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Association between Support and Satisfaction with Life among Older Adults in Ekiti, Nigeria: Findings and Implications

Felix Olukayode Aina[1*], Babatunde Oludare Fakuade[2], Tosin Anthony Agbesanwa[1], Mobolaji Usman Dada[3], Joseph Olusesan Fadare[4]

[1]Department of Family Medicine, College of Medicine, Ekiti State University, Ado Ekiti, Nigeria
[2]Department of Dental/Maxillofacial, Federal Teaching Hospital, Gombe, Nigeria
[3]Department of Psychiatry, College of Medicine, Ekiti State University, Ado Ekiti, Nigeria
[4]Department of Pharmacology and Therapeutics, College of Medicine, Ekiti State University, Ado Ekiti, Nigeria
Email: *felix.aina@eksu.edu.ng

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Abstract

Many developing countries like Nigeria lack policy for the care of the older adults and this creates major challenges for the elderly population. The traditional family institution and community support that used to be safety nest are being adversely affected by westernization. This development might have adverse effect on life satisfaction among the older adults. This hospital based cross-sectional study was designed to determine the association between support and life satisfaction among older adults. A total of 128 subjects participated in the study out of which 28.9% were satisfied with life. Expectation of support was mainly from the family, less from the community and very low from the government. The level of support received from all sources generally fell short of expectations. Marital status and source of livelihood were significantly associated with life satisfaction. There is inadequate social support from the government and support from family and community fell below expectations. Expectations of support were the most strongly correlated with life satisfaction. Support for older adults must be addressed in order to meet their expectations and improve their level of satisfaction with life.

Keywords

Support, Satisfaction with Life, Association, Older Adults, Implications

1. Background

The global population is increasing with Africa being the fastest growing conti-

nent. Increasing longevity has been identified as one of the factors influencing the population growth [1]. United Nations global population report shows that people aged 60 years and above currently accounts for 10% of the global population [2]. Nigeria has the highest number older people in Africa continent and the 19th highest across the world [3].

Aging in developing countries like Nigeria faces major challenges arising from poor financial resources and lack of institutional programme to support the older adults. Healthcare financing in Nigeria is majorly out of pocket which limits access to adequate healthcare for the older adults with poor financial status [4] [5] [6]. Nigeria with relatively low level of social and economic development and little access to basic needs will find it difficult to adequately cater for the older population especially as the traditional family systems for the older adults are breaking down [7] [8] [9]. It is therefore plausible to expect that low level of national economic development may also impact negatively on individual's attainment of life goals and expectations which may lead to dissatisfaction with life. Some of the challenges facing the older adults in Nigeria include retirement, loneliness from spousal loss and social isolation [7]. Retired people in Nigeria are vulnerable to economic hardship and low standard of living [7] [10]. Ageism refers to prejudice and/or discrimination against older people [11].

In traditional Nigerian societies, the aged were cared for and supported because customs and traditions required that such be done. Care and support for the aged by children was clearly based on reciprocity for parents for they received as children and as a sense of duty [12]. There was also an upward flow of wealth from children to parents. Children were seen as economic investment for parents in old age [13] [14]. Benefits arose from the services rendered to the parents through household chores and work on the farm. The reality of the present day societies is that children are not economically buoyant to support the elderly parents; rather the elderly tend to support their children longer [5]. The children are no longer available to render services to the elderly parents due to very high rate of rural-urban migration in search of unavailable employment opportunities [12]. Older adults will naturally expect some level of support from their family, community, and the government. The provision or otherwise of such expected support may affect their level of satisfaction with life. Many factors have been documented by previous researches that influence life satisfaction and these include sex, education, social support, economic position, financial support, health condition, level of functioning and good relationship with others [15] [16] [17].

Expectations are complex beliefs or values, resulting from cognitive processes which are modified by previous experience [18] [19]. Clinically, patient expectation has been defined as the anticipation that given events are likely to occur during or an outcome of health care. This implies that what people anticipate or expect to receive from their health care, compared with perception of what they receive in practice, are potentially important in predicting patient satisfaction

and dissatisfaction with treatment and health outcome [20] [21].

An expectation can include wants, hope and desires [20]. According to Swan and Trawick, expectations are divided into predictive (*i.e.* realistic) and desired (*i.e.* ideal or wanted)—the latter being necessary for the achievement of satisfaction [22]. Expectations are believed to be the mechanism through which past experience and knowledge are used to predict future outcome [23]. According to Osler *et al.*, there are three antecedents to expectancies: direct experience, other people, and beliefs [23].

It can therefore be speculated that the perceived experience of the support received by older adults from their family, community and government during respondents' younger age may influence their expectation of support from the same sources at their old age as future outcomes are predicted through past experience and knowledge [23]. This expectation may impact on their satisfaction or dissatisfaction with their lives at the age when they are expectant of their desires to be met [24] [25]. As reported by Busseri *et al.*, anticipation of improvement in life circumstances is associated with dissatisfaction and distress. It was opined that this may be because one's life conditions are not yet aligned with one's expectation [24] [25]. A research at a national level showed that larger gaps between anticipated and current life satisfaction are associated with lower levels of national prosperity and development. This may reflect a failure of expectation and dissatisfaction with current conditions and therefore dissatisfaction with life [26].

The impact of dissatisfaction with life and future health has been reported. Saharinem *et al.* reported that life dissatisfaction was a risk factor for poor health related quality of life [27]. Also Rissanem *et al.* showed that life dissatisfaction burden was independently and strongly associated with subsequent major depressive disorder and poor mental health [28]. Similarly, Kimm *et al.* demonstrated that dissatisfaction with life was associated with increased risk of mortality among elderly [29].

2. Objects and Methods

2.1. Objectives

This study was designed to determine the level of satisfaction among older adults, their perceived experience of support for older adults during their younger age, expectation of support, the support they are receiving and establishing the relationship between life satisfaction and the variables

2.2. Methods

This observatory, cross sectional study was carried out at the Geriatric clinic of the Department of Family Medicine, Ekiti State University Teaching Hospital, Ado Ekiti over a three month period (October 2022-December 2022). A total of 128 consenting older adults aged 65 years and above were consecutively recruited over the study period. Those who were severely cognitively impaired and those with major psychiatric disorder were excluded from the study.

2.3. Study Instrument

A researcher-developed, pre-tested interviewer administered questionnaire was used to obtain respondents' socio-demographic information. For the purpose of this study, source of livelihood was categorized into "pensioner" (those who were earning pension either from government or any source), "trading" (those who were engaged in trading either small or large scale), "employed" (those who were employed in any capacity), and "dependent" (those who were not receiving income from any source and depended fully on support from other people). Same instrument was used to assess the perceived experience of support received by older adults from the nuclear and extended family, community, and the government when respondents were of younger age; their expectation of support when they attain old age, and the support they are receiving now at their old age. Their perceived experience of elderly support was explored with the questions introduced with the phrase "how will you rate the level of support received by the older adults during your younger age" under the following categories: Nuclear family; Extended family; Community; and Government using available options of "Good", "Fair", and "Poor" as their responses.

Their expectation of care was explored with the questions which were also introduced with the phrase "how will you rate your expectations of care when you grow old" under the following categories: Nuclear family; Extended family; Community; and Government using available answers of "High", "Low", and "No expectation" as responses.

Lastly, the care they are receiving now, that they are older adults was explored with the questions which were introduced with the phrase "how will you rate the support you are receiving now" under the following categories: Nuclear family; Extended family; Community; and Government using available options as "Good", "Fair," and "Poor" as responses.

Their level of satisfaction with life was explored with the use of a validated and widely used Satisfaction with Life Scale (SWLS) [30] [31]. The scale does not assess satisfaction with life domains such as health or finances but allows subjects to integrate and weigh these domains in whatever way they choose [26]. This quality of this scale makes it appropriate for this particular study. It comprises of five questions with a Likert-Scale options in seven categories and their scores: Strongly agree (7), Agree (6), Slightly agree (5), Neither agree nor disagree (4), Slightly disagree (3), Disagree (2), and Strongly disagree (1) giving a maximum score of 35.

2.4. Statistical Analysis

The information obtained from the questionnaire coded and entered using the statistical package for social sciences (SPSS) version 25. Frequency distribution and correlation tests were performed as appropriate. Scores based on Satisfaction with Life Scale was dichotomized into two groups, namely, "Satisfied" (summation of those who fell under extremely satisfied, satisfied, slightly satisfied, and

neutral) and "Not satisfied" (summation of those who fell under extremely dissatisfied, dissatisfied, and slightly dissatisfied).

2.5. Ethical Consideration

The study was approved by the Ethics and research Committee of Ekiti State University Teaching Hospital with protocol number EKSUTH/A67/2022/09/004 prior to the commencement of the study.

3. Results

A total of 128 participants were recruited into this study in the age range 65 - 96 years (mean age: 72.60 ± 6.31). More than half (53.9%) of participants were females and 60.0% were married. Participants were majorly Christians by religion (90.6%), 51.6% were pensioners while 13.3% were dependent (Table 1).

There were significant association between satisfaction with life and marital status (P = 0.01), and source of livelihood (P = 0.04) (Table 2).

Table 1. Sociodemographic characteristics of respondents.

Variable	Frequency (%)
Age	
65 - 74	80 (62.5)
75 - 84	40 (31.3)
85 - 94	7 (5.5)
≥95	1 (0.7)
Sex	
Male	59 (46.1)
Female	69 (53.9)
Marital status	
Married	78 (60.0)
Divorced	19 (14.8)
Widow	31 (24.2)
Religion	
Christianity	116 (90.6)
Islam	12 (9.4)
Source of livelihood	
Retired (pensioner)	66 (51.6)
Trading	35 (27.3)
Employed	10 (7.8)
Dependent	17 (13.3)

Table 2. Relationship between respondents' characteristics and satisfaction with life.

Variable	Dissatisfied (N/%)	Satisfied (N/%)	P value
Age			
65 - 74	59 (73.8)	21 (26.2)	
75 - 84	24 (62.5)	15 (37.5)	0.41
84 - 94	6 (85.7)	1 (14.3)	
≥95	1 (100.0)	0 (0.0)	
Sex			
Male	41 (69.5)	18 (30.5)	
Female	50 (72.5)	19 (27.5)	0.72
Source of livelihood			
Pensioner	52 (78.8)	14 (21.2)	
Trading	22 (62.9)	13 (37.1)	
Employed	4 (40.0)	6 (60.0)	0.04
Dependent	13 (76.5)	4 (23.5)	
Marital status			
Married	48 (61.5)	30 (38.5)	
Divorced	14 (73.7)	5 (26.3)	0.01
Widow	29 (93.5)	2 (6.5)	
Religion			
Christianity	83 (71.6)	33 (28.4)	
Islam	6 (68.7)	4 (33.3)	0.72

Participants perceived the family (nuclear and extended) and community as major sources of support received by older adults and expected support majorly from similar sources. The perception of support and expectation of such from the government were generally low (Table 3).

Support received from all the expected sources fell short of expectations among respondents (Table 3). Thirty-seven (28.9%) subjects were satisfied with life while 92 (711%) were dissatisfied. Expectation of support was the most strongly and negatively correlated with satisfaction with life (Table 4).

4. Discussion

This study found low level of life satisfaction and unmet expectations of support among the subjects. The mean age of 76.60 years found among respondents in this study is higher than 68.20 years reported among other African population by Mekonnen *et al.* in Ethiopia. This may be because respondents' age started from 60 years in the Ethiopean study whereas this study adopted 65 years

Table 3. Support among respondents.

Variable	Frequency (%)		
Perceived experience of elderly support			
	Good (%)	Fair (%)	Poor (%)
Nuclear Family	103 (81.1)	22 (17.3)	2 (1.6)
Extended Family	98 (77.2)	28 (22.0)	1 (0.8)
Community	74 (57.8)	41 (32.0)	13 (10.2)
Government	20 (15.6)	72 (56.3)	36 (28.1)
Expectation of support among respondents			
	High (%)	Low (%)	No expectation (%)
Nuclear Family	109 (85.2)	19 (14.8)	0 (0.0)
Extended Family	96 (75.5)	29 (22.7)	3 (2.3)
Community	59 (46.1)	55 (43.0)	14 (10.9)
Government	19 (14.8)	80 (62,5)	28 (22.7)
Support being received by respondents			
	Good (%)	Fair (%)	Poor (%)
Nuclear Family	59 (46.1)	62 (48.4)	7 (5.5)
Extended Family	44 (34.4)	70 (54.7)	14 (10.9)
Community	15 (11.7)	45 (35.2)	68 (53.1)
Government	3 (2.3)	23 (18.0)	102 (79.7)

Table 4. Correlation between support and satisfaction with life.

Variable	Corr-coeff	Significance (2 tail)
Perceived elderly support	−0.471	0.000
Expectation of support	−0.574	0.000*
Support being received	0.364	0.000

according to the World Health Organization (WHO) definition of "older" or "elderly" and has been widely used by researchers [32] [33] [34]. However, our finding is in agreement with that of Pinto & Neri who adopted 65 years among community dwelling older adults in Brazil and reported a mean age of 72.2 years [35]. Females accounted for 53.9% in this study in contrast to male preponderance report in Ethiopia [32]. This difference may be because this was hospital-based study whereas the Ethiopian study was community based. A larger proportion of our respondents (60.0%) were married and is comparable to 62.6% reported in Ethiopia [32].

More than half of our respondents (51.6%) were pensioners while those who were dependent accounted for 13.3%. The high proportion of pensioners may be because this category of older adults have relatively regular passive source of income which may make it easier for them to pay out of pocket in the hospital and may also have more time to visit hospital since they are no longer working.

The higher level of dissatisfaction with life found among the widow and divorced groups as compared to married participants is similar to findings reported from previous researches. These researchers observed that marital status was the second most important predictor of life satisfaction among older Indian adults while it was the most important predictor of life satisfaction in Asia [36] [37]. The source of livelihood was significantly associated with life satisfaction in this study. Dissatisfaction was higher among the dependents and pensioners. Life dissatisfaction among the dependents may be related to limited income as Ngoo *et al.* have demonstrated income as a determinant of life satisfaction among Asian population [37]. The higher dissatisfaction with life among pensioners may equally be related to income as government do not pay pensioner as at when due and there is no social insurance for the older adults in Nigeria.

The perceived source of care received by older adults when respondents were of younger age was mainly from the family (nuclear and extended) while it was lowest from the government. Expectations of care was also mainly from the family and to a lesser extent, the community. Expectations of support from the government were generally low among subjects. The support being received by respondents were generally short of expectations and it came mainly from the family, less from the community and very poor support from government. This trend may be due to the absence of social security for the older adults and poor attitude to the payment of pension for the retirees from government service. According to Dimkpa, D. I., it is a problem for Nigerian retirees to obtain their severance benefits, let alone the aged who are not workers to be entitled to any form of allowance for their upkeep. The situation is worsened by non-consideration of the aged in the implementation of the Millennium Development Goals (MDGs). Family is therefore an important source of support for older adults in Nigeria [38].

The level of satisfaction with life among older adults who participated in this study was 28.9%. This is lower than what was reported in Brazil and Iran by Pinto *et al.* and Zeinalhajlon *et al.* respectively [15] [35]. This may be because the two researches were community based in contrast to this work which was conducted in a hospital outpatient clinic. In a community based study conducted by Mekonnen *et al.* in Ethiopia, 19.0% of subjects were well satisfied, 63.8% moderately satisfied while 17.2% were dissatisfied [32]. The difference in the level of satisfaction may be because the Ethiopian study in addition to being a community based one, also assessed life satisfaction with an instrument different from what was used in this study.

Expectation of support was the most strongly and negatively correlated with life satisfaction among respondents in this study. This finding has been corro-

borated by various researches. For instance It was reported that what people anticipate, or expected to receive, compared with perception of what they receive in practice, are potentially important in predicting satisfaction and dissatisfaction [20] [21] [22]. Psychological research has also shown that dissatisfaction may arise when one's life conditions are not yet aligned with one's expectation [24] [25].

5. Conclusion and Implications

This work has demonstrated that failure to meet the expectations of support adversely affects life satisfaction among the older adults. This finding has important implications for policy, society and the family institution. It has demonstrated the negative impact of the failure of government to institute social security policy for the older adults and therefore calls for urgent action to reverse this trend. This can be achieved through the creation of a government agency saddled with the sole responsibility of the care of older citizens It has also drawn attention to the dwindling support from both family and community which is supposed to be the safety nest in the face of neglect by the government. Lastly, this finding has important implication for the quality of life and the health of the older adults considering the health implications of dissatisfaction with life.

One limitation of this study is that it was hospital based and should be cautiously generalized. However, the implications of its findings are very germane and have contributed to knowledge and useful for policy guide.

Conflicts of Interest

We declare that there is no conflict of interest.

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