

Elder Abuse: A Study on Knowledge, Attitudes and Practices in Lagos State, Nigeria

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Abstract

Elder abuse is a global and public health problem especially with many nations of the world, including Nigeria, experiencing rapidly ageing populations. Existing studies in Nigeria have predominantly focused on examining the patterns and prevalence of elder abuse, neglecting the exploration of knowledge, attitudes, and practices associated with this problem. This study aims to investigate knowledge, attitudes, and practices of elder abuse in Lagos State, Nigeria. The concurrent triangulation design was used to execute this study. The survey provided responses from 452 residents while four focus group discussions were conducted with 16 elderly individuals and in-depth interviews were held with eight caregivers and two NGO representatives, all affiliated with Lagos State organizations. The findings revealed varying levels of knowledge among respondents, with a significant number being knowledgeable of elder abuse. This, in turn, influenced them to exhibit positive attitudes and engage in caregiving practices, indicating a preference for elder care over abuse. In conclusion, this study highlights knowledge as a foundational element for shaping attitudes, and attitudes also influence practices. Therefore, it is imperative to direct efforts towards increasing awareness to foster knowledge, positive attitudes, and practices, thereby creating an environment that prioritizes the well-being and care of the elderly.

Keywords: elder abuse, elder care, knowledge, attitude, practice

Introduction

The gradual accumulation of changes that occur throughout the lifespan constitutes one of the distinctive features of human individuals (Mogilenko et al., 2022). This process encompasses multifaceted dimensions, including modifications in physical attributes, cognitive functioning, and social contexts. As individuals age, certain aspects exhibit improvement, while others deteriorate. Thus, it is important to perceive old age not as an ailment but as a stage marked by a regressive biological progression, resulting in diminished survival and adaptive capacities (Elebiary et al., 2018). Consequently, elderly individuals often experience increased frailty and dependence on others for their daily activities and basic needs, rendering them susceptible to various forms of abuse.

Elder abuse is defined as the "continuation of long-standing patterns of violence and physical, emotional, or financial abuse within the family, due to changes in living situations and relationships brought about either by the older person's growing frailty and dependence on others for companionship and for meeting basic needs" (Danyoh et al., 2018, p. 1). Instances of elder abuse manifest in relationships where trust is anticipated, encompassing both isolated incidents or recurrent acts, as well as the failure to enact suitable measures, ultimately resulting in harm or distress to older persons (World Health Organization,

2023). The forms of elder abuse can manifest as physical, sexual, psychological, emotional, financial, religious, cultural, institutional, and neglectful acts (Johnson & Fertel, 2023).

Elder abuse is pervasive, and its prevalence is projected to increase globally due to rapidly aging populations, and Nigeria, with its aging population of 5.9 million out of a total population of 191 million, ranks highest in Sub-Saharan Africa between 2012-2017 (Balogun & Eyang, 2020; Tanyi et al., 2018). The elderly population in Nigeria experiences abuse due to various factors, including poverty, insufficient social services, limited healthcare access, caregiver burden, poor mental health among caregivers, cultural/societal beliefs, and the absence of comprehensive social security policies (Akanbi et al., 2021; Atim et al., 2023; Daramola et al., 2019; Oluoha et al., 2017). The limited attention given to addressing these factors perpetuates the vulnerability of elderly individuals in Nigeria to elder abuse, leaving them with little or no adequate protection and support.

Furthermore, elder abuse within present-day Nigerian society can be attributed to the practices of modernization, urbanization, industrialization, and the migration of young individuals from rural to urban areas (Ajomale, 2007). These societal transformations have significantly eroded the respect for and commitment to supporting the elderly population. Furthermore, the prevailing belief among human service administrators and policymakers in Nigeria that families will invariably provide adequate support for their elderly members has contributed to a lack of interest in comprehending the intricacies associated with aging and its attendant challenges (Ajomale, 2007). However, the reality is that many Nigerian families are unable to fully meet the comprehensive needs of their elderly members (Ajomale, 2007).

Compounding these circumstances is the lack of media coverage and effective interpersonal or community communication regarding the scope and significance of elder abuse. In Nigeria, certain internet media outlets, for instance, tend to treat instances of elder abuse as isolated news items rather than recognizing them as symptoms of a systemic issue. There is a notable dearth of support for the implementation of regulations aimed at safeguarding the well-being and rights of the elderly, thereby undermining the urgency and importance attached to addressing elder abuse (Karakartal, 2021). The media plays a significant role in shaping public awareness, attitudes, and behaviors, and its influence is particularly pronounced in shaping perceptions related to aging and elderly individuals. Consequently, it becomes crucial to explore the knowledge, attitudes, and practices surrounding elder abuse in Lagos State, Nigeria, as part of efforts to generate a better understanding of this pervasive issue.

The research hypotheses of this study are stated as follows:

H₀₁ – There is no significant relationship between knowledge of elder abuse and attitudes toward elder abuse.

H₀₂ – There is no significant relationship between attitudes toward elder abuse and practices of elder abuse.

Methodology

Research Design

The present study employed a concurrent triangulation design to explore the relationship between knowledge, attitude, and practice of elder abuse in Lagos State, Nigeria. Concurrent triangulation design involves the use of both quantitative and qualitative techniques to validate and corroborate research findings (Creswell & Clark, 2018; Demir & Pismek, 2018). By employing this design, the study capitalizes on the strengths and non-conflicting weaknesses of both quantitative surveys and qualitative focus group discussions (FGDs) and in-depth interviews.

The quantitative method of surveys was adopted in this study, where residents were required to complete a questionnaire. Surveys are valuable for describing behaviors, expressing attitudes, reporting opinions, and ascertaining factual knowledge about a phenomenon, especially when limited information exists (Young, 2015). In addition, the use of FGDs and in-depth interviews complement surveys by providing more detailed information, particularly when exploring the perspectives of different sets of respondents (Gundumogula, 2020).

The study population comprised residents, elderly individuals, caregivers in registered elderly care homes, and aging-related NGOs in Lagos State, Nigeria. Residents were selected from three Local Government Areas (LGAs) representing the three senatorial districts in Lagos State: Oshodi-Isolo in Lagos West, Ikorodu in Lagos East, and Surulere in Lagos Central. These LGAs were purposively chosen due to the presence of selected elderly care homes. According to the 2006 census, the population of residents in these LGAs was approximately 1,659,843 individuals.

Elderly individuals and caregivers from the ten elderly care homes registered with the Lagos State Ministry of Youth and Social Development were also included in the study population. Finally, three accredited aging-related NGOs in Lagos State, namely Family Ark Mission (FAM), Living Well Heritage (LWH), and Yemi-Age Nigeria Foundation (YANF), formed part of the study population.

The choice of Lagos State was based on its metropolitan and cosmopolitan nature. Additionally, the selection of Lagos State was influenced by the higher number of registered elderly care homes compared to other states. Out of the 13 care homes registered with different Ministries of Health or Social Welfare across Nigeria, 10 are located in Lagos State.

Sample Size and Sampling Technique

This study included respondents from different categories: residents, elderly individuals, caregivers, and NGOs. The sample sizes varied for each category. For residents of Lagos State, a sample size of 384 was determined using Krejcie and Morgan's (1970) proposition, which accounts for populations above 1,000,000 at a 95% confidence level and a 5% error margin. Additionally, 30% was added to the sample size to address the attrition rate (Akishipe et al., 2021). Thus, the sample size for residents in this study totalled 499. Data from residents were collected using a multi-stage sampling approach, resulting in a response from 452 individuals.

For elderly individuals, a homogenous sampling method was employed. This involved randomly selecting four elderly care homes in Lagos State and sampling 24 individuals within the age range of 65-74 years, which represented the only available age group across all care homes. The criterion sampling technique was used to select elderly participants who could comprehend questions and effectively communicate. Using expert sampling, eight caregivers were selected from the same care homes as the elderly and two directors were chosen from aging-related NGOs in Lagos State, accredited by the United Nations. They were selected based on their expected knowledge of and experience with the elderly, to contribute to the study and enhance the findings.

Method of Data Collection

This study utilized three research instruments: a questionnaire, an FGD guide and an interview guide. The questionnaire collected information on elder abuse, with the intention to measure knowledge, attitudes, and practices. The researcher and three research assistants distributed 499 copies of the questionnaire across Oshodi-Isolo LGA (189 participants), Ikorodu LGA (159 participants), and Surulere LGA (151 participants) to ensure comprehensive data collection.

FGDs were conducted in four elderly care homes on separate days, allowing ample time for in-depth discussions. The researcher moderated the FGDs, with the assistance of two translators who facilitated English to Yoruba and/or Pidgin translations. Following data collection from the elderly and caregivers, interviews were conducted. Interviews with NGO representatives were conducted over a two-day period, with one interview per day at the organizations' locations.

Data Analysis Procedures

All constructs (knowledge, attitude, and practice) demonstrated satisfactory convergent validity, as indicated by AVE values >0.5 (Hair et al., 2009). Face validity was used to support this, ensuring all instruments measure what they are supposed to measure. The results of the Cronbach’s Alpha test for the reliability of the questionnaire showed that the coefficient for each variable ranged from .924 to .967.

The null hypotheses stated in this study were analyzed using linear regression to test the relationship between knowledge and attitude as well as attitude and practice. Qualitative data were generated from transcripts of the FGDs and in-depth interviews. Discussions were further analyzed using narrative analysis alongside mind maps for visual representations of diverse stakeholders' views.

Findings

For hypothesis one, respondents who provided quantitative data were residents (Table 1). Supporting qualitative data were provided by the elderly and caregivers, and a snapshot of their responses is presented in a mind map visual representation in Figure 1.

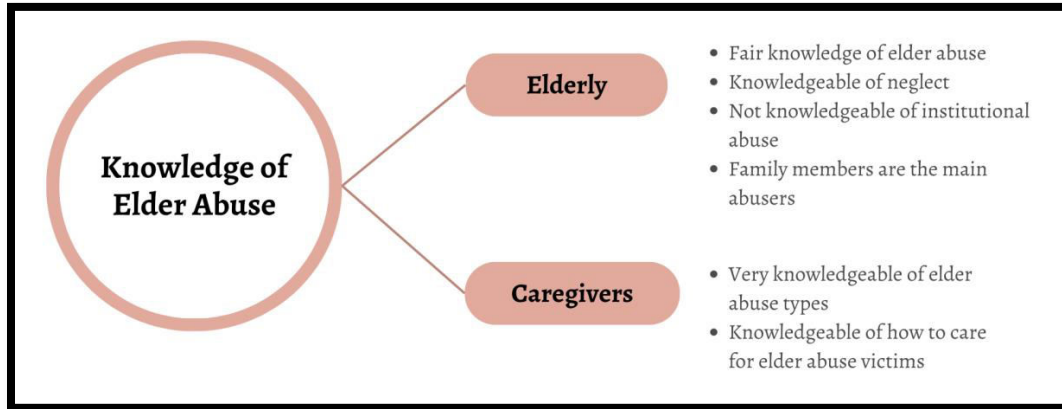
H₀₁ – There is no significant relationship between knowledge of elder abuse and attitudes toward elder abuse.

To test hypothesis one, a linear regression model with attitude as the dependent variable and knowledge as the independent variable was computed as seen in Table 1. The model summary is presented in Table 1 and shows that the correlation between knowledge and awareness is 0.81. The table also shows that the model explains 65.4% of the variance in knowledge as seen in the R square. Table 1 presents the linear table which shows that the model is statistically significant (p<0.001). Table 1 further presents the model coefficients and shows that a unit increase in knowledge is accompanied by a 0.901 increase in attitude. Thus, results show that an increase in knowledge results in an increase in attitude. The model coefficients were statistically significant (p<0.001) as such the null hypothesis is rejected and it is concluded that there is a significant relationship between knowledge of elder abuse and attitudes toward elder abuse.

Table 1: Linear regression model of the relationship between knowledge and attitude

Model Summary					
Model	R		R Square	Adjusted R Square	Std. Error of the Estimate
1	.809 ^a		.654	.653	.64441
a. Predictors: (Constant), Knowledge					
Model	Sum of Squares		df	Mean Square	F
Regression	356.857		1	356.857	859.338
Residual	188.948		455	.415	
Total	545.804		456		
a. Dependent Variable: Attitude					
b. Predictors: (Constant), Knowledge					
Coefficients^a					
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	.108	.116		.929	.353
Knowledge	.901	.031	.809	29.314	.000
a. Dependent Variable: Attitude					

Figure 1: Elderly and caregivers' knowledge of elder abuse



Results in Figure 1 indicate that the elderly were fairly aware of EA types, while caregivers were knowledgeable about elder abuse. A common theme across all participants is that family members, especially children are the main perpetrators of abuse.

Regarding hypothesis two, the quantitative data were contributed by residents, as indicated in Table 1. On the other hand, qualitative data were gathered from the elderly, caregivers, and NGOs, and the excerpts from discussions are presented in the form of a visual mind map representation, as shown in Figure 2 and Figure 3.

H₀₂ – There is no significant relationship between attitudes toward elder abuse and practices of elder abuse.

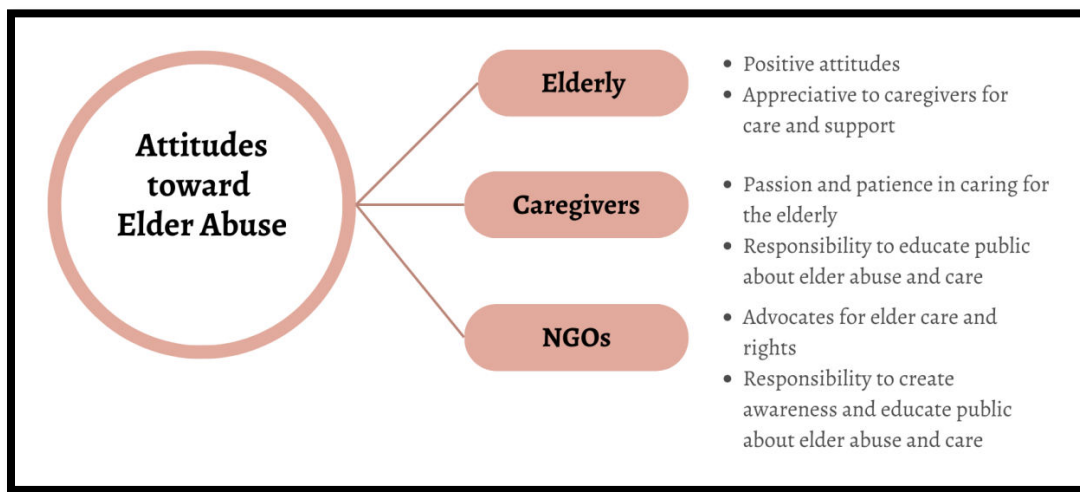
To test the above hypothesis, a linear regression model with practice as the dependent variable and attitude as the independent variable was computed as seen in Table 2. The model summary is presented in Table 2 and shows that the correlation between attitude and practice is 0.72. The table also shows that the model explains 52.4% of the variance in practice as seen in the R square. Table 2 presents a linear regression which shows that the model is statistically significant ($p < 0.001$). Table 2 also presents the model coefficients and shows that a unit increase in attitude is accompanied by a 0.698 increase in practice. The results show that an increase in attitude results in an increase in practice. The model coefficients were statistically significant ($p < 0.001$) as such the null hypothesis is rejected and it is concluded that there is a significant relationship between attitude towards elder abuse and practices of elder abuse.

Table 2: Linear regression model of the relationship between attitude and practice

Model Summary						
Model	R		R Square	Adjusted Square	R	Std. Error of the Estimate
1	.724 ^a		.524	.522		.72649
a. Predictors: (Constant), Attitude						
Model	Sum of Squares		df	Mean Square		F
Regression	266.766		1	266.766		505.444
Residual	242.781		460	.528		
Total	509.548		461			

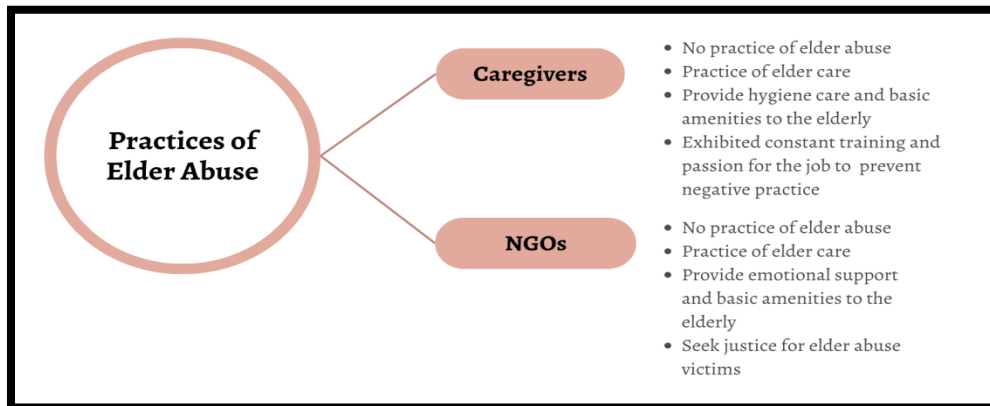
a. Dependent Variable: Practice					
b. Predictors: (Constant), Attitude					
Coefficients^a Model					
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.006	.111		9.062	.000
Attitude	.698	.031	.724	22.482	.000
a. Dependent Variable: Practice					

Figure 2: Elderly caregivers' and NGOs' attitudes toward elder abuse



The findings depicted in Figure 2 reveal positive attitudes among the elderly, caregivers, and NGO representatives regarding elder abuse. The elderly expressed their positive attitude by expressing gratitude towards caregivers for their care and support. Meanwhile, caregivers and NGOs demonstrated a willingness to provide care for the elderly and viewed it as their duty to raise awareness about elder abuse and advocate for the rights of the elderly.

Figure 3: Caregivers' and NGOs' practices of elder abuse



The findings in Figure 3 indicate that both caregivers and NGO representatives did not engage in abusive practices but instead focused on providing comprehensive elder care. This encompassed meeting the basic needs of older individuals, regularly undergoing training to prevent any negative practices, offering emotional support, and actively seeking justice for victims of elder abuse.

Discussion

Findings showed that these residents were more knowledgeable of sexual abuse compared to other types of abuse. Inappropriate touch, non-consensual intercourse, and old persons as the object of pornography were variables used to classify the sexual abuse of elder persons. Residents' knowledge of elder sexual abuse is also assumed to stem from being related to victims or people who care for them. As stated by the director of FAM, the organization once handled the case of an 87-year-old woman who had been raped several times, and 70% of the time, a family member is the culprit of the abuse. Other family members may know of the situation, hence the knowledge of elder sexual abuse. It is imperative to note that this result debunks the notion that the elderly are not sexually appealing or active, hence the idea of elder sexual abuse being non-existent. Comparing the vulnerability of the elderly to children, Adedayo and Aborisade (2018) state that older women are mainly the victims of elder sexual abuse because they are too fragile to fight against forceful sexual attacks.

The elderly in the study appeared to have more knowledge of financial and institutional abuse based on their experience with families withholding funds for basic amenities and unpaid pensions and gratuities by the government. Buttressing this point, Mortensen (2009) affirms that firsthand experience also does as it provides a mechanism through which people live through a situation and have an in-depth understanding of the context. Findings from the elderly further corroborate the result from past research highlighting financial and institutional abuse to be highly prevalent in Nigeria (Dangbin&Kyamru, 2014; Oluoha et al., 2017; Onigbogi et al., 2018). The results of this study also give credence to media reports on institutional elder abuse (The Guardian, 2023). Neglect, societal, physical, verbal, and financial abuse were well-known by the caregivers interviewed in this study. Their widespread knowledge of different forms of abuse was not surprising as they support various elders who have different stories or experiences of abuse from which they can learn. Another revelation from caregivers that supports existing literature (Bello, 2020; Santos et al., 2019) was that the children of the elderly, and caregivers are responsible for the above-mentioned abuses.

Furthermore, findings revealed that residents in Lagos, Nigeria, have a favourable attitude toward elder abuse. This is supported by the test of hypothesis 1 which concluded that there is a significant relationship between knowledge of elder abuse and attitudes towards the abuse. This reinforces the tenets of the KAP model that adequate knowledge is a base factor from which a positive attitude is formed (Karuniawati et al., 2021). Specific findings were also reasoned to correlate with the affective component of attitude which involves emotions towards the attitude object (elder abuse) (Rav-Marathe et al., 2016). For example, residents in this study felt they could educate people on elder abuse and advocate for the rights of the elderly. However, there was a lower indication as regards their feelings toward reporting elder abuse occurrences or helping victims of elder abuse.

The elderly respondents expressed gratitude toward their caretakers, who they felt treated them with dignity and care. Most of the people who responded said that they had suffered abuse at the hands of a family member, which explains why they are so passionate about ensuring that the care homes where they currently stay continue to get public funding. This conclusion is linked to the cognitive aspect of attitude because it concerns one's beliefs about an attitude object, which need not be correct (Haddock & Maio, 2019). In this case, the elderly in this study believe that calling on the public for assistance (e.g., donation of basic amenities) to keep the care homes running will not only discredit the notion that they are being mistreated there but expose that they are rather being cared for there more than their family homes. Therefore, if the

public intervenes, then they have a better chance of remaining in their homes rather than going back to their formerly abusive environments or being homeless.

The attitude of caregivers is also reflected positively as they believe it is their responsibility to care for or protect the elderly who are directly or indirectly (those on the streets) in their care. Although the caregivers indicated that their job could be challenging, their attitude was further seen to be motivated by the consistent training that reinforces their commitment to the course. Corroborating the possibility of this observation, the American Psychological Association (APA, 2023) asserts that while there are several reports of caregivers having a negative attitude toward the elderly, the reality is that most of them meet the physical and emotional needs of the elderly without abusing them (Hayslip Jr & Maiden, 2023). Moreover, 95% of the elderly who live with family members are the ones who experience negative attitudes from caregivers at home and not in institutional settings (APA, 2023). One of many factors that makes this possible is adequate training in institutions which caregivers in this study appear to possess (Day et al., 2017). Findings also revealed that NGOs have a positive attitude toward elder abuse as they push to seek justice for victims and educate the public about actions that can be classified as elder abuse.

Results in relation to practice were further categorised as positive and negative. Responses under the former include requests for consent, encouragement for socialisation and relief program creation, advocating for due payments and providing emotional support and basic needs. The negative practices include hitting and pushing elders, forceful sexual activity, selling and withholding property, accusations of witchcraft and verbal abuse, etc. From the residents' point of view, results show that there were hardly any negative practices which could be due to their positive attitudes. This was confirmed by the test of hypothesis 2, which concluded that there is a significant relationship between attitude towards elder abuse and the practices of the abuse. This is another corroboration of the KAP model tenets that attitude drives practice (Fan et al., 2018).

In terms of physical abuse, findings revealed that respondents did not in such practices. It could be inferred that because of the African culture (respect for the elderly and physical abuse being associated with a taboo), such cases were minimal. Similar to physical abuse, the majority of the residents, to a large extent, refuted the idea of having to interact with elderly ones either within their direct care or indirectly on a sexual base. While this line of responses was expected and perhaps true, some studies have affirmed the existence of sexual elder abuse (Collins, 2006; Schuster&Krahé, 2016). Hence, it must have been obvious to the respondents that such activity might have been tagged abhorrent and abusive to the elders. Caregivers in this study stated that they ignore abuse with the mindset that the elderly are just like babies who do not know what they are doing, and that is what the caregiving job entails. Beyond this, there are also reasons for the abusive practices of the elderly. Patient factors (diseases and somatic symptoms), incorrect care provider strategy, and excessive stimulation all play a role (Pinyopornpanish et al., 2022). However, this is not an excuse, as caregivers should be given adequate health, safety, and communication plans and emotional coping strategies to deal with abuse from the elderly (Pinyopornpanish et al., 2022).

Conclusion

This study concludes that a significant number of respondents exhibited knowledge of elder abuse, which subsequently influenced their attitudes and practices towards elder care. It was observed that the majority of respondents held positive attitudes and engaged in caregiving behaviors, demonstrating a preference for elder care rather than elder abuse. Furthermore, this research shed light on the sources of knowledge regarding elder abuse, with personal experiences emerging as a prominent factor. Many respondents reported having direct knowledge of elder abuse through personal experiences of knowing

victims or witnessing such abuse firsthand. These personal encounters appeared to play a crucial role in shaping their understanding of the issue and influencing their attitudes and practices.

The implications of these findings underscore the importance of raising awareness and providing education about elder abuse prevention and the promotion of elder care. Efforts should focus on increasing knowledge and understanding of elder abuse among individuals and communities. Equipping individuals with the necessary information and resources to identify and address elder abuse effectively is essential. Overall, this study highlights the need for continued efforts to promote elder care and combat elder abuse through education, awareness campaigns, and support services. By fostering a culture of respect, empathy, and caregiving, we can strive towards creating a society that upholds the well-being and dignity of our elderly population.

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