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INSTITUTIONAL CARE FOR THE ELDERLY IN NIGERIA: AN ASSESSMENT OF THE ACTIVITIES OF SHAHUCI OLD PEOPLES' HOME, KANO STATE

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Abstract

This paper try to highlight the activities of Shahuci-Yakasai older peoples home and range of institutional care that supposed to be given since older persons have a range of care needs. Therefore concept of aged Person, Needs of Institutional Care, Care of the Old People, Activities of Shahuci Old People's Home, forms of Institutional Care [redacted] provided to older People were all discussed. In addition a recommendation was made which include: government and stakeholders should develop positive attitudes towards the policies concerning older people welfare. Specific needs of the elderly deserve a specific

Keywords: Care, Care Practice, Institutional Care Practice, Older People, Older Peoples Home

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attention which in turns necessitate the need of trained personnel and expertise to handle them. The paper concluded that there are many inmate, institutional care needs at the older peoples' home. These needs should be identified and supported through appropriate means.

Introduction

As Riley (2018) notes, the process of aging is a lifelong process and entails maturation and change on physical, psychological, and social levels. Age, much like race, class, and gender, is a hierarchy in which some categories are more highly valued than others. This, in turn, can lead to a widespread segregation between the old and the young at the institutional, societal, and cultural levels. In addition, the family system which remains the primary source of aged-care in traditional Nigerian societies is gradually declining due to family structural changes such as fertility reduction rate, chronic diseases, migration, economy and labour market participation. To further illustrate the declining condition of informal/family care giving of older population in the country, a study conducted by Okoye (2013) established that, family members have gradually decreased in the recent past due to financial problems, migration and other accompanying issues and are therefore most often unable to effectively cope with the challenges of caring for elderly persons, especially those that are home-bound.

The world is currently facing upsurge in the rise of the population of aging people. This is supported by Isaac, (2018) asserted demographers, globally have predicted that towards the end of the 21st century, there will be a considerable increase in the proportion of old people, particularly those in their 80's.

This fact which is now unfolding regarding the predominance of old age among the population calls for action which should be carefully designed, managed and implemented to produce the desired results in many countries of the world. There is significant increase in the population of the older people above the life expectancy in Nigeria because based on the 2016 demographic figure

reported by Central Intelligence Agency (CIA) World Fact Book (2017) there are 13,166,321.00 populations above life expectancy in Nigeria. However, according to World Health Organization (WHO, 2017) cited in Ogundipe (2018), that life expectancy in Nigeria at birth is 54.07 years and Nigeria was regarded as the country with largest number of the older population in Sub-Saharan Africa, but unfortunately there seems to be no social security system regarding the social wellbeing of the aged as the constitutional provision of social security system of the aged population in the country.

Older persons have a range of care needs beyond the health and basic needs for daily living. Social care, safety and security, companionship, love and respect are some of the needs which need to be addressed adequately. It seems there are many unmet care needs of the older persons in different societies. These needs should be identified and supported through appropriate measures (Tinetti, Inouye & Gill, 2015)

Concept of Aged Person

An older person is defined by the United Nations as a person who is over 60 years of age. However, families and communities often use other socio-cultural references to define age, including family status (grandparents), physical appearance, or age-related health conditions (WHO, 2017). Old age is a natural process which starts with intrauterine life, continues until death and is caused by irreversible degeneration of cells and systems (Özel, 2014). Old age is not a pathological process and it consists of physiological, psychological, sociological and chronological changes (Karagülle 2008; Hoca&Türker, 2017). The definition of old age is quite broad and complex. Physiological old age is used for expressing structural and functional losses; psychological old age for expressing the decreases in perception, learning and problem solving ability; and sociological old age for expressing the decreases and losses in the values given by society to individuals (Tekin& Kara, 2018). According to the World Health Organization (WHO), old age denotes the decrease in an individual's environmental compliance ability out of her/his control and chronologically

defines individuals aged 65 years and older. (WHO, 2017). Bhattacharyya (2005) classified old people into two categories:

1. Those that have retired from an active service and are in receipt of pensions and other benefits. They do not generally suffer from financial constraints. They are in need of social support.
2. The other category is those who are poor. These people continue to work as long as they are physically capable and retire when the advancing age has a full grip on them. They are often deprived of family support and left to themselves. A sense of insecurity and helplessness persist throughout the remaining days of their lives. Economic and social security is necessary for this category of people.

Needs of Institutional Care

It is the duty of the society to provide comfort, medical care and happiness to the old Persons who are without family care. The lonely, desperate grandfathers and grandmothers really need our attention and care. The opinion and suggestion of the aged people are precious to the society because they originate from the totality of their experience and knowledge, which they acquired from various fields. But many people do not lend their ears to the aged. A few even ignore the old people and do not give due respect and care to them. Just a few decades back, in the majority of cases, the institution of the family was enough to take care of their aged. Urbanization, industrialization, and modernization have, however, brought about exogenous as well as endogenous changes in the family system. (Amesur, 2009).

Institutional services for older persons are not new. In the second half of the nineteenth century, charity experts began categorizing the poor and moving people into specialized institutions. Those judged to be lunatics were confined to asylums for the insane. Destitute children were placed in orphanages. Homes for the deaf and blind were established (Rosenberg, 2007). As other categories of paupers were moved into specialized institutions, the

almshouses increasingly became de facto old age homes for the impoverished elderly.

Old people consider shifting to old age homes as the last option (Tandon, 2001). Prasad (2007) also opined that in India the elderly would hardly like to live separately unless forced by circumstances. Old Age Homes no doubt have contributed in providing shelter and homelike environment for the destitute and the needy persons but researchers have amply proved that these are no substitute for family care. (Tandon, 2001.)

Institutional care is a type of residential care for large groups of older people. It is characterized by a one-size-fits-all approach according to which the same service is provided to all older people irrespective of their age, gender, abilities, needs and reasons for separation from their family. The service provision is depersonalized and strict routines are followed to enable a small number of staff to deliver basic services (WHO, 2017).

Care of the Old People

Every individual is eager to help or assist the elderly persons in the community in term of food, cloth, shelter and daily activities among others. The elderly in Nigeria have experienced higher status than the elderly in developed nations because the elderly are integrated into their families much more than developed nations like United State, Japan and China. In Nigeria 75% of the elderly live with their children, while in the developed nations most of the elderly live separately from their children (Ezugho, 2010).

There are Governmental institutions mainly for the elderly in Nigeria as far back as 1954 in Ibadan (Aged House). The house is mainly for the care of the aged but as a result of cultural and religious basis the house is no longer utilized, because people assumed that to take elderly relatives there is like a taboo, and all the community people would jeers on you as you would not take care of your relatives. As a result of that the system of welfare for the Aged in Nigeria is primitive system that is why it is imperatives for social welfare educators to

call for promoting the welfare of the Aged in the country (Barrett & Cantwell, 2007)

Komblum and Julian (2010) Care of old people sometimes called elderly care, aged-care and eldercare which are often used interchangeably. This refers to the kind of services older people often need as a result of age related physical or mental impairment. It can include help with: health matters, housing, transportation, meals, finances and activities of daily living such as dressing, bathing and even incontinence.

Institutional care practices

Institutional care refers to long-term care given to adults or children who stay in an institutional setting rather than in their own homes or family homes. The care related services in the words of Klynveld and Marwick (2017) include institution-based care is provided by nursing homes, supportive living facilities, sub-acute care facilities and assisted living facilities.

There are various ways of providing institutional care depending on the needs of the individual. People with disabilities, mental health problems, learning difficulties, Alzheimers, dementia or those who are frail due to age are often cared for at home by paid or voluntary caregivers, such as family and friends, with additional support from home care agencies. However, if home-based care is not available or not appropriate for the individual, institutionalized care may be required. To Komblum and Julian (2010) Institutional Care takes many ways ranging from mental care up to environmental care among others depending on the needs for the elderly once, these includes:

i. Proper diet
ii. Regular Exercise
iii. Regular health check up
iv. Mental Care

Activities of Shahuci Old People's Home

Shahuci-yakasai older people home is in Kano state, Nigeria which is under Kano state relief and rehabilitation board and was established in 1966. It is the

one of the Old People's Home found in Nigeria, the country with the largest population in Africa (about 220 million), has an elderly projected population growth rate of 3.2% (Population Reference Bureau 2012, 2022) a rate that has been estimated to double by 2050 (Mbah, 2016). Nigeria has no functional national policy on the care and welfare of older persons.

Nevertheless, Kano State government establish the Kano State Emergency Relief and Rehabilitation Agency (SERERA) popularly known as *GidanGajiyayu*(meaning "Old people's Home" in Hausa language), is commendable. The home was established in 1968 but started functioning fully in 1969 as a charity home for families of the less privileged patients who came to the Murtala Mohammed Hospital for treatment. However, other categories of people were accommodated since there was enough room for more. The facility eventually housed a cocktail of cases such as abandoned children, lost persons, and destitutes of all ages; single mothers with unplanned pregnancies who could not go to their families as well as epilepsy, psychiatric and drug addiction cases.

The institution caters for a broad category of people the old, the young, the destitute, the mentally and physically challenged, men and women. The fact that the elderly as a special category are lumped with the other people is a pointer to the flaw and dearth of facilities for elderly care.

Forms of Institutional Care provided to older People

Skilled Nursing Facility (SNF)

Nursing homes offer medical care and select therapies along with room and board and may be certified to provide medical care. Nursing homes are a type of institutional care that provides around-the-clock nursing care for elderly persons who require a certain level of medical care and/ or assistance (Family Care America; 2016).

Twenty-four hour nursing care is available to ensure that all medical needs and personal/daily needs are being addressed. Nursing homes will provide short-term rehabilitative stays following a surgery, illness or injury which may require

physical therapy, occupational therapy or speech-language therapy. Nursing homes offer other services such as planned activities and daily housekeeping services. Nursing homes may also be referred to as convalescent care, skilled nursing or a long term facility. Nursing homes will often times either include memory care services or have a separate area specified for memory care (Mom; 2017).

Assisted Living (AL)

Assisted Living communities are designed for seniors who are no longer able to live on their own safely but do not require the high level of care provided in a nursing home (Mom; 2017). Assisted living facilities, which are also called congregate housing, are suitable for individuals who need little or no help. Each individual lives in his or her own apartment, and these are often equipped with emergency signaling devices. All residents use shared spaces, which usually include living rooms, dining rooms, or laundry rooms. Minimal services, ranging from central dining programs to organized recreational activities, health, transportation, housekeeping, non-personal laundry, and security services, are also usually available.

Independent Living (IL)

A variety of apartment sizes are available from studios to large two bedrooms. Fine dining services are offered with custom-designed meal packages. Often, residents can choose to pay for a specified number of meals per day (Mom; 2017). Frequently, there are numerous social outings and events to choose from, for entertainment. Continuing care retirement communities, or multi-level care facilities, provide a nice balance between the skilled nursing home, assisted living facility, and the independent living facility or retirement community. It assures the care recipient independent living as long as possible, while providing for nursing assistance if or when it is needed. This type of living arrangement can be particularly useful to couples who are often in need of

different levels of care and who wish to maintain a strong relationship (Family Care America; 2016).

Continuous Care Retirement Community (CCRC):

This is a campus-like environment that gathers all levels of care into one property. Continue care retirement communities, or multi-level care facilities, provide a nice balance between the skill nursing home, assisted living facility, and independent living facility or retirement community.

Generally, the nurses and therapists of the SNF unit provide care as necessary to the AL and IL residents. However, the first priority of the health care staff on the campus is to care for the SNF residents. Often external providers of health care and private duty services are brought in to deliver care to the residents of the IL and AL portions of the property.

Conclusion

This paper try to highlight the activities of Shahuci-Yakasai older peoples home and range of institutional care that supposed to be given to older people since they are having a range of care needs beyond the health and basic needs for daily living offered in the Shahuci-Yakasai older peoples home. Social care, safety and security, companionship, love and respect are some of the needs which need to be addressed adequately. It seems there are many unmet care needs of the older persons. These needs should be identified and supported through appropriate and proper means. The following recommendations were made such as formulating a policy on older people's welfare, establishing homes for older people, employing expertise and trained personal to handle the activities of the older people.

Recommendation

Based on the literature review concerning institutional care and practice, the following recommendations are made

1. The government and especially the political officeholders should develop positive attitudes towards the policies on older people welfare.

2. Specific needs of the elderly with particular disability or illness deserve a specific attention. Therefore there is a need of trained personal and expertise to handle the matter.
3. The government as well as non-governmental organizations should put more emphasis on establishing older people home, if possible in each state across the country so as to cope with population increment of the older people.

References

Amesur, O (2009). Impact of Rehabilitation: Past is a prologue to the future. *Journal of Correctional Education,*(46), P. 60-65.

Battacharya, K.H (2007). *A new history of social welfare* (6th Ed.). Boston: Allyn and Bacon.

Barnet, K & Cantwell J.O (2007). *Laws and Custom Affecting Women Status in Nigeria;* Lagos: Nigeria Government, Printers.

Ezugho, A. (2010). *Social Biology and Heredity*; Kaduna: Walis Publishers, Zaria.

Hoca, K. &Tuker, J. (2017). *Education and social work*. Washington, DC: Justice Policy Institute.

Isaac, R. (2018). *Main Current in Sociological Thought*, vol.5; pp 34- 49, Penguin, South Africa

Allyn and Bacon, Boston, Mass, USA, 1997.

Karagulle, H. (2008). Accessing Children Perception of their Family: Circular Question Revised:*Journal of Marital and Family Therapy*,(3) P. 56- 79.

Klynveld, B. A. & Marwick M.W. (2003). Studies of illness in the aged. The index of ADL: A standardized measure of biological and psychosocialfunction. *Journal of the American Medical Association*, *185*, 914–919.

Komblum, D. &Julin (2010). *Preliminary Report of Welfare Service Aide Project*.School of Social Welfare, University of California.

Liman, S. (2010).). Integrating Western and Indigenous Knowledge Systems: The Basis for Effective Science Education in Nigeria, *Journal of international Review of Education,* (53) pp. 577-591.

Lowenstein, D. A., Amigo, E., Duara, R., Guterman, A., Hurwitz, D., Berkowitz, N., et al. (1989).A new scale for the assessment of functional status in Alzheimer's disease and relateddisorders.*Journal of Gerontology: Psychological Sciences*, *44*(4), P114–P121.

Lyon, K (2009). *Fundamentals of Social Work Practice: Ibadan; Amaka press*.

Mba, R.M (2016). *Society Development in Nigeria*: Suleja: Selome Printers,

Mom, B. (2017). Social assessment. In J. J. Gallo, H. R. Bogner, T. Fulmer, & G.J. Paveza (Eds.), *Handbook of geriatric assessment* (4th ed., pp. 241–271). Sudbury, MA: Jonesand Bartlett.

Ogundipe, M. (2018).*Everyone is still on welfare*: The role of redistribution in Social policy. Social work, 46(4), 297-308.

Okoye, U. (2013). *Nigerian Modernization*: The Colonial Legacy, Princeton University, 1972. Fasuyi, T.A. Cultural Policy in Nigeria, UNESCO, Paris.

Ozel, R. (2014) *Empowerment, participation and social work.* New York: Palgrave Macmillan, P.xvi

Prasad, M. (2007).*The Rise of Anthropological Theory*, Thomas Y. Crowell Co., 1968.

Riley, J. P. (2018). Pain assessment. In J. J. Gallo, H. R. Bogner, T. Fulmer, & G. J. Paveza(Eds.), *Handbook of geriatric assessment* (4th ed., pp. 319–329). Sudbury, MA: Jones andBartlett.

Rosenberg P. P. (2007).*Africa and Africans*. The Natural History Press, New York. Cowan, Gary L. Black Africa: The Growing Pains of Independence, The Foreign Policy Association, No. 210, New York.

Tekin, U & Kara U (2018). *Facing the Future in West Africa*: Ikeja : Lagos Press Nigeria

World Health Organisation (2017). "*Health Promotion Glossary*" pdf.who.int. Retrieved 4/11/2018