Knowledge and Attitude of Care Givers towards Elderly Care in Family Settings in Selected Government Areas of Ibadan Oyo State

[1]Adenike Koseganlola KADRI
Kadri.adenike@lcu.edu.ng
+2348035405912
&
[2]Modupeola Olayinka OYESIJI
coma6238@yahoo.com
+2348034121279

[1,2]Lead City University, Ibadan, Oyo State

Abstract

The issue of elderly care remains a global public health challenge, with most elderly individuals relying on family members for support. While much research has highlighted the burden of caregiving, little attention has been paid to caregivers' knowledge and attitude toward home-based elderly care. This study assessed caregivers' knowledge and attitude of Elderly Care in Family Settings (ECIFS) in Lagelu and Ibadan North East Local Government Areas of Oyo State, Nigeria. Guided by the Theory of Planned Behaviour, a descriptive cross-sectional design was adopted. A multistage sampling technique selected 300 respondents, and data were collected using a validated, structured questionnaire. Analysis involved descriptive statistics, Pearson chi-square, and mean scores. Findings revealed that the mean age of respondents was 36.8 ± 11.3 years. Over half had good knowledge (57.7%) and a positive attitude (57.7%) toward ECIFS. A significant association was observed between knowledge and perception ($p = 0.006$; $\chi^2 = 10.10$, $df = 2$). Socio-demographic factors including age ($p = 0.015$), educational qualification ($p = 0.035$), marital status ($p = 0.025$), and residence ($p = 0.013$) were significantly associated with attitude, while gender and occupation were not. However, none of the socio-demographic variables significantly influenced knowledge. The study concludes that although caregivers generally exhibited good knowledge and positive attitudes toward ECIFS, certain gaps persist that may undermine care quality. It recommends intensified public health campaigns to improve awareness and preparedness for elderly care, targeting caregivers and the wider community.

Keywords: Elderly care, Family settings, Knowledge and attitude towards care.
Word Count: 238.

Introduction

Old age is a normal part of human development and is the life cycle's final phase, is a process of time-related change that occurs throughout life. It involves all aspects of the organism. In the past, few people lived to old age (Shabir & Singh, 2022). But during the 20th century, there has been a significant increase in the number and proportion of aged people worldwide, more evident in developed countries but occurring more rapidly in developing countries. It is mostly because general death rates have decreased. In today's world, the number of senior individuals is increasing. A growing percentage of the population in the developed world is older, and some developing nations are also impacted by this demographic shift (WHO, 204).

In general, older adults are more likely than younger members of the same group to suffer from illness, disability, and social and economic hardship. Health care needs increase with age and may cause tension between the older person and their caregivers or others in their social network due to the physical, emotional and financial burdens associated with providing care. Older people are prone to developing disabilities due to the accumulation of health risks across a lifespan of disease, injury and chronic illness which increases the likelihood of dependency and their need for care. In such instances, providing care may prove to be a challenging task (Schulz et al; 2020). According to the World Health Organization (WHO), the cumulative impact of chronic illness, injury, and disability over a lifetime greatly increases the risk of dependency in old age, underscoring the need for comprehensive and sustainable care strategies (WHO, 2024).

Knowledge of elderly care encompasses the understanding and awareness of caregivers or individuals about the multifaceted needs of older adults. This includes physical care, such as nutrition, hygiene, and mobility, as well as emotional support, like companionship, empathy, and validation. Additionally, knowledge of elderly care involves understanding social needs, including social interaction, community engagement, and access to resources. Having adequate knowledge in this area is crucial for providing high-quality care, promoting healthy aging, and ultimately enhancing the well-being and quality of life of older adults (Adedeji et al., 2022).

The attitude towards elderly care refers to the caregiver's or individual's feelings, perceptions, and disposition towards providing care and support to older adults. A positive attitude can manifest as empathy, compassion, and a willingness to provide personalized care, while a negative attitude may be characterized by frustration, burnout, or indifference (Adeleke et al., 2020). This attitude can significantly influence the quality of care provided, with positive attitudes

often leading to more effective and person-centered care, and negative attitudes potentially resulting in inadequate or neglectful care. Understanding the attitude towards elderly care is essential for developing strategies to promote positive caregiving experiences and improve outcomes for both caregivers and older adults (Adedeji et al., 2022).

Statement of the Problem

Caregivers assume responsibility for the elderly without prior training or adequate knowledge of geriatric care. These individuals carry out the care under conditions of financial strain, limited knowledge of geriatric care, and deeply rooted cultural misconceptions. Caregivers, while providing essential care, may simultaneously harbor negative or ambivalent attitude toward their elderly relatives, especially in cases of chronic illness or dependency (Wheeler, 2025). In addition, they often rely on cultural expectations, or personal experiences to provide physical and emotional support, which may not adequately address the complex and evolving health needs of the elderly. Usually, the elderly are often neglected at home due to the burden that is put on their caregivers and most of them are being cared for by family members who seem to not have adequate knowledge on elderly care.

Objectives of the Study are to:

1. assess the level of knowledge of Care Givers on Elderly Care in Family Settings in Selected Government Areas of Ibadan Oyo State
2. determine the attitude of caregivers towards elderly care in family settings in Lagelu and Ibadan North East Local Government Areas.

Research Questions

1. what is the level of knowledge (Positive or Negative) of Care Givers towards Elderly Care in Family Settings in Selected Government Areas of Ibadan Oyo State?
2. What is the attitude of caregivers towards elderly care in family settings in Lagelu and Ibadan North East Local Government Areas?

Hypotheses

$H_0$1: There will be no significant association between knowledge and attitude of care givers towards elderly care in family settings in Lagelu and Ibadan North East Local Government Areas.

H_o2: There will be no significant association between socio-demographic characteristics and knowledge of care givers on elderly care in family setting in Lagelu and Ibadan North East Local Government Areas.

H_o3: There will be no significant association between socio-demographic characteristics and attitude of care givers on elderly care in family settings in Lagelu and Ibadan North East Local Government Areas.

Literature Review

Aging is associated with biological changes and life transitions such as retirement, relocation, and loss of companions (Noto, 2023). Accumulated cellular and molecular damage leads to gradual decline in physical and mental capacity, though these changes vary widely among individuals (Weiss & Bass, 2002). Later life often involves chronic illnesses—diabetes, dementia, cardiovascular diseases, and multiple comorbidities—that affect quality of life (Akter, 2021). Beyond health, psychosocial needs like social connectedness, autonomy, and purpose are critical to well-being, aligning with Maslow's hierarchy, Erikson's integrity versus despair, and Self-Determination Theory (Ungar & Theron, 2020).

Healthy aging is shaped by environment, lifestyle, and socioeconomic status (Skýbová et al., 2021). Supportive environments, accessible services, and reduced ageist attitudes are central to enabling older adults to thrive (Calder et al., 2018). While added years provide opportunities for personal growth and community contribution, health ultimately determines their value (Yusuf et at, 2022). Older adults' capacities vary greatly; thus, policies must address diversity in needs, inequalities, and social determinants of health (Andrerson et al., 2022).

Caregiving, defined as providing physical, emotional, and social support to those unable to meet their needs, includes managing medications, coordinating healthcare, and supporting daily living (Johnson et al., 2022). This study adopts Ajzen's Theory of Planned Behaviour (TPB), which posits that behavioural intentions are shaped by attitudes, social norms, and perceived control (Ajzen, 2011). Applied to elderly care, caregivers with positive attitudes, social support, and confidence in their skills are more likely to deliver effective and compassionate care.

As populations age, needs evolve. Older persons may have specific care or healthcare requirements, including those that stem from having two or more long-term conditions. Some individuals may start to have limitations that prevent them from carrying out daily routines, such as getting out of bed, taking baths or showers, using the toilet, dressing and preparing meals. Functional limitations may not immediately require care services for extended periods but may call for assistance with some activities of daily living. Functional limitations can also increase demand for more extended services over time. For example, decreased mobility and falls among older persons can result in needs for hip and knee replacements and extended recovery, increasing demand for palliative, rehabilitation and ongoing care service. In developing nations like Nigeria, where family members primarily serve as caregivers for older adults, inadequate knowledge about their complex needs increases caregiver burden. (Zhang et al., 2024). The present study aims to assess the knowledge, attitudes and perception of family caregivers providing care to older adults at homes in Nigeria. (Schulz et al., 2020)

In elderly care, adequate knowledge ensures safety, improved quality of life, and delayed onset of complications in the elderly. In developing countries, where institutional care is limited family caregivers play a critical role in supporting the aging population.

The determinants of caregiver's knowledge include; educational level of the caregiver, previous training or health background, access to healthcare services, support from health professionals, cultural beliefs and family traditions and experience in caregiving.

Caregivers' attitude play a critical role in determining the quality of care provided, the emotional environment of the household, and the dignity experienced by the elderly. These perceptions are shaped by caregiver age, gender, education, financial capability, caregiving duration, and the cultural norms regarding aging (Brown et al., 2022). In many homes, elderly persons may be perceived either as cherished figures or as economic and emotional burdens especially when they require assistance due to physical or cognitive impairments (Udoh et al., 2022). Traditional Nigerian culture reveres old age, associating it with wisdom and respect. However, urbanization, economic pressures, and intergenerational shifts in values have contributed to a weakening of family support systems. (Umeh et al., 2022).

Methodology

This study adopted a descriptive cross-sectional research quantitative design to assess the knowledge, perception, and attitudes of care givers towards elderly care in a family setting in Ibadan, Oyo State, Nigeria. This research design was appropriate for collecting data along the stated objectives and research questions. The study targeted caregivers aged 18 years and above who were responsible for caring for elderly persons within their households. The study was conducted across Lagelu and Ibadan North East LGAs within Oyo State to capture a representative sample of caregivers from diverse settings. The sample size for this study was determined using Cochran's formula (Harris, Booth, Cargo, Hannes, Harden, Flemming, & Noyes, 2018).

$$n = \frac{Z^2 \times P(1-p)}{e^2}$$

where:

n = required sample size

Z = standard normal deviate at 95% confidence level = 1.96

p = 23.3%

e = margin of error = 0.05

$$n = \frac{1.96^2 \times 0.23(1-0.23)}{(0.05)2}$$

$$n = \frac{(3.8416 \times 0.1771)}{0.0025}$$

$$n = \frac{0.6802411}{0.0025} = 272.0 = 272$$

Adjustment for Non-Response (10%)

$$\text{Adjusted n} = \frac{n}{1-0.10} = \frac{272}{0.90} = 302.2 = 303$$

Total sample for this study was 303

A multistage sampling procedure was adopted to select caregivers of elderly persons from (Lagelu and Ibadan North East Local Government Areas).

Stage One: A simple random sampling technique by balloting was used to select two Local Government areas from 11 LGAs in Ibadan by geo-graphical location among the 33 local governments in Oyo State.

Stage Two: The two Local Government Areas were divided into geopolitical wards, four wards were selected within the LGAs using simple random sampling by balloting, applying proportional allocation based on the population of the two LGAs.

Table 1: Showing Proportional Calculation of the Sample Size

S/N	LGAs	No of Wards	2006 Census Population Figure	% of Sample size by Proportion	No of Sample Size by Proportion
1	Ibadan North East	10	330,399	69.07	209
2	Lagelu	14	147,957	30.93	94
			Total = 478,356		Total = 303

Stage Three: The selected wards were divided into compounds which were visited to identify households with elderly persons who have caregivers with the assistance of the ward development committee members.

Stage Four: From each eligible household (a household with an elderly person receiving care), one caregiver was selected for participation in the study.

Description of the Research Instrument

A validated structured, interviewer-administered questionnaire was used for data collection. The instrument which has fifty (50) question items made into four (4) sections, specifically designed to address the study's research questions:

Section A – Socio-demographic Characteristics:

This section was used to collect information on socio demographic characteristics of the caregivers (for for example, age, gender, educational level, occupation, relationship to the elderly, duration of caregiving). It contained ten (10) question items.

Section B – This instrument was used to elicit information on the knowledge of the respondents on elderly care and assessing understanding of basic care practices. It contained nineteen (19) question items.

Section C – Attitude towards elderly care, evaluating emotional responses, willingness, empathy, and commitment to caregiving. It contained nine (9) question items.

Section D – Perception towards elderly care, capturing caregivers' beliefs, cultural influences, and perceived roles/responsibilities. It contained twelve (12) question items.

The instruments were translated to Yoruba Language for better understanding of the concepts of the questionnaire.

The research instrument was validated through face and content validity and pretested in Egbeda Local Government using 10% of the sample. Trained research assistants fluent in English and the local language facilitated data collection, ensuring clarity and cultural sensitivity. Ethical standards were strictly upheld, with participants fully informed and providing written consent, and interviews conducted in private settings to maintain confidentiality and minimize bias. Data were analyzed using SPSS version 27, with descriptive statistics (frequency, percentage, mean, and SD) used for research questions, while inferential statistics employed Pearson Chi-square (cross-tabulation) at a 0.05 significance level for the hypotenuses.

Results of Findings

Table 1 Showing Socio-Demographic Characteristics

	Variables	Frequency	Percentage
Gender	Male	120	40
	Female	180	60
Age	18 – 27	68	22.7
	28 – 37	100	33.3
	38 – 47	80	26.7
	48 – 57	38	12.7
	58 – 67	11	3.7
	68 – 78	3	1

	Single	102	34
Marital Status	Married	164	54.7
	Divorced	22	7.3
	Widowed	9	3
	None	21	7
Level of Education	Primary	20	6.7
	Secondary	121	40.3
	Tertiary	138	46
	Unemployment	82	27.4
	Artisan	22	7.3
Occupation	Traders	120	40
	Civil servant	30	10
	Private enterprise	43	14.3
	Retiree	3	1
	Rural	10	3.3
Residence	Semi-urban	187	62.3
	Urban	103	34.4

The descriptive statistics presented in Table 1 provide an overview of the categorical characteristics of the respondents in the study. In terms of gender distribution, 40% of the respondents were male (120 individuals), while 60% were female (180 individuals), indicating a higher representation of females in the sample. The age distribution shows that the largest proportion of respondents fell within the 28–37 years age group (33.3%), followed by the 38–47 years group (26.7%) and the 18–27 years group (22.7%). Fewer respondents were aged 48–57 years (12.7%), 58–67 years (3.7%), and 68–78 years (1.0%). The mean age of respondents was 36.8±11.3 years, suggesting that most participants were young to middle-aged adults. Regarding marital status, the majority of respondents were married (54.7%), followed by those who were single (34%), divorced (7.3%), and widowed (3%). Educational attainment revealed that 46% of

respondents had tertiary education, 40.3% had secondary education, while only 6.7% and 7% had primary or no formal education respectively. This suggests a relatively educated population, with the majority having completed at least secondary education.

Occupational distribution shows that 40% of respondents were traders, 27.4% were unemployed, 14.3% were in private enterprise, 10% were civil servants, 7.3% were artisans, and only 1% were retirees. This indicates that trading is the predominant occupation among the respondents, while unemployment also constitutes a significant portion. In terms of place of residence, the majority lived in semi-urban areas (62.3%), followed by urban dwellers (34.4%), and a small percentage resided in rural areas (3.3%). This indicates that most respondents were from semi-urban and urban locations, with rural representation being minimal.

A multistage sampling technique selected 300 respondents, and data were collected using a validated, structured questionnaire. Analysis involved descriptive statistics, Pearson chi-square, and mean scores. Results showed that the mean age of the respondents was 36.8 ± 11.3 years. More than half of the respondents had good knowledge (173; 57.7%) and positive attitude (173; 57.7%) of ECIFS. A significant association was found between knowledge and perception ($p = 0.006$; $df = 2$, $\chi^2 = 10.10$). Socio-demographic variables including age ($p = 0.015$), educational qualification ($p = 0.035$), marital status ($p = 0.025$), and residence ($p = 0.013$) were significantly associated with attitude, whereas gender and occupation were not. Conversely, none of the socio-demographic characteristics showed a significant association with knowledge. Overall, findings indicate that while many caregivers demonstrated good knowledge and positive attitude of ECIFS, gaps exist that could affect the quality of elderly care. The study recommends that public health campaigns should be developed to raise awareness about the challenge and responsibilities involved in elderly care targeting both caregivers and the broader community.

Conclusively, more than half of the respondents had good knowledge and positive attitude towards elderly care in family settings.

Presentation of Data

Research Questions One: **What is the level of knowledge of caregivers on elderly care in family settings in Lagelu and Ibadan North East Local Government Areas?**

Table 2: Showing Respondents' Caregiver's Knowledge Regarding Care in a Family Setting

Statement	Yes (%)	No (%)
Do you consider a person age 60 years and above as elderly?	234(78)	66(22)
Is minimum of 2 litres the recommended daily fluid intake for an elderly adult?	190(63.3)	56(36.7)
Is psychological imbalance a part of aging process?	244(81.3)	56(18.7)
Should an elderly person have their vital signs checked regularly (for example. daily or weekly)?	263(87.7)	37(12.3)
Can bedsores be prevented through frequent repositioning?	196(65.3)	104(34.7)
Should an elderly person lie down while eating?	60(20)	240(80)
Do you know the names and purposes of the medications the elderly person you care for takes?	199(66.3)	101(33.7)
Can missing a dose of high blood pressure medication cause a sudden spike in blood pressure?	205(68.3)	95(31.7)
Is sleeping too much or too little a possible sign of depression?	180(60)	120(40)
Does engaging the elderly in meaningful conversations promote healing?	273(91)	27(9)
Do you understand that physical exercise aid circulation and digestion in the elderly?	242(80.7)	58(19.3)
Do you know that elderly people have more healthcare challenges due to aging?	266(88.7)	34(11.3)
Are elderly people more prone to chronic diseases like diabetes, hypertension, dementia, and arthritis?	247(82.3)	53(17.7)
Do you believe that the elderly have different healthcare needs compared to younger people?	240(80)	60(20)

Does adequate diet promote elderly healthy living?	273(91)	27(9)
Do you think caregivers need to be trained before providing effective elderly care?	228(76)	72(24)
Should elderly people contribute to decision making?	241(80.3)	59(19.7)
Can dehydration in the elderly be identified by checking skin turgor, mucous membranes, and urine output?	220(73.3)	80(26.7)
Does short-time memory and retention span decline with aging?	247(82.3)	53(17.7)
*Mean caregiver's knowledge regarding care in a family setting	**22.62 ± 3.29**	

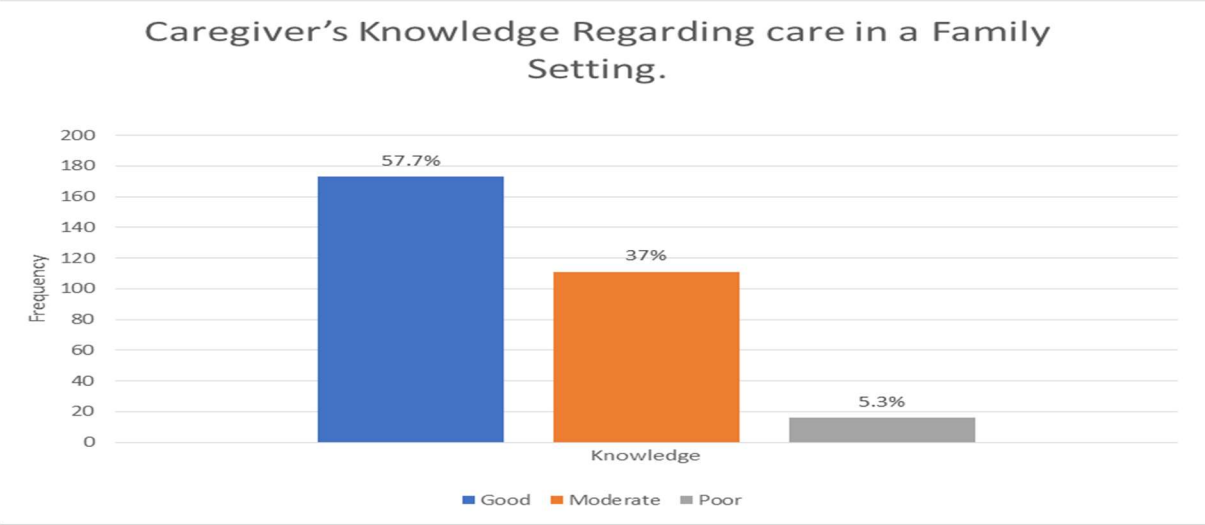
Source: Field Survey, 2025

Table 2 presents the caregivers' knowledge regarding care for the elderly within a family setting, based on responses from 300 participants. A significant majority (78%) correctly identified individuals aged 60 years and above as elderly. About 63.3% of respondents acknowledged that a minimum of 2 litres is the recommended daily fluid intake for an elderly adult, while 36.7% were unaware. Awareness of psychological imbalance as part of the aging process was high, with 81.3% responding affirmatively. Most caregivers (87.7%) understood the importance of regularly checking an elderly person's vital signs.

Regarding the prevention of bedsores, 65.3% knew that frequent repositioning helps prevent them, whereas 34.7% did not. Only 20% knew that an elderly person should not lie down while eating, reflecting a major knowledge gap on this issue. In terms of medication knowledge, 66.3% of caregivers knew the names and purposes of medications taken by the elderly in their care, while 33.7% did not. Furthermore, 68.3% were aware that missing a dose of high blood pressure medication can cause a sudden spike in blood pressure. When asked about signs of depression, 60% correctly identified abnormal sleep patterns as a possible sign, but 40% lacked this awareness. An overwhelming majority (91%) believed that engaging the elderly in meaningful conversations promotes healing. Similarly, 80.7% recognized the role of physical exercise in aiding circulation and digestion among the elderly, and 88.7% acknowledged that aging comes with increased healthcare challenges.

In terms of chronic diseases, 82.3% of caregivers were aware that elderly individuals are more prone to conditions such as diabetes, hypertension, dementia, and arthritis. A substantial 80% also believed that elderly people have distinct healthcare needs compared to younger individuals.

The importance of an adequate diet in promoting healthy living was emphasized by 91% of respondents. Training for caregivers was seen as essential by 76% of participants, suggesting that about one-fourth may be providing care without formal preparation. A good proportion (80.3%) believed elderly individuals should contribute to decision-making processes. Lastly, 73.3% were aware that signs of dehydration can be identified through skin turgor, mucous membranes, and urine output, and 82.3% recognized that memory and retention tend to decline with aging.



0 - 49%- Poor

50-69%- Moderate

50-100%- Good

Research Questions Three: **What is the attitude of caregivers towards elderly care in family settings in Lagelu and Ibadan North East Local Government Areas?**

Table 3: Showing Attitude of Caregivers towards Elderly Care in a Family Setting

Statement		Frequency	Percentage
Caring for the elderly is a rewarding experience.	Strongly Disagree	5	1.7
	Disagree	25	8.3
	Agree	124	41.3
	Strongly Agree	146	48.7
Elderly people are a burden to their families.	Strongly Disagree	59	19.7
	Disagree	101	33.7
	Agree	110	36.7
	Strongly Agree	30	10

Most elderly people are difficult to manage.	Strongly Disagree	32	10.7
	Disagree	80	26.7
	Agree	124	41.3
	Strongly Agree	64	21.3
The government should provide more support for elderly care at home.	Strongly Disagree	10	3.7
	Disagree	11	9.3
	Agree	178	43
	Strongly Agree	132	44
Caring for the elderly improves family bonding.	Strongly Disagree	11	3.7
	Disagree	28	9.3
	Agree	129	43
	Strongly Agree	132	44
Elderly people are generally ungrateful for the care they receive.	Strongly Disagree	73	24.3
	Disagree	82	27.3
	Agree	106	35.3
	Strongly Agree	39	13
Only trained professionals should care for the elderly.	Strongly Disagree	56	18.6
	Disagree	66	22
	Agree	104	34.7
	Strongly Agree	74	24.7
Elderly care in family settings promotes emotional bonding between generations	Strongly Disagree	11	3.7
	Disagree	25	8.3
	Agree	136	45.3
	Strongly Agree	128	42.7
Most families are willing and prepared to care for their elderly relatives	Strongly Disagree	30	10
	Disagree	41	13.7
	Agree	144	48
	Strongly Agree	85	28.3
Elderly people are better cared for in family settings than in institutional homes	Strongly Disagree	14	4.7
	Disagree	37	12.3
	Agree	150	50
	Strongly Agree	99	33
Cultural and religious beliefs influence how families care for their elderly members	Strongly Disagree	15	5
	Disagree	33	11
	Agree	125	41.7

	Strongly Agree	127	42.3
Elderly care should be a shared responsibility among family members, not left to one person	Strongly Disagree	14	4.7
	Disagree	12	4
	Agree	103	34.3
	Strongly Agree	171	57

*Mean 23.96 ± 5.17

Source: Field Survey, 2025

Table 3 presents caregivers' attitudes toward elderly care within a family setting, based on their responses to several attitudinal statements. A strong majority of respondents expressed a positive outlook toward caregiving, as 90% agreed or strongly agreed that caring for the elderly is a rewarding experience, while only 10% disagreed. However, opinions were divided on whether elderly people are a burden to their families: 53.4% disagreed or strongly disagreed, while 46.7% agreed or strongly agreed, indicating that nearly half of the caregivers perceive caregiving as burdensome.

In terms of the manageability of elderly individuals, 62.6% agreed or strongly agreed that most elderly people are difficult to manage, while 37.4% disagreed, suggesting that many caregivers experience challenges in handling the needs and behaviors of older adults. Nonetheless, there is a strong consensus on the need for external support, with 87% of respondents agreeing or strongly agreeing that the government should provide more support for elderly care at home.

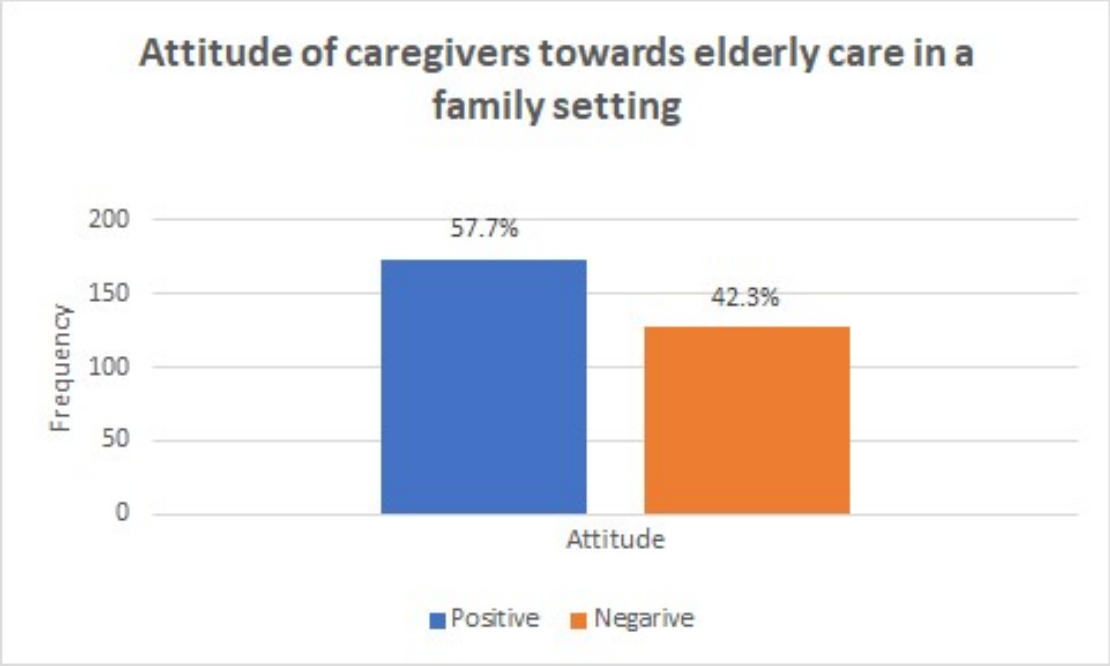
Caregiving was also seen as beneficial for family relationships, as 87% agreed or strongly agreed that it improves family bonding. On the other hand, perceptions about elderly gratitude were mixed; while 51.6% felt that elderly people are generally ungrateful for the care they receive, 48.6% disagreed, highlighting an area of emotional complexity in the caregiving experience.

Regarding the qualifications of caregivers, 59.4% believed that only trained professionals should care for the elderly, indicating a significant preference for formal caregiving training, although 40.6% still supported the idea of informal family caregiving. A large proportion of respondents (88%) agreed or strongly agreed that elderly care within the family promotes emotional bonding between generations, reinforcing the value of intergenerational care.Most caregivers (76.3%) believed that families are willing and prepared to care for their elderly relatives, while 23.7% did not share this view, pointing to varying degrees of readiness and resource

availability among families. Furthermore, 83% agreed that elderly individuals are better cared for in family settings than in institutional homes, reflecting a strong preference for home-based elderly care.

Additionally, 84% of respondents acknowledged the influence of cultural and religious beliefs on caregiving practices, indicating that such values play a central role in shaping family responsibilities toward the elderly. Finally, a vast majority (91.3%) agreed or strongly agreed that elderly care should be a shared responsibility among family members, rather than being left to a single individual.

Overall, the mean attitude score was 23.96 ± 5.17, suggesting that caregivers generally possess a positive attitude toward elderly care in a family setting



Positive: 50-100%

Negative: 0-49%

Discussion of Findings

The findings of this study reveal that a substantial proportion of caregivers in Lagelu and Ibadan North East Local Government Areas have good knowledge of elderly care. This is consistent with the findings of Brasaite et al., (2015), where 95% of healthcare professionals demonstrated good knowledge, and Fulbrook, et al., (2012) who reported that 66% of nurses

possessed knowledge levels. The close alignment between the present study's results and those of trained professionals suggests that knowledge of elderly care may be widely accessible, possibly due to community sensitization programs, exposure to healthcare facilities, and strong cultural norms regarding elder respect and care.

However, the results differ from those of Fita, et al., (2021) in Ethiopia, where only 37.2% of nurses had good knowledge. This disparity could be attributed to variations in caregiver education levels, access to healthcare information, and local investments in geriatric care services. Furthermore, the Ethiopian phenomenology study noted that even when caregivers had basic knowledge of elderly care, they often lacked practical competencies in areas such as fall prevention, nutrition planning, and chronic disease management. Similarly, in the present study, while overall knowledge scores were high, there were noticeable gaps in specialized areas of elderly care.

Furthermore, bivariate analysis in this study revealed that educational attainment was significantly associated with knowledge ($\chi^2 = 18.42$, $p < 0.001$), with those having tertiary education more likely to possess good knowledge. This aligns with the Ethiopian phenomenology study, which noted that education level influenced both the breadth and application of caregiving knowledge (Yayeh, & Makua, 2025).

The implication of these findings is that knowledge alone may not guarantee optimal caregiving practices unless it is complemented by practical training and continuous education. Strengthening caregiver capacity through workshops, health education programs, and collaboration with healthcare providers could bridge these gaps, ensuring that knowledge translates into improved elderly care outcomes. Caregivers in this study generally perceived elderly care as both a moral responsibility and a valued cultural obligation.

The study also revealed that the majority of caregivers exhibited a positive attitude towards elderly care. This finding is in agreement with Kaur et al., (2020) in India, where a high proportion of nursing students had favourable attitudes, and Mwolchet et al., (2023) in Jos, who found similar trends among healthcare professionals. Such positive attitudes may stem from cultural respect for elders, personal attachment, and a sense of duty to care for vulnerable family members.

Nevertheless, a minority of respondents displayed negative or mixed attitudes, often linked to stress, lack of time, and financial burden. In the present study, attitude was significantly associated with caregiver age ($\chi^2 = 7.94$, $p = 0.019$) and duration of caregiving ($\chi^2 = 9.58$, $p =$

0.008), indicating that older caregivers and those with longer caregiving experience were more likely to develop negative attitudes likely due to accumulated fatigue and strain. This mirrors the observations of Adigun et al., who identified poor working environments, limited institutional support, and the perception of elderly care as burdensome as factors that could weaken positive attitudes over time.

The implication of this finding is that interventions aimed at improving caregiver attitudes must go beyond awareness campaigns to address structural barriers. This may include offering respite services, facilitating peer support networks, and providing stipends or subsidies for caregivers who commit substantial time and resources to elderly care. By alleviating the challenges associated with caregiving, it may be possible to sustain and even enhance the positive attitudes observed in this study.

Conclusion

The findings of this study underscore the multifaceted challenges that accompany the provision of elderly care in Nigerian family settings. Although caregiving remains a noble and culturally rooted practice, it is becoming increasingly unsustainable without systemic support. This study revealed a strong willingness among caregivers to provide care for their elderly relatives, but also highlighted the gap between intention and practice caused primarily by lack of knowledge, inadequate training, cultural misconceptions, and financial strain.

The conclusion drawn is that for eldercare to be effective and dignified within family settings, a paradigm shift is necessary. This involves not only empowering caregivers with skills and knowledge but also strengthening the health and social infrastructure that supports aging populations. Community-level interventions, formal training programs, and caregiver support policies are urgently needed. Moreover, it is important to dismantle harmful traditional beliefs that stigmatize aging or misinterpret medical conditions such as dementia.

Recommendations

1. Public health campaigns should be developed to raise awareness about the challenges and responsibilities involved in eldercare, targeting both caregivers and the broader community
2. The government should establish community-based eldercare centers to support family caregivers with training and temporary relief services (respite care).

3. Policies that provide financial assistance or incentives to informal caregivers should be implemented to reduce the economic strain on families.
4. Integration of geriatric care education into primary health care and community outreach programs should be prioritized.
5. Local government authorities should work in collaboration with NGOs and faith-based organizations to provide psychosocial support and counseling services to caregivers.
6. Gender-specific interventions should be introduced to address the unique challenges faced by female caregivers.
7. Regular assessments and monitoring of caregivers' wellbeing should be included in social welfare programs

References

Abdi S., Spann A. & Borilovic J, (2019) Understanding the care and support needs of older people: a scoping review and categorization using the WHO international classification of functioning, disability and health framework (ICF). *BMC* 2019, 195.

Adedeji I. A., Ogunniyi A., Henderson DC, Sam-Agudu NA, (2022) Experiences and practices of caregiving for older persons living with dementia in African countries: A qualitative scoping review. *Dementia (London).* 2022;21(3):995-1011

Adeleke I.T, Afolabi R.F, & Olowookere S.A, (2020). Challenges and coping strategies of caregivers of older adults in Nigeria: A qualitative study. *African Journal of Primary Health Care & Family Medicine*, 12(1), 1-6

Ajzen, I. (2011). The theory of planned behaviour: Reactions and reflections. *Psychology & health*, *26*(9), 1113-1127.

Akter S. M., Rahman R., and Rahman A. T., (2021) Family caregiving for older adults in rural Bangladesh: experiences and challenges. *BMC Geriatrics* 21, no. 1 (2021): 1–11. https://doi.org/10.1186/s12877-021-02194-w.

Anderson L. M., Brooks K. D., and Evans P. R., (2022) Caregiver education programs: improving competence and reducing burden. *Patient Education and Counseling* 105, no. 10 (2022): 2794–2802. https://doi.org/10.1016/j.pec.2022.06.018.

Brown S. P., Walker C. A., and Hughes T. J.. Technological Innovations Supporting Caregivers of Persons with Dementia. ***Aging & Mental Health*** 26, no. 9 (2022): 1761–1770. https://doi.org/10.1080/13607863.2021.1923681.

Crews, J. E., Chou, C. F., Sekar, S., & Saaddine, J. B. (2017). The prevalence of chronic conditions and poor health among people with and without vision impairment, aged≥ 65 years, 2010–2014. *American Journal of Ophthalmology*, *182*, 18-30.

Feliciano A. Z. and Feliciano E. E., (2022) Acceptance of Family Caregiving in the Older Adults: A Validation of Theory through a Descriptive Correlational Study. "*International Journal of Advanced and Applied Sciences* 2022: 17–25. https://doi.org/10.21833/ijaas.2022.10.003.

Fita, F., Mekonnen, H. S., Endalew, H. L., & Azagew, A. W. (2021). Knowledge, attitude, and associated factors towards older people care among nurses working at public hospitals in West Shoa zone, Oromia region, Ethiopia. *BMC nursing*, *20*(1), 248

Fulbrook, P., Albarran, J. W., Baktoft, B., & Sidebottom, B. (2012). A survey of European intensive care nurses' knowledge levels. *International journal of nursing studies*, *49*(2), 191-200.

Gaugler J. E. et al., (2021) "Family caregiving and care transitions in older adulthood." *Annual Review of Gerontology and Geriatrics* 41, no. 1 (2021): 3–24.

Higo, M., & Khan, H. T. (2015). Global population aging: Unequal distribution of risks in later life between developed and developing countries. *Global Social Policy*, *15*(2), 146-166.

Johnson K. S., Porter L. H., and Smith M. B., (2022) Respite Care and its Impact on Caregiver Well-being. *Journal of Aging & Social Policy* 34, no. 3 (2022): 342–357. https://doi.org/10.1080/08959420.2022.2035438.

Knickman, J. R., & Snell, E. K. (2002). The 2030 problem: caring for aging baby boomers. *Health services research*, *37*(4), 849-884.

Kuh, D. (2007). A life course approach to healthy aging, frailty, and capability. *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences*, *62*(7), 717-721.

Lindell, M. E., & Olsson, H. M. (1989). Lack of care givers' knowledge causes unnecessary suffering in elderly patients. *Journal of Advanced Nursing*, *14*(11), 976-979.

Matthews D. L., Roberts A. S., and Jacobs K. M., (2022) Nutrition and Health Promotion for Caregivers of the Elderly. *Public Health Nutrition* 25, no. 6 (2022): 1652–1660. https://doi.org/10.1017/S1368980022000204.

Moreira, A. C. A., Silva, M. J. D., Darder, J. J. T., Coutinho, J. F. V., Vasconcelos, M. I. O., & Marques, M. B. (2018). Effectiveness of an educational intervention on knowledge-attitude-practice of older adults' caregivers. *Revista brasileira de enfermagem*, *71*(3), 1055-1062.

Musa A. J., Adediran O. E., and Salami K. I., (2022) *Family dynamics and caregiving roles in Nigeria. African Journal of Social Work* 12, no. 1 (2022): 45–55. https://doi.org/10.4102/ajsw.v12i1.33.

Noto S., (2023) "*Perspectives on aging and quality of life*. Healthcare (Basel) 2023 11, no. 15: 2131. https://doi.org/10.3390/healthcare11152131.

Ojifinni, O. O., & Uchendu, O. C. (2022). Experience of burden of care among adult caregivers of elderly persons in Oyo State, Nigeria: a cross-sectional study. *Pan African Medical Journal, 42*(1).

Robinson C. A., Buffon L., (2020) Development and Implementation of the Family Caregiver Decision Guide. *Qualitative Health Research* 30, no. 2 2020: 303–313. https://doi.org/10.1177/1049732319878803.

Schulz R, Beach SR, Czaja SJ, Martire LM, Monin JK. Family caregiving for older adults. *Annu Rev Psychol*. 2020 4;71:635-659.

Seeman, T. E., & Crimmins, E. (2001). Social environment effects on health and aging: integrating epidemiologic and demographic approaches and perspectives. *Annals of the New York Academy of Sciences, 954*(1), 88-117.

Shabir, S., & Singh, M. P. (2022). *The aging: Introduction, theories, principles, and future prospective*. In *Anti-Aging Drug Discovery on the Basis of Hallmarks of Aging* (pp. 1-17). Academic Press.

Singh N. P., Thakur K., and Thakur S. A., (2022) *Gender differences in the experience of informal caregiving: A systematic review. International Journal of Care and Caring* 6, no. 3 (2022): 467–487. https://doi.org/10.1332/239788221X16516710701267.

Skýbová, D., Šlachtová, H., Tomášková, H., Dalecká, A., & Maďar, R. (2021). Risk of chronic Diseases limiting longevity and healthy aging by lifestyle and socio-economic factors during the life-course–a narrative review. *Medycyna Pracy. Workers' Health and Safety*, *72*(5), 535-548.

Thompson M. E., Harris G. L., and Collins N. A., (2022) *Telehealth interventions for supporting family caregivers: A systematic review*. *BMC Health Services Research* 22, no. 1 (2022): 781. https://doi.org/10.1186/s12913-022-08020-7.

Turner J. C., Petty B. S., and Ellis H. K., (2022) *Support services for family caregivers of people with dementia: a qualitative exploration*. *The Gerontologist* 62, no. 5 (2022): 709–719. https://doi.org/10.1093/geront/gnab157.

Udoh E. N., Effiong T. A., and Akpan P. O.. Community-Based Support Systems for Caregivers of Persons with Severe Mental Illness in Nigeria. ***International Journal of Social Psychiatry*** 68, no. 7 (2022): 1501–1509. https://doi.org/10.1177/00207640211073492.

Ungar, M., & Theron, L. (2020*).* Resilience and mental health: How multisystemic processes contribute to positive outcomes. *The Lancet Psychiatry*, *7*(5), 441-448.

United Nations Digital Library System. *World Population Ageing 2019: Highlights*. United Nations Digital Library System, 2019.

Umeh C. O., Nwankwo T. A., and Okeke E. I.. Gender Roles in Caregiving: Implications for Policy in Nigeria. *Gender & Society* 36, no. 4 (2022): 562–580. https://doi.org/10.1177/08912432221093059.

Van Houtven, C. H., Voils, C. I., & Weinberger, M. (2011). An organizing framework for informal caregiver interventions: detailing caregiving activities and caregiver and care recipient outcomes to optimize evaluation efforts. *BMC geriatrics*, *11*(1), 77.

W. H. O. *Newsroom: Fact Sheets*. Geneva: World Health Organization, 2024. https://www.who.int/news-room/fact-sheets/detail.

Weiss, R. S., & Bass, S. A. (Eds.). (2002). *Challenges of the third age: Meaning and purpose in later life*. Oxford University Press.

Wheeler, E. A. M. (2025). *Perceptions of Caregivers on Their End-of-Life Care Choices Considering Their Experience* (Doctoral dissertation, National University).

World Health Organization. Ageing and health 2024.

Yayeh, M. B., & Makua, M. G. (2025). Perceptions of caregivers and healthcare providers on the factors contributed to undernutrition among under five children in the West Gojjam Zone, Ethiopia: Phenomenology qualitative design.

Yusuf R. K., Lawani T. I., & Emeka P. N., (2022) Spiritual Coping Strategies and Caregiver Resilience in Chronic Illness Care. *Journal of Religion and Health* 61, no. 4 (2022): 2978–2992. https://doi.org/10.1007/s10943-021-01364-0.

Zaidi, A. (2014). Life cycle transitions and vulnerabilities in old age: A review.

Zhang H. Q., Liu L. M., Xu & X.X T.Y. et.al, (2024) Careiving risk perception characteristics and associated factors among informal caregivers of functionally dependent elderly individuals at home: a qualitative study. *BMC Nurs*. 2024 7;23(1):536.

TELEGRAMS..... TELEPHONE.....

MINISTRY OF HEALTH

DEPARTMENT OF PLANNING, RESEARCH & STATISTICS DIVISION

PRIVATE MAIL BAG NO. 5027, OYO STATE OF NIGERIA

Your Ref. No. .....
All communications should be addressed to the Honorable Commissioner quoting
Our Ref. No. AD 13/479/295c

Date 16th July, 2025

NAME OF PRINCIPAL INVESTIGATOR: OYESIJI MODUPEOLA
TITLE OF STUDY: KNOWLEDGE, PERCEPTION AND ATTITUDE TOWARDS ELDERLY CARE AMONG CARE GIVERS IN FAMILY SETTINGS IN SELECTED LOCAL GOVERNMENT AREAS OF OYO STATE.
RESEARCH INSTITUTION: LEAD CITY UNIVERSITY, IBADAN.
NREC ASSIGNED NUMBER: NHREC/OYOSHRIEC/10/11/22

DATE OF RECEIPT OF VALID APPLICATION: 12/05/2025

NOTIFICATION OF EXECUTIVE APPROVAL OF PROTOCOL

This is to notify you that the Oyo State Ministry of Health Research Ethics Committee (HREC) has concluded to give executive approval to your research proposal after necessary reviews and corrections under the regulations guiding experiment in human subjects.

2. This approval is for a period of (1) one year from 26th May, 2025 to 25th April, 2026. If there is hindrance in starting this research, please inform the Oyo State HREC so that dates of approval can be adjusted accordingly. Note that no activity related to this research may be conducted outside these dates. No changes are permitted in the research without prior approval by Oyo State HREC.

3. All forms and questionnaires used in this study must carry the HREC assigned number and the duration of HREC approval. You are to note further that the National Code of Health Research Ethics requires you to comply with all Institutional guidelines, rules and regulation of the codes. Please ensure that any adverse effect from your study is quickly reported to the HREC Oyo State Ministry of Health, Ibadan.

4. You are expected to submit a **report** to this committee every three (3) months from the date of this approval. The Oyo State HREC reserves the right to conduct compliance visit on your research sites without previous notification.

5. I thank you.

OYO STATE RESEARCH ETHICAL REVIEW COMMITTEE
Signature & Date
MINISTRY OF HEALTH, O.Y.O

Dr. Adekunle Aremu
Director, Planning, Research & Statistics
Secretary, Oyo State, Research Ethics Review Committee