	2.3	<0.05	
Companionship	0.289	0.997	0.798	8.685	<0.05	
Information access	0.402	0.592	0.609	6.788	<0.05	

R=0.597, R square=0.356, Adjusted R square=0.334, Std. Error of the Estimate=1.7048, Source: Field's Results, (2015)

Table 6: Multiple Regression Analysis showing joint effect of social support on psycho-social well-being of the elderly.

The table presented above in Table 6 showed the combination of the independent variables (emotional support, companionship, information access and financial support) account for 35.6% of the variance in psychosocial well-being (R^2 adjusted=0.356). The analysis of variance of the multiple regression data yielded an F-ratio value which was found to be significant at 0.05 alpha level ($F_{2.19}=16.169; P<0.05$). However, results obtained in (Table 6) above indicate the effect of each of the independent variables (emotional support, companionship, information access and financial support) on the dependent variable (psychosocial well-being). In terms of most significant effect, companionship contributed most to the psychosocial well-being of the elderly ($\beta=0.798; t=8.685; P<0.05$). Next in terms of magnitude effect is information access ($\beta=0.609; t=6.788; P<0.05$) followed by emotional support ($\beta=0.137; t=5.150; P<0.05$) and then financial support ($\beta=0.239; t=2.300; P<0.05$). Hence, all the four social support systems made significant effect on psychosocial well-being of the elderly in old people's homes in Ibadan.

Discussion of the Findings

From the result obtained from testing hypothesis one revealed that, emotional effect had significant effect on the psychosocial well-being of the elderly in old people's homes in Ibadan. This finding is supported the findings of Sijuwade [15] found that, there was significant impact of emotional support on the psychological wellbeing of the elderly in Lagos State.

Furthermore, the study is supported by another finding of Ajomale [16] that the elderly people are characterized by poor emotional support from family members, government agencies and NGOs as emotional abuse, which involves inflicting mental pain, anguish, or distress on an elder person through verbal acts or nonverbal acts.

The result obtained from testing hypothesis two showed that, companionship has a significant effect on the psychosocial well-being of the elderly in old people's homes. The study supported the findings of Ajomale [16] found that, there is significant influence of companionship support on the psychosocial well-being of elderly.

Quality of companionship support can be measured based on the level of integration of the extended family lifestyle which formerly was leveraged on caring for the elderly.

In another study, Okoye, [17] highlighted the important of friendship and self-belonging in improving well-being of an elderly who is suffering from depression, hypertension and isolation. Okunola, [4] found that, retirement from work serve as eternal holiday which could cut an elderly person out of the known social status and isolate him for old workmates. The position could be compounded by loss of spouse, which commonly happens in the seventh and eighth decades of life. Additionally, Okoye, [17] found that every community usually create a community service center capable of catering for old people who may have lost the ability to cope with daily living. The community center according to him usually organizes and arranges necessary care for the old people when all their families and relatives have gone to work.

Result of hypothesis three revealed that, information access had significant effect on the psychosocial well-being of the elderly in old people's homes. The study is in-line with a study conducted by Togonu-Bickersteth, [18] which revealed the social dimensions of care for the elderly through improved information and communication strategies, she posited that, provision of comprehensive information services (reading of newspaper, electronic system of communication with the care professionals, chatting with friends and relations afar-of through the internet) have a great significant influence on their general well-being because, it was perceived that, they feel loved and their sense of belonging is however socially restored. In the same study, she posited that, provision of emergency call services in the elderly who are diagnosed with terminal illnesses and also on life support in old people's home. This will enhance quick and prompt action to care. Furthermore, help age international, [19] addressed the issue to information needed by the aged people for economic development. It was perceived that, rural areas are traditionally conservative and can be both unfriendly to outsiders and new ideas.

Additionally, Sarni, [20] found that, he showed how important it is to understand how information technology can be used to assist elderly people suffering from dementia. In addition, it is imperative to include people suffering from dementia and their informal or formal caregivers in the design process of elderly dementia require assisted information technologies which is reliable, affordable, private, easily to use and portable for the elderly, this will improve the psychosocial functioning of the elderly in old people's homes and those on day care services.

The result of hypothesis four revealed that, financial support has a significant effect on the psychosocial well-being of the elderly in and out old people's homes. The results corroborated the perspective of Togonu-Bickersteth, [21], found that, old people are faced with several economic/financial problem unless the elderly is receiving the pension consistently, has an alternative and congenial job and unless he has some investments like savings, joining the credit and thrift group, shares, insurance, endowment, etc.

Similarly, Okoye, [17], found that, an elderly has on their hands plenty of time which should be productively filled with lots of economic activities. Elderly women fare better than men in finding something to do so as to keep them socially and psychologically active. They mostly engage in helping daughters and sons look after the grandchildren. Having nothing to do could be frustrating especially with the elderly in old people's homes.

Additionally, Evbuoma, [22], pointed out how economic activities could be carried-out in homes for the elderly which could be achieved through partnership with companies, groups and individuals who are specialist in several vocational skills activities for the elderly and which is elders friendly for them to make little income for themselves.

Furthermore, the result of hypothesis five showed that, all the variables tested on social support systems (emotional support, financial support, information access and companionship) had significant effect on the psychosocial well-being of the elderly in old people's homes. However, companionship had a magnitude effect on the psychosocial well-being of the elderly in old people's home. ($R=0.356$, $F=16.169$ $P<0.05$). The results of the analysis are supported by the perspective of Aboderin, [23], there are several social, demographic and cultural dimensions of African society that are likely to influence the psychosocial well-being of the elderly. One of such dimension is the primacy of the family in the life of the individual. She added that, the family system is particularly important to the study of social support is the role of age and generation began in the actualization of psychosocial well-being of the elderly.

Adesina, [24] found that, older persons in Nigeria residing in nursing homes has more negative outlook on life as compared to community-dwelling elders. The study found that, majority of institutionalized older Nigerian felt that "this was the dreariest time of their lives" and reported that they often got "down in the dumps." Psycho-social well-being (combining life satisfaction, happiness, and goal attainment) among older Nigerian is related to health satisfaction, personal efficacy, self-esteem, marital status, and age [17].

Additionally, according to Aduke [25] Social structure should constrain or facilitate the ability and opportunity to respond successfully to the social challenges of life of the elderly because old people do not begin or maintain the quest for social well-being with the same assets.

According to Oyinlola and Folaranmi [26], lower socio-economic status has been linked consistently to diminished physical and mental health partially because life at lower socio-economic levels appears to impair health promoting self-conceptions which subsequently place the old people to the nursing homes.

Conclusion and Recommendation

The idea of keeping old people in institutional care still sounds strange for many Nigerians, yet it is increasingly difficult for families to cater for them in the absence of any welfare benefits in the country. Even those who are on monthly pension will at some point in time require assistance either from a care giver or a professional health care giver. This does not seem to be so in Nigeria, as there has been few or no programmes devoted to the elderly segment of the population to address their psychosocial problems [27]. Therefore, in response to the growing population of elderly persons there is a growing need for specific geriatric social services to cover the holistic care.

Based on the findings, it is hereby recommended that

- More awareness campaigns on the problems of aging need to be mounted in schools and on the media.
- It may be necessary for government of the country to consider establishing neighborhood adult day care centres where elderly persons can meet each other during the day which is managed by

- trained and qualified social workers and other health care professionals.
- Family members should show more love, care and attention to the elderly, bearing in mind that they too would one day become elders.
 - There should be suitable transportation services for the elderly to facilitate access to shops, attend church services, keep appointments with doctors and dentists, visit friends, and maintain contact with the family. This is important for those who can no longer drive or use public transportation.
 - There should be framework for supportive and protective care that comprises those services provided to frail, ill, or disabled older people to support them and their caretakers maintaining their capacity to live in the community.
 - There is need for social workers to update their knowledge about quality care for the older adults as they work with the elders, their families, and the caseworkers for the frail and disabled elderly in the community. They should provide services to institutionalized aged persons.
 - The social workers should provide protective services and serve to empower those unable to stand up for their rights and needs.
 - There should be specialized certification programme for caregivers and social worker in old people's homes, hospitals and other government agencies with specific focus on health and social care for the elderly in the country and West-Africa Sub region.
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