Sahel Journal of Life Sciences FUDMA (SAJOLS)
March 2025 Vol. 3(1): 446-455
ISSN: 3027-0456 (Print)
ISSN: 1595-5915 (Online)
DOI: *https://doi.org/10.33003/sajols-2025-0301-55*

Research Article

Variations in Preference for Public/Private Care Supports among the Elderly in South-Western Nigeria

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ABSTRACT

The study examined variations in preference for Public/Private care Supports among the Elderly in South-Western Nigeria. The data for this study were extracted from a 2012 elderly survey dataset. The data were analyzed using descriptive and inferential (one-way ANOVA) statistical techniques. The major findings indicate that age, education, marital status, marriage-type, employment, religion, ethnicity, and means of livelihood and usual place of residence have apparent variations in low-preferences for public/private care-supports in the study locations. The study concludes that: marital status (p=0.026), religious affiliation (p=0.027), and means of livelihood (p=0.015) are significant socio-demographic variables of respondents that indicate preference for public/private care supports. The study recommends that public/private old people's home care which can be community-based in order to take care of the elderly in extended family, should be considered as a desirable social institution any time from now in South-western Nigeria.

Keywords: Elderly; Preference; Public/Private Care Supports; South-western Nigeria; Variations

Citation: Akanbi, M. A. (2025). Variations in Preference for Public/Private Care Supports among the Elderly in South-Western Nigeria. *Sahel Journal of Life Sciences FUDMA*, 3(1): 446-455. DOI: *https://doi.org/10.33003/sajols-2025-0301-55*

INTRODUCTION

Obviously, the global population is ageing with problematic situations in the less-developed countries. Majority of western countries consider the age of 65 years as elderly category. For instance, the United States and most part of the world have defined ageing as beginning at the age of 65 years (Viscusi, 1979:96). The World Bank reports (2012) showed that the total years expected to live in Nigeria was previously 50 years while recently, it is 50.5 years.

In Developed nations, the concept of 'Public care support' is otherwise known as "long-term care" (LTC). The concept "long-term care" (LTC) is widely used, but, there is no agreement on the meaning of the concept. Moreover, those aged people without place of abode were forced to poorly-managed houses that are sponsored by welfare and philanthropic organisations (Pratt, 1998). As a result, there was emergence of concept of 'Private care support' in Developed world; which differs from 'Public care support' earlier stated. It is worthy of note that this study is exploring this concept of 'Private care support'.

In African continent, ageing has been chaotic as far as the family settings are concerned (Apt, 1995; Apt &Katila, 1994). Estimates showed that older people in Africa with 65 years and above are 3.1 per cent (United Nations, 1999a, 1999b). Notwithstanding, the proportion of elderly people in sub-Saharan Africa is not as large compare to other regions of the globe, yet, ageing is a serious concern to be tackled in Africa at this point when its resources are undergoing depletion.

In Africa, evidences reveal that improvement in longevity of the aged people needs extended support which involves outrageous cost of medical and health care services. The combination of high standard of living and low income earnings has made it impossible for the

family care-givers to adequately support their elderly (Blau, 1985).

In Nigeria, the public sponsored old people's homes are owned by the state government, whereas, private sponsored old people's homes are owned by passionate individuals with non-profit motives (Akanbi, 2014).

Essentially, this study conceptualized elderly person as someone who has reached the age of 50 years and above (Akanbi et al; 2015).

Previous studies have posited that care-seeking patterns and consultations on health service among adults and elderly people are obviously suffering from non-communicable diseases in Low middle income countries (Gabrani et al; 2020).

A vital study revealed that majority of elderly people attended public health care (PHC) in order to treat their poor health condition. The elderly folks are also fond of seeking regular non-communicable diseases care in various hospitals in Albania (Gabrani et al; 2021).

Also, this study is justified by the lacuna in knowledge on variations in preference for public/private care supports among the elderly in South-western Nigeria. Moreover, the prominent research questions for this study are: first, are there clear variations between preference for public/private care supports and socio-demographic variables of respondents in South-Western Nigeria? Second, what are the significant socio-demographic variables of respondents that indicate preference for public/private care supports in South-Western Nigeria?

MATERIALS AND METHODS

Theoretical Consideration

The theoretical framework for this study adopted the theory of social representations. This helps in identifying the variations in preference for public/private care supports among the socio-demographic variables of the elderly in different age groups.

Methods: The study areas comprises of Lagos and Oyo states in South-Western Nigeria. The South-Western Nigeria region is predominant home of the Yoruba ethnic group (Ojo & Ighalo, 2008).

A total sample size for this study was 816 elderly. This means 369 and 447 respondents were selected in Lagos (public) and Oyo (private) states. The research designs employed were both quantitative and qualitative techniques. The quantitative aspect of the study entails the administration of structured face-to-face questionnaire interviews. The qualitative segment embraced Focus Group Discussions (FGDs).

The first selection was purposive sampling of respondents who are 50 years and above in Lagos and Oyo states. Sampling procedures were carried out as follows: Initially, a total of twenty-four (24) Local Government Areas (LGAs) were selected in Lagos and Oyo states respectively.

13 Local Government Areas were drawn from Lagos state, while, 11 Local Government Areas were drawn from Oyo state. Secondly, in each LGA selected, there were house-listing by using already existing Population and Housing Census (PHC)/National Bureau of Statistics (NBS) house or street numbering in Lagos and Oyo states respectively. Systematic random sampling was used to select the number of houses where the old people are residing in Lagos and Oyo states.

Nevertheless, the lottery methods were employed in random selection of households where the old persons are residing in Lagos and Oyo states. However, in these house-lists, any house that was included initially and later discovered that respondents are not there, the contiguous house were considered for interviews even though it was not initially included in the sampling frame. Thirdly, the old persons were picked from the selected households in Lagos and Oyo states. 430 respondents were drawn from 13 LGAs (15 urban, 8 rural settings) in public old people's homes in Lagos state, while, 508 respondents were selected from 11 LGAs (8 urban, 3 rural settings) in private old people's homes in Oyo state.

The second sampling technique involved Focus Group Discussions (FGDs) among family care givers ranging between 31 and 65 years in Lagos and Oyo states. In each state, two FGDs were conducted. In essence, 2 men and 2 women participated in the focus group discussions in each of the two convenient venues selected in Oyo state. However, 3 men and 3 women participated in the focus group discussions in each of the two convenient venues selected in Lagos state.

The third segment of sampling strategy in the study were in-depth interviews with stakeholders (men and women) that are responsible for the care-giving of the elderly people in public/private old people's homes in Lagos and Oyo states. Lagos state accommodated three in-depth interviews in three old people's homes while, in Oyo state, two in-depth interviews were held in two old people's homes. In Lagos state, (2) Matrons and (2) Social workers in three old people's homes participated in the in-depth interviews; while, in Oyo state, (1) Coordinator and (1) Supervisor in two (2) old people's homes participated in the in-depth interviews.

Moreover, the rationale for chosen Oyo and Lagos states are that they are South-Western states in Nigeria where we have old people's homes apart from Benin-Edo state. The statistical analyses were done by using Statistical Packages for Social Scientists (SPSS Version 22.0). This research embraced univariate and bivariate analysis with robust information obtained from the four

focus group discussions was transcribed and content analyzed.

RESULTS AND DISCUSSIONS

Table 1 showed the frequency distributions of respondents in both Lagos and Oyo states on preference for public/private care support with respect to socio-demographic variables. The total sampled population is 816 elderly people. In Tables 1 and 2, the major percentage of sampled population 592 (72.5**%**) did not show preference for public/private care support in South- Western Nigeria. However, the proportion of sampled population in this study that indicates little preference for public/private care support is 224 (27.5 **%**). Analysis of study location indicates that 102 (27.6 **%**) of the respondents with little preference for public/private care support were drawn from Lagos state while 122 (27.3 **%**) were drawn from private care support in Oyo state. This implies that a slightly higher percentage of respondents in Lagos state showed little preference for public/private care support compare to their counterparts in Oyo state (Anionwu, 1986).

Gender distribution depict that slightly greater proportion of male respondents 124 (27.6**%**) have little preference for public/private care support compare to their female counterparts 100 (27.2**%**) in the study. Marriage types distribution showed that more proportion of polygamous respondents 64 (27.0**%**) indicate little preference for public/private care support than their monogamous counterparts 137 (25.8 **%**) in the study locations.

Age-group distribution revealed that greater proportion of respondents who are 50-64 years 146 (30.8**%**) indicate little preference for public/private care support compare to their counterparts who belong to 80 years and above 34 (28.6**%**) in the study. Educational level depict a slightly higher proportion of respondents without education 42 (34.7**%**) showed little preference for public/private care support compare to their counterparts with primary education 44 (33.3 **%**) in the study areas (Apt, 1995).

Table 1: Percentage Distribution of Respondents on Preference for Public/Private Care support by Socio-demographic variables

Variables	Yes (%)	No (%)	Total
Study Locations			
Lagos	102 (27.6)	267 (72.4)	369
Oyo	122 (27.3)	325 (72.7)	447
Total	**224 (27.5)**	**592 (72.5)**	**816**
Gender			
Male	124 (27.6)	325 (72.4)	449
Female	100 (27.2)	267 (72.8)	367
Total	**224 (27.5)**	**592 (72.5)**	**816**
Marriage type			
Monogamy	137 (25.8)	393 (74.2)	530
Polygamy	64 (27.0)	173 (73.0)	237
No-Response	23 (46.9)	26 (53.1)	49
Total	**224 (27.5)**	**592 (72.5)**	**816**
Age Group			
50-64 years	146 (30.8)	328 (69.2)	474
65-79 years	44 (19.7)	179 (80.3)	223
80 yearsand above	34 (28.6)	85 (71.4)	119
Total	**224 (27.5)**	**592 (72.5)**	**816**
Educational Level			
No Schooling	42 (34.7)	79 (65.3)	121
Primary level	44 (33.3)	88 (66.7)	132
Secondary level	21 (20.2)	83 (79.8)	104
Post-Secondary	68 (25.3)	200 (74.6)	268
No Response	49 (25.6)	142 (74.3)	191
Total	**224 (27.5)**	**592 (72.5)**	**816**
Author's Compilation, 2024			

Table 2 showed the remaining frequency distributions of respondents in the study on preference for public/private care support with respect to socio-demographic variables. These socio-demographic variables of respondents which include: marital status, employment status, religious affiliation, ethnicity, means of livelihood and usual place of residence are discussed in this segment.

The marital distributions revealed that higher proportion of respondents who are single 26 (52.0**%**) indicate little preference for public/private care support compare to their widowed counterparts 12(35.2**%**) in the study areas. This might be that widowed respondents have lost their spouses due to uncaring attitudes towards them in the family settings.

Also, employment status showed that more proportion of retired respondents 30(27.3**%**) indicate little preference public/private care support than their self-employed counterparts 36(23.8**%**) in the study. The probable reason might be that self-employed respondents have more financial capacity to maintain their elders in public/private old people's home than their retired counterparts (Bakare et al; 2004).

Religious affiliation indicate that greater proportion of Moslem respondents 99 (37.9**%**) have little preference for public/private care support compare to their Christian counterparts 99 (21.9**%**) in the study areas. This might be due to high level of awareness of Christian respondents about good quality/service delivery of old people's home compare to their Moslem counterparts (Okoye, 2004).

Moreover, ethnicity showed that higher proportion of Hausa respondents 8 (33.3**%**) have little preference for public/private care support compare to their Yoruba counterparts 156 (27.4**%**) in the study. The obvious reason might be ignorance of Yoruba respondents of their aged parents needs of old people's home compare to their Hausa counterparts.

Means of livelihood distribution depict that dominating proportion of respondents with business support 43(33.6**%**) have little preference for public/private care support compare to their counterparts with salary support 84(32.7**%**) in the study. The respondents with business support might have been influenced by their business partners to opt for old people's home compare to their respondents with salary support (Neysmith & Edwardh, 1984).

The usual place of residence indicate that slightly higher proportion of Lagos/urban respondents 89 (29.0 **%**) have little preference for public/private care support compare to their counterparts who are Oyo/rural respondents 58(27.9 **%**) in South-western Nigeria. This might be due to high level of awareness of benefits of old people's home by Lagos/urban respondents compare to Oyo/rural respondents.

Table 2: Percentage Distribution of Respondents on Preference for Public/Private Care support by Socio-demographic variables Continued

Variables	Yes (%)	No (%)	Total
Marital status			
Married	153 (24.4)	474 (75.6)	627
Single	26 (52.0)	24 (48.0)	50
Separated	25 (23.5)	80 (76.5)	105
Widowed	12 (35.2)	22 (64.8)	34
Total	**224 (27.5)**	**592 (72.5)**	**816**
Employment Status			
Employed	54 (22.8)	183 (77.2)	237
Self-Employed	36 (23.8)	115 (76.2)	151
Retired	30 (27.3)	80 (72.7)	110
Unemployed	7 (20.6)	27 (79.4)	34
No Response	97 (34.2)	187 (65.8)	284
Total	**224 (27.5)**	**592 (72.5)**	**816**
Religious Affiliation			
Christianity	99 (21.9)	354 (78.1)	453
Islam	99 (37.9)	162 (62.1)	261
Traditional	17 (21.0)	64 (79.0)	81
No Response	9 (42.8)	12 (57.2)	21
Total	**224 (27.5)**	**592 (72.5)**	**816**
Ethnicity			
Yoruba	156 (27.4)	413 (72.6)	569
Ibo	32 (18.1)	145 (81.9)	177

Hausa	8 (33.3)	16 (66.7)	24
No Response	29 (63.0)	17 (37.0)	46
Total	**224 (27.5)**	**592 (72.5)**	**816**
Means of livelihood			
Pension support	84 (32.7)	173 (67.3)	257
Business support	43 (33.6)	85 (66.4)	128
Support from children	14 (22.6)	48 (77.4)	62
Salary	45 (23.0)	151 (77.0)	196
No Response	38 (21.9)	135 (78.1)	173
Total	**224 (27.5)**	**592 (72.5)**	**816**
Usual place of Residence			
Lagos/Urban	89 (29.0)	218 (71.0)	307
Lagos/Rural	13 (21.0)	49 (79.0)	62
Oyo/Urban	64 (26.8)	175 (73.2)	239
Oyo/Rural	58 (27.9)	150 (72.1)	208
Total	**224 (27.5)**	**592 (72.5)**	**816**

Author's Compilation, 2024

The bivariate relationships are displayed in Tables 3 and 4 of this study. Among the demographic characteristics considered only those who show little or no variation in low preference for public/private care were indicated first in Table 3 while table 4 features other demographic variables that are germane to apparent variations in low preference for public/private care in the study areas. Generally, there is a low preference for public/private care support among the respondents. However, there are cases of variations with respect to some of the characteristics of the respondents. These characteristics are discussed in this section. Observation from Table 3 shows that almost the same proportions of respondents in Lagos (27.6**%**) and Oyo states (27.3**%**) indicated no variation in lower-preference for public/private care support in the study locations. The obvious reason for the low-preference for public/private care is attributed to the fact that family care-givers are not aware about public/private old people's home in Oyo and Lagos states (Akanbi, 2014). From focus group discussions, probing questions were asked from family care-givers on preference for public/private old people's home and the reasons for such choices. The following are their responses:

'*I don't particularly like and will not like aged people's home, I don't know of any old people's home, it is not an African culture and I won't like to be part of it. 'Wònkò se irúrẹri fun àwònasíwájúwa'. Meaning - Nobody has ever taken our elderly to old people's home. I am not in support and I do not think that our government can run old people's institution in Nigeria'.*

-***Family-Care Givers (Lagos and Oyo states)***

It can be inferred from the above statements that all the family care-givers in both Lagos and Oyo states unanimously agreed that theywon't take their aged parents/relations to public/private old people's home. Moreover, In-depth interviews brought into lime-light the likely reason for the consensus of all the family care-givers who opted that they won't take their aged parents/relations to public/private old people's home. The obvious reason is that the cost of keeping an elder is too high for the majority of households with elderly people, especially the old people with health problems. For instance, the monthly cost of keeping an aged person in a public old people's home (that is, Lagos state public old people's home, Sabo-Yaba) is N10,000 while the monthly cost of keeping an aged person in a private old people's home in Lagos state ranges from N80,000 to N100,000. In-fact, results from in-depth interviews indicate that monthly payment of N10,000 that is required to keep an elderly person in Lagos state old people's home Sabo-Yaba is inadequate to cater for an aged person with medical challenges; because, the aged person needs more than three square meals in this situation. Additional evidence from In-depth interviews of stake-holders of privately or Church-owned old people's homes in Oyo state revealed that the family members do not financially commit themselves to caring for the aged that are in their care-custody. The implication is that even if the Oyo state government should establish old people's home like that of Lagos state, there may be no or fewer patronage by the aged people because of family monthly payment that will be involved in order to assist the government to run the public/private old people's institution (Akanbi, 2014).

With reference to gender, the same proportion of male (27.6**%**) and female respondents (27.2 **%**) expressed no variation in lower-preference for public/private care in the study. This implies that male or female respondents indicate lower-preference for public/private care in the study. The probable reason for this finding may be that both male and female respondents share the same

opinion of lower-preferences for public institutions in the study areas. Also, the marriage-type shows that a slightly higher proportion of polygamous (27.0**%**) and monogamous respondents (25.8**%**) expressed little variations in lower-preferences for public/private care support in the study. Here, it is most likely that the slightly higher proportions of polygamous families who expressed little variations in lower-preferences for public/private care support are those who still depend on family care support. The reason why monogamous and polygamous respondents expressed lower-preferences for public/private care is buttressed with evidence from focus group discussion which show that the aged cannot abandon their children and grand-children in the family settings (Akanbi, 2014).

Table 3: Variation between Preference for Public/Private care support and Socio-demographic characteristics of Respondents

Variables	**Preference for Public/Private care support Responses**	
Study Locations	**Yes (%)**	**Total**
Lagos	102 (27.6)	369
Oyo	122 (27.3)	447
Total	**224 (27.5)**	**816**
Gender		
Male	124 (27.6)	449
Female	100 (27.2)	367
Total	**224 (27.5)**	**816**
Marriage type		
Monogamy	137 (25.8)	530
Polygamy	64 (27.0)	237
No-Response	23 (46.9)	49
Total	**224 (27.5)**	**816**

Source: Author's Compilation, 2024

In Table 4, the variables of respondents show apparent variations in low-preferences for public/private institutions in the study locations. These variables are discussed below:

With reference to age category, the highest proportion of respondents belonging to age group 50-64 years (30.8**%**) expressed a low-preference for public/private care support compared to the older age categories such as persons who are 65 years and over (19.7 & 28.6 **%**) in the study locations. The latter categories of respondents (50-64 years) seem to be energetic and are likely to be economically active compared to the older respondents.In-fact, evidence from focus group discussions showed that the majority of 50-64 years respondents are still working and can do things to help themselves. As a result, this category of respondents expressed very low preference for public/private care support. Findings from in-depth interviews with stakeholders (Matrons, Coordinator, Social workers and Supervisors) of old people's homes in the public, private and churches buttressed the fact that respondents who were 50-64 years old expressed a very low preference for public care support (Akanbi, 2014).

Educational attainment shows that a slightly higher proportion of respondents having below secondary education (34.7&33.3**%**) prefer public/private care support compare to their counterparts with secondary education and above (20.2&25.3**%**). The implication is that a slightly higher proportion of respondents who acquired below secondary education are likely to have illiterate background, financial in-capabilities that made them to opt for public institutional care support (Ekpeyong, 1995).

The marital status depicts that a higher proportion of single and widowed respondents (52.0 & 35.2**%**) has a higher preference for public/private care support compared to their married and separated counterparts (24.4 & 23.5**%**). This may be attributed to the fact that their spouses are still alive to care for them. For instance, where two married aged people still live together as husband and wife, they are free from loneliness due to the existence of inter-spousal communication between them. In essence, married aged in this study expressed a very low preference for public care support because they don't need the 'aged-peer-interaction' and care support provided by the public institution. Here, this might imply that the home setting is more conducive for the elderly where the children and family members at homes are performing their caring roles effectively.

Employment status reflects a slightly higher proportion of retired respondents (27.3**%**) expressing a lower-

preference for public/private care compared to their employed, self-employed and unemployed counterparts (22.8; 23.8 & 20.6**%**) in the study locations. The retirees who expressed a lower-preference for public/private care compared to other employment status might be affected by irregular and non-payment of their retirement benefits by the government.

Religious affiliations reveal that a greater proportion of respondents who practiced Islamic religion (37.9**%**) indicate a lower preference for public/private care compared to their counterparts who are Christians (21.9**%**) and Traditional worshippers (21.0**%**) in the study. As indicated earlier, all privately-owned old people's homes are operated by Christian organizations. However, it is interesting to discover from this study that the majority of the beneficiaries of public/private care support are Moslem respondents. The probable reason might be that the Moslem family care-givers do not have time to visit and give care support to their aged in the family house. Moreover, the focus group discussion findings affirmed that the respondents' cultural beliefs and religious ethics have been responsible for their low-preferences for public/private institutions in the study areas (Akanbi, 2014).

According to ethnicity of respondents, a higher proportion of Yorubas (27.4**%**) expressed apparent variations in a lower-preference for public/private care compared to their Ibo counterparts (18.1**%**) in the study locations.

It is interesting to observe that a slightly higher proportion of respondents whose means of livelihood is from pension-earnings (32.7**%**) and their business operations (33.6 **%**) indicate a lower-preference for public/private old people's home compared to their counterparts who depend on salary (23.0 **%**) and supports from children (22.6**%**). For instance, evidence from face-to-face structured interviews revealed the following: firstly, that 90**%** of these elderly people were taken to the public/private old people's home to rest from family stress, to receive proper medical care, to save them from loneliness and abandonment by their children. Secondly, 5 **%** of these aged have their children in both Nigeria and Abroad. Thirdly, 5 **%** of these aged seek public/private care in order to change their environment and to return back home and not because they need any care support from public/private old people's home (Akanbi, 2014).

The usual place of residence showed that respondents from rural and urban settings indicate a lower-preference for public/private care support in the study. Notwithstanding, it was observed that a higher proportion of Oyo rural respondents (27.9**%**) indicate apparent variations in a lower-preference public/private care support compared to their Lagos rural counterparts (21.0**%**). This result was confirmed by the focus group discussions in Lagos and Oyo states respectively.

Table 4: Variation between Preference for Public/Private care support and Socio-demographic characteristics of Respondents

Variables	**Preference for Public/Private care support**	
Age Group	**Yes (%)**	**Total**
50-64 years	146 (30.8)	474
65-79 years	44 (19.7)	223
80 yearsand above	34 (28.6)	119
Total	**224 (27.5)**	**816**
Educational Level		
No Schooling	42 (34.7)	121
Primary level	44 (33.3)	132
Secondary level	21 (20.2)	104
Post-Secondary	68 (25.3)	268
No Response	49 (25.6)	191
Total	**224 (27.5)**	**816**
Marital status		
Married	153 (24.4)	627
Single	26 (52.0)	50
Separated	25 (23.5)	105
Widowed	12 (35.2)	34
Total	**224 (27.5)**	**816**
Employment Status		
Employed	54 (22.8)	237
Self-Employed	36 (23.8)	151
Retired	30 (27.3)	110

Unemployed	7 (20.6)	34
No Response	97 (34.2)	284
Total	**224 (27.5)**	**816**
Religious Affiliation		
Christianity	99 (21.9)	453
Islam	99 (37.9)	261
Traditional	17 (21.0)	81
No Response	9 (42.8)	21
Total	**224 (27.5)**	**816**
Ethnicity		
Yoruba	156 (27.4)	569
Ibo	32 (18.1)	177
Hausa	8 (33.3)	24
No Response	29 (63.0)	46
Total	**224 (27.5)**	**816**
Means of livelihood		
Pension support	84 (32.7)	257
Business support	43 (33.6)	128
Support from children	14 (22.6)	62
Salary	45 (23.0)	196
No Response	38 (21.9)	173
Total	**224 (27.5)**	**816**
Usual place of Residence		
Lagos/Urban	89 (29.0)	307
Lagos/Rural	13 (21.0)	62
Oyo/Urban	64 (26.8)	239
Oyo/Rural	58 (27.9)	208
Total	**224 (27.5)**	**816**

Source: Author's Compilation, 2024

This segment is to identify whether the variations in respondents' preferences for public/private care support by selected variables in the bi-variate analyses are significant or not in the study. Table 5 brings insight into the significant relationship between selected socio-demographic variables and preference for public/private care support in the study areas.

This segment shows that the three selected socio-demographic variables are significant with respect to preference for public/private care support in the study areas. These include: the marital status; religious affiliation; and means of livelihood. At 5 percent level of significance, marital status (p=0.026); religious affiliation (p=0.027); and means of livelihood (p=0.015); are variables which are significantly influencing preference for public/private care support in the study. With reference to Tables 3 and 4, it was observed that out of nine variables (age, gender, education, marital status, marriage-type, employment status, religion, ethnicity and means of livelihood) that show little or no-variation as well as apparent variations in low-preferences for public care; only three of them (that is, marital status, religious affiliation and means of livelihood) are significantly influencing preference for public/private care in the study.

Table 5: One-way ANOVA showing the preference for Public/Private care support by selected socio-demographic variables

Selected socio-demographic	**Preference for Public/Private care support**	
Variables	**F-ratio**	**Sig**
Study Locations	0.012	0.912
Age Group	2.388	0.123
Gender	0.014	0.907
Marital status	4.967	0.026
Marriage type	0.468	0.494
Educational Level	2.441	0.119
Employment Status	0.192	0.661

Religious Affiliation	4.891	0.027
Ethnicity	2.130	0.145
Means of livelihood	5.967	0.015
Usual place of residence	0.084	0.773

Source: Author's Compilation, 2024

CONCLUSIONS

The study concludes that the level of preference for public/private care supports among the elderly varies depending on their study location, gender, marriage-types, age-group, educational level, marital status, religious affiliation, ethnicity, means of liveli-hood and usual place of residence.

Furthermore, the significant socio-demographic variables of respondents that indicate preference for public/private care supports are: marital status (p=0.026), religious affiliation (p=0.027), and means of livelihood (p=0.015). The findings of this study are clear evidences that South-western Nigeria have begun to partly attain goal 3 of the Sustainable Development Goals (SDGs) by 2030.

The study recommends the following: First, both married and single care-givers are strongly encouraged to send their elderly parents to visit and experience the life-style and care supports in public/private old people's homes. Second, the religious organizations should be fully aware of benefits, good quality and service deliveries by public/private old people's homes in the study areas. Third, pensioners, business people, salary earners and people with supports from children are strongly encouraged to patronize public/private old people's homes in order to expand the institution across Nigeria.

Finally, that public/private institutional care; which can be community-based in order to take care of the elders in extended family; should be considered as a desirable social institution any time from now in South-western Nigeria and in sub-Sahara Africa.

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