EVALUATION OF HOME TYPE, ABUSE PREVALENCE AND CARE-PERCEPTION ON PHYSICAL AND EMOTIONAL HEALTH AMONG ELDERLY PEOPLE IN SOUTH WEST, NIGERA

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Abstract
Many countries may encounter a demographic change where the number of elderly people will increase. As a result, the number of very old people needing care, services and medical assistance will increase. Care in the private home is often described as providing the best alternative for many elderly people. The aim of this study was to evaluate elderly people's home type, different form of abuse experienced, perceptions of how they are cared for and its effect on their physical and emotional health. The was a survey research adopting ex-post facto research design. Multistage sampling technique was used to sample Three hundred and sixty elderly people living in a private home that participated in this study. Three instruments: Elderly Persons Care-Perception Questionnaire (ECPQ), r=0.87, Elderly Abuse Prevalence Questionnaire (EAPQ) r = 0.88 and A structured Interview with inter-rater reliability of 0.93 was used to collect data. Descriptive statistics (mean and standard deviation) and Multiple Regression Analysis was used to determine possible effect among variables. The result revealed a positive and significant relationship between abuse prevalence, care-perception (β = 0.247, t (629) = 6.383, P < 0.05), Care-Perception (β = -.047, t = .55, and physical and emotional health. Furthermore, nearly a quarter or 25% reported significant levels of psychological abuse of neglect which affected their physical and emotional health. It is therefore recommended that strategies to monitor abuse among elderly

people be put in place while arrangement is made for public home caregivers to reduce prevalence of abuse.

Keywords: Home type, care-perception, elderly people, physical and emotional health, abuse.

Introduction

Many countries especially in the western world will encounter a demographic change in the coming years as a result of the growth in the number of older people that may need attention and care in their old age which could be so dramatic and may be described as a silent revolution. The younger generations who are expected to give care to the aged are dying at their prime age leaving the older people at the mercy of family members. This may cause many countries to encounter a demographic change especially in Nigeria where the number of elderly people is likely to increase. As a result, the number of very old people needing care, services and medical assistance will also increase.

Care in the private home is often described as providing the best alternative for many elderly people. Parallel to this development, there will be an increase in home-based care and in the number of old persons above 60 years, who will require provision of care in their private homes. This perception about 'the home' as a place for privacy is in sharp contrast to 'the home' as a place of work for healthcare staff where people get medical care and services.

Being healthy and well functioning is something that people strive for, but in cases of being ill and dependent of care, either being young or old, acutely or chronically ill, people wish and demand to meet qualified nursing and medical competence. To promote good care among persons living in nursing homes, different ways of interpreting respect for autonomy has been described among nursing staff (Mattiasson & Hemberg, 2008). When caring, a respectful behaviour is necessary in intimate situations like assistance with personal hygiene. Being treated with respect and seen as a unique person has been described as the most important indicator of promoting good long-term care, among caregivers and elderly people getting palliative care (Haggstro, & Norberg, 2006).

Developing good care is dependent on the nursing staffs' ability to create good relationships.

Freedom and independence are in the modern western culture seen as a goal of the human person with the right to make own decisions. Thus, in a situation being dependent of care can these highly ranked values result in a feeling of uselessness and worthlessness (Fromm, 2011). Freedom and independence can at the same moment, mean something positive and something negative. When striving to be independent, there is a risk of becoming more isolated and lonely. To be dependent on others in daily life often means dependency on someone or something. As long as one is healthy, strong and able to take care of their own life, it seems strange and difficult to understand what it means to be dependent on others, especially when it comes to the basics

Ageing means probably both morbidity and disability, and as a consequence, more dependency on others than usual (Thomasma, 2004). Strandberg, Astrom and Norberg. (2002) describe the patient's aspects of dependence on care like a struggle for the existence from two dimensions, where the patient wants to show oneself to be worthy of receiving care, on the one hand because of the fear of being abandoned and on the other hand to be able to protect the self as a valuable human being. Studies have highlighted the perceptions of good care among frail elderly persons (Andersson, Pettersson & Sidenwall, 2007; Murphy, 2007). In Sweden, it is a political standpoint to make it possible to get care and assistance at home instead of at a nursing home facility (Socialstyrelsen, Vard, Omsorg & Aldre, 2008). This study focuses on the home type, abuse prevalence and care-perceptions among elderly persons on their physical and mental health who are still healthy and living with or without a healthy partner in their private home.

Caregivers of the elderly face contradictory legal demands because paternalistic care giving may conflict with an elder's right to autonomous decision making. This conflict is further complicated by three major factors:

(1) We lack clear definitions of which elders require care and who is responsible for providing that care (Brank, 2007).
(2) If an active decision is made to enter into an informal care-giving relationship, it is often based on moral or emotional rationalizations, which research suggests will result in less optimal decisions (Baumeister, et al 2006).

(3) A large number of reported elder injuries are caused by unintentional neglect by informal familial caregivers (Teaster, et al 2006).

Epidemiological data on elder mistreatment can be obtained through (1) agency record review, (2) sentinel reports (trained observers in agencies that serve older adults but do not document abuse in official adult protective service [APS] records), (3) translation of criminal justice statistics using age and perpetrator data fields, (4) caretaker/family member interviews (in person or via telephone), and (5) interviews of elderly respondents themselves (in person or via telephone). Each of these assessment formats has been used with older adults, either in isolation or in combination with other methods to generate population estimates of physical, sexual, or emotional abuse, neglect, and financial exploitation. These mistreatment categories are typically divided according to perpetrator identity as either familial/spousal abuse or caretaker abuse. A final category of stranger abuse (i.e., stranger assault: physical, sexual, or emotional) may arguably be included under the heading elder mistreatment (with the caveat that risk factors will probably be different) because (a) psychological and health effects are similar to those caused by abuse by family members; (b) a significant proportion of elder mistreatment, particularly in the area of financial exploitation, is perpetrated by strangers; and (c) failure to assess similarly assaultive behaviors by strangers ignores potential mediating factors that might interact with familial abuse to predict medical health and mental health outcome

Another assessment issue of considerable importance that has not received sufficient attention, at least insofar as elder care-perception is concerned is the categorization of how elders feel when they are dependent and independent. Although the same behaviour of physical abuse might be manifest against two individuals, one demented and the other non-demented, by the same class of perpetrator, the optimal method of assessing these two events may vary widely. Research to date has not thoroughly considered home type, abuse prevalence and care-perception among the elderly people on their physical and emotional health status as the major parameter determining relevance of assessment methodology.

Abuse prevalence and victimization among the elderly have received increased attention in the last few years from practitioners, researchers, and policymakers but remain growing problems, especially for elders who live in private housing. Caring for older adults requires specific expertise – knowledge and skills that the majority of caregivers did not learn in school, and for which less than one percent have had specialized training or certification. Many of the past approaches to care used are no longer appropriate and research has informed a wealth of evidence-based practices that all practitioners should be routinely employing in the care they give in order to provide the safest, highest quality care possible.

Therefore, in an effort to evaluate care giving and abuse among the elderly, the current research examined the effect of home type, abuse prevalence and care-perception among the elderly people on their physical and emotional health in South West Nigeria.

In order to evaluate the home type, care-perception and abuse prevalence among elders living in private housing in South West Nigeria, the following research questions were answered:

1. What of relationship exist among home type, abuse prevalence and care-perception and physical and emotional health among the elderly people?
2. What is the relative and composite effect of
   (i) home type
   (ii) abuse prevalence
   (iii) care-perception among the elderly people on their physical and emotional health?
3. What is the demographic characteristic of the elderly people involved in the study?

Methodology

This is a survey research adopting ex-post factor research design. This design was chosen because it consists of a predetermined set of questions that is given to a sample, which is representative of the larger population of interest, which describe the attitudes of the population from which the sample was drawn to generalize the findings from the sample to the population.

The variables of interest in this study are: Home Type, Abuse Prevalence and Care-Perception of Elderly People and Physical and

Emotional Health The study population were elderly persons in South West Nigeria of both sexes. Justification for the population was because substantial number of them is living in their private housing across the six geo-political zones of Nigeria.

Multistage sampling technique was used in this study. Stratified sampling method was used to sample one town from each of the six states in South West zone in Nigeria from the coastal and hinterland. Purposive sampling technique was used to sample elderly person within the age of 65 and 75 years. Purposive sampling technique will be used to sample elderly persons and proportionate sampling technique was used to sample participants from each selected town to participate in the study. Three hundred and sixty (360) participants participated in the study. Three instruments: Elderly Persons Care-Perception Questionnaire (ECPQ) with reliability coefficient of 0.87, Elderly Abuse Prevalence Questionnaire (EAPQ) with coefficient of 0.88 and A structured Interview. Descriptive statistics (mean and standard deviation) was used to describe the sample and Multiple Regression Analysis was used to determine possible effect among variables.

Results

Table 1: Correlation and descriptive statistics of physical and emotional health, home type, abuse prevalence and care-perception

PEH	**HT**	**AP**	**CP**	
PEH	1			
HT	.061	1		
AP	.249**	-.080*	1	
CP	-.023	-.019	.070	1
Mean	48.36	1.58	64.52	149.74
Std. D	13.189	.494	10.667	12.178

Key**:** **PEH = Physical and Emotional Health, HT = Home Type, AP = Abuse Prevalence and CP = Care-Perception**

Table 1 shows that there is positive relationship between home type and physical and emotional health but not significant. There is also a positive relationship between abuse prevalence and physical and emotional health and is significant. There is also a negative relationship

between care-perception and physical and emotional health. This may be due to the fact as one is increasing, the other is decreasing. It is also noted that the inter correlation matrix of the correlation coefficient that the relationship between the predictor variable and the criterion is positive. The table also shows that there is no multicollinearity between or among the variables of the study. Therefore each of the predictors can be used to predict physical and emotional health.

Table 2: The Relative contribution of Home Type, Abuse Prevalence and Care-Perception on Physical and emotional Health of elderly People

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig
	B	Std. Error	Beta		
(Constant)	32.281	13.939		2.316	.021
Home Type	1.870	1.028	-070	1.819	.069
Abuse Prevalence	.307	.048	.247	6.383	.000
Care Perception -	.051	.091	-.047	-.555	.003

Table 2 shows the relative contribution of predictor variables on criterion variable. Out of the three variables, the two variables that contributed to the physical and emotional health of the elderly are Abuse Prevalence (β = 0.247, t(629) = 6.383, P < 0.05), and Care-Perception (β = -.047, t = .555, P < 0.05 respectively while the other variable, Home type (β = .070, t(629), = 1.819, P = 0.069) does not contribute significantly to physical and emotional health of the elderly people.

Table 3: The Composite Effects of Home Type, Abuse Prevalence and Care-Perception on Physical and emotional Health of elderly People

Multiple R = .261 R Square = .068 Adjusted R Square= .059 Standard error = 12.775				
Analysis of Variance				
Source of Variance	**SS**	**df**	**MS**	**F**	**Sig.**
Regression	**7521.344**	**6**	**1253.557**		
Residual	**102496.650**	**354**	**163.211**	**7.681**
.000[b]				
Total	**110017.994**	**360**		

From Table 3 above, coefficient of determination (Adjusted R^2) = 0.059 and this gives proportion of variance of 5.9%. This suggests that the independent variables accounted for 5.9%$ of the variance of dependent variable. The joint effect of Home Type, Abuse Prevalence and Care-Perception help to predict physical and emotional health among the elderly in South West, Nigeria (F = 7.861; df (360); P < 0.05).

Table 4: Demographic Characteristics of Elderly People

		MALE		FEMALE	
		No	%	No	%
Age	**65-67**	**80**	**53.3**	**105**	**55.3**
	68-70	**70**	**46.7**	**85**	**44.7**
Home Type	**Private**	**90**	**50.0**	**90**	**50.0**
	Public	**90**	**50.0**	**90**	**50.0**
Location	**Urban**	**115**	**54.8**	**84**	**52.8**
	Rural	**86**	**45.2**	**75**	**47.2**

In Table 4 above, demographic character of the elderly people involved in this study was presented. The table revealed that 53.3% of the elders were male while 55.3% were female that are within ages 65-67 years. The rest that were between 68-70 years had 46.7% and 44.7% male and female respectively. The same number of elders 50% lived in both private and public homes. The table further revealed that 54.8% of the participants who are male are from Urban location with only 52.8% being female. Moreover, 45.2% male are from rural location and 47.2% are female.

The range of prevalence of abuse reported by general population studies was wide (3.2–27.5%), possibly reflecting true variation in abuse rates across cultures as well as the differences in defining and measuring abuse. Over 6% of the older general population reported abuse in the last month. In addition, 5% of older couples reported that their relationship had been physically violent in the last year, using measures with known psychometric properties. These rates are probably an underestimate, as some people may be reluctant to report abuse.

The result of this study revealed that individual-environment fittingness or residential normalcy with older persons having favorable or positive emotion-based residential experiences have relevance to

them. Older persons are theorized as being in their residential comfort zones when they experience overall pleasurable, hassle-free, and memorable feelings about where they live; and in their residential mastery zones when they occupy places in which they feel overall competent and in control. When older persons are out of either (or both) of these experiential zones, they are expected to initiate accommodative and/or assimilative forms of coping to achieve residential normalcy. The former are mind strategies by which they change their residential goals or assessments, mollify their negative emotional experiences, or engage in denial behaviors; the latter are action strategies, by which they change their activities or modify their residential settings. In addition, the study agreed with the study conducted by Pillemer and Finkelhor and reported that almost 6.3% of older people reported significant abuse in the last month and 5.6% of the couples reported that their relationship had been physically violent in the last year. The study also supported the conclusion of Wang in a study where a quarter of the dependent older people reported significant levels of psychological abuse.

This study indicates that vulnerable old people are at high risk of abuse and that they and their family carriers are frequently not willing to report it. The act of abuse does not imply intent, and in many cases the carriers may not have viewed their own actions in this light. Abusive acts reported may reflect lifelong verbally or physically abusive relationships, or onset of abuse in response to career stress or challenging care recipient behaviours. It is therefore recommended that strategies to monitor abuse among elderly people be put in place while arrangement is made for public home caregivers to reduce prevalence of abuse.

References

Abrams, R. C., Lachs, M., McAvay, G., Keohane, D. J., & Bruce, M. L. (2002). Predictors of self-neglect in community-dwelling elders. *American Journal of Psychiatry, 159*(10), 1724-1730

Andersson, P. Pettersson, L. & Sidenwall, C. (2007). Elder abuse identification and referral: The importance of screening tools and referral protocols. *Journal of Elder Abuse & Neglect, 13*(2), 3-22

Brank, H. (2007). Mandatory reporting: Relationship of APS statue language on state} reported elder abuse. *Journal of Elder Abuse and Neglect, 15*(2), 1-21.

Dyer, C. B. (2000). The role of the interdisciplinary geriatric assessment in addressing self-neglect of the elderly. *Generations, 24*(2), 23-27.

Fromm, (2011). Elder abuse risk indicators and screening questions: Results from a literature search and a panel of experts from developed and developing countries. *Journal of Elder Abuse & Neglect, 15*(3/4), 185-203

Fulmer, T. (2003). Elder abuse and neglect assessment. *Journal of Gerontological Nursing, 29*(1), 8-9.

Fulmer, T. (2003). Elder abuse and neglect assessment. *Journal of Gerontological Nursing, 29*(6), 4-5.

Fulmer, T., Guadagno, L., Bitondo-Dyer, C., & Connolly, M. T. (2004). Progress in elder abuse screening and assessment instruments. *Journal of the American Geriatrics Society, 52*(2), 297-304.

Haggstro, B & Norberg, J (2006), Adult protective service use and nursing home placement. *Gerontologist, 42*(6), 734-739.

Malks, B., Buckmaster, J., & Cunningham, L. (2003). Combating elder financial abuse-a multi-disciplinary approach to a growing problem. *Journal of Elder Abuse & Neglect, 15*(3/4), 55-70.

Mattiasson, V & Hemberg, T. (2008), Neglect assessment in urban emergency departments and confirmation by an expert clinical team. *Journal of Gerontology: Medical Sciences, 60A* (8), 1002-1006.

Murphy, W. (2007). Dyadic vulnerability and risk profiling for elder neglect. *The Gerontologist, 45*(4), 525-534.

Strandberg, G.L Astrom, N.P& Norberg. K. (2002). Elder neglect assessment in the emergency department. *Journal of Emergency Nursing, 26*(5), 436-443.

Socialstyrelsen, V., Omsorg, T. & Aldre, D. (2008). The high prevalence of depression and dementia in elder abuse or neglect. *Journal of the American Geriatrics Society, 48*(2), 205-208.

Teaster, et al. (2006). The high prevalence of depression and dementia in elder abuse or neglect. *Journal of the American Geriatrics Society, 48*(2), 205-208.