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An Evaluative Study Of The Impact Of Intervention Strategies Of Non-Governmental Organisations (NGOS) On Social Well-Being, Economic Empowerment And Health Of The Aged In Oyo State, Nigeria

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Abstract

The world is aging at an alarming rate and the aged all over the world are facing a lot of health, social and economic problems. It is against this background that the present study examines the impact of NGO's intervention strategies on social well-being, economic empowerment and health well-being of the aged in Oyo State. The sample comprised 264 old people randomly drawn from four old people's home run by non-governmental organizations. Four instruments were used: Intervention strategies of NGOs were measured by self constructed scale- "Intervention Strategies Scales of NGOs", Social Well-being was assessed by the adapted scale of "Multidimensional Scale of Perceived Social Support" (MSPSS: Zimet et al., 1988); Economic empowerment of the aged was assessed by self constructed scale tagged, "Measurement of Economic Empowerment scale"; Health Well-being was measured by the adapted scale of "Personal Resource Questionnaire"(PRQ) 85 (Carol Roth 2003). Findings showed that NGO's intervention strategies (emotional, information and economic) predicted positively and significantly to the social well-being ($F = 191.7; P < 0.05$); economic empowerment ($F = 61.774; p < 0.05$) and health well-being ($F = 94.601$)of the aged. It was recommended that these strategies be sustained for the aged so as to produce aged that have longevity of life and yet remain productive both at the home front and within the community.

Introduction

Aging is a significant phenomenon on life itself, it is observed that in the midst of demographic data, the ageing of a population has consequences on economic, social and psychological well-being in our societies. In 1950, there were 205 million persons aged 60 and above worldwide. Fifty years later, that is year 2000, the number of persons aged 60 and above increased to 606 million (about three times the 1950 figures). Over the first half of the current century, the global aged population of 60 years and above is projected to expand by more than three times to reach nearly 2 billion in 2050 (UN-DESA, 2002). The implication is that the number of older persons has tripled over the last 50 years and that it will be more than trippled again over the next 50 years.

Population ageing is increasingly recognized as a worldwide phenomenon. It is a critical concern for both the developed and developing countries (Liang, GU and Krause, 1992). In 1980, there were 37 million people aged 60 years and above in the world, of which 55 percent were in the less developed countries. By the year 2020, it is projected that there

will be 975 million older people in the world, and 679 million of them will be in the less developed countries (Siegel and Hoover, 1984). The implication of the data is that the aged are caught up in a number of contradictions that do not affect people at earlier stages of life. The circumstances that cause the contradictions are incompatible with the desired quality of life, hence, the aged are caught up in social problems like poor socio-economic status, inadequate social support and poor health.

Social support, according to Weber (1998), is all about connections. It is about having needs recognized and acknowledged. It is about interdependent, accepting help when it is needed, and given help when we are in a position to do so. It is about feeling connected to a community so that as we go about our daily business or face a crisis, we feel there are people who care about us, who value us to be there when we need help and feel alone. The aged by their nature require social support either physically or psychologically, from their family members, neighbours or organizations. Social support is supposed to protect the elderly, make them happier, healthier and sane. That is why Corey (2002) said that social support acts as mind's defence against stressful life events and provides the necessary coping skills to deal with those events. It is normal that positive social support will predict the outcome of physical and mental health, as well as social well-being for the elderly. Majority of the elderly depend, to a greater extent, on those who contribute to their social support either formally or informally. The informal social support consists of nuclear and extended family, friends and neighbours, while the formal social support consist of basic financial entitlements like retirements and supplementary pensions, statutory agencies support and voluntary organizations support.

The society as a whole is now experiencing a rapidly ageing society where the societal and familial structures are undergoing changes, raising concern about the services that might be provided for the elders. Karandikar (2002), referring to the global survey conducted by International Federation on Ageing (IFA) said that 80% of the elders expressed that their situation had deteriorated in the health and family support. This indicates lower economic viability of the elders. Johnson, Schwartz and Tate (1997) sees the problems of the aged as living alone with no family nearby, poor health, negative attitude about ageing and insufficient financial resources. Poor economic support for the aged causes frustration, illness and early death. It is against this observable problems that some NGOs try to intervene in order to protect the rights of elderly people, to enable them contribute to and benefit from society; re-orientate them so as to diminish their dependency tendencies; and generate economic opportunities for them so they may enrich their lives. Elderly persons who are more privileged social-economically, tend to have more supportive social relations and social well-being than those who depend on their family for support. (George 1998)

Baiyewu, Bella, Adeyemi, Bamgboye and Jegede (1997) and Hertzman (1999) are of the view that social and economic status have strong association with health in old age. Similarly, Schulz (1980) sees income security for the elderly as a form of their present anxieties. The presence of anxieties causes low health well-being for the elderly. As a result of the low-income status, the aged are forced to live on social security payment or other sources of income to keep them out of poverty level. Social well-being is closely related to health, income and social activities with friends. Gray, Ventis and Hayslip (1992) sees the concept of social well-being as an interrelated variables of health and life satisfaction giving rise to psychological mastery and positive interaction with others. The interaction aspect as related to social well-being was emphasized by Rowe and Kahn (1997) when they posited that the aged who take part in a social network and interact with other members of the society, would enjoy longer life and high level of social well-being; and that individuals with a

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high level of social well-being would have reduced immunological functioning. Therefore, social well-being of the aged is a function of social support leading to high state of health.

Krause, Liang and Yatomi (1998); Murrel, Norris and Chipley (1996) stated that change in social support leads to change in social well-being. It was established from their longitudinal studies that increase or decrease in social support are concomitant to change in the social well-being of older adults. Also, Matt and Dean (1996) confirm that there is a bi-directional relationship between social support and social well-being in the aged with declining levels of social support leading to heightened psychological distress. According to Barrera (1986) and House and Kahn (1985), social support can be differentiated into two broad categories namely; social embeddedness and Interpersonal exchange. Social embeddedness or social integration describes the connections that an individual maintained with others which are often measured by enumerating the number of social relationships possessed and the amount of social contacts made by an individual. It is assumed that the presence of extensive social ties and interactions ensures that support is being provided.

Myers (1996) sees social support system as an interlocking network of people which an individual at old age can seek to interact with. He identified four major types of supportive behaviour from the societal networks, namely emotional, instrumental, information and approach supports. Emotional supports include provision of love, caring and trust by children, friends, relatives, while instrumental support involves behaviour that directly helps people who are in need, such as taking care of them or doing their work for them especially by well-place friends and relatives or societal network. Information support provides information and knowledge to help people cope with personal and environmental problem. Approach support is providing specific evaluation information to help an elderly person with self-evaluation which every person in old age will likely conduct.

It is against this background that this paper sees social support as an intervention strategy to be provided for the social well-being and health promotion of the aged. After careful consideration of the above models, a modified model that will look at the NGOs supportive strategies (emotional, information and economic) in the provision of social, economic and health well-being of the aged in Oyo State was adopted for this study.

Statement of Problem

The syndrome of seeing senior citizen's welfare as the responsibility of the family had made the government of Nigeria to do little or nothing to provide for their welfare. In many cases, when they are entitled to pension, this regrettably is not paid and when paid it is not often on time. This is because of low planning and management coupled with lack of interest in the general welfare of aged persons. Another area of problem for the elderly is in the area where large section of the people engaged in unorganized sectors and therefore not eligible for the meager pension security after retirement.

With the disintegration of traditional/extended family structure in Nigeria, the elderly population is losing the safety net of family support. More and more elders are seeking accommodation in institutions. Furthermore, poverty and inadequate health facilities have negative effect on elders who are used to living in extended joint families where traditionally the elders are respected.

The non-governmental organizations seeing these gaps try to intervene in order to protect the rights of elderly people so they can contribute to and benefit from society; re-orientate them to diminish their dependency tendencies in order to enrich the quality of the life they live. It is against this background that this paper looks at the impact of intervention

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strategies of non-governmental organizations on social well being, economic empowerment and health of the aged.

In order to achieve the purpose of this study, the following hypotheses are tested:

1. There will be a significant impact of NGOs intervention strategies on social well-being of the aged.
2. There will be a significant impact of NGOs intervention strategies on economic empowerment of the aged.
3. There will be a significant impact of NGOs intervention strategies on health well being of the aged.

Methodology

The descriptive research design was adopted for the study. The population for the study comprised the entire aged (ages ranging from 60 years and above) in Oyo State, Nigeria. A random sampling technique was used to select 264 participants from four purposefully designated old people's home/place of meeting run by non-governmental organizations (NGOs) that cater for the aged people in Ibadan Metropolis. The centers are African Gerontological Society (centre for senior citizen) Bodija; Catholic Relief Centre (formally – Old Peoples Home) Idikan; Ebun Old People Relief Centre, Oluyole Extension; and Christian Care for Widow/Widower and Aged (CCWA) Ashi, Ibadan. The main instrument used for the research was the questionnaire tagged "Intervention Strategies, Socio-Economic Empowerment and Social Well-being Questionnaire (ISSESWQ). The questionnaire was designed on a four-point rating scale of Strongly Agreed (SA), Agreed (A), Strongly Disagreed (SD) and Disagreed (D), with the corresponding values of 4, 3, 2, 1. This was complemented with oral interview and available records at the centers.The developed scale began with a thorough literature search to locate accepted scales. The structured questionnaire was made up of four sections viz A – D.

Section A – Intervention Strategies. This consisted of ten item questions that were self-constructed about NGOs intervention strategies. It was validated and yielded a Cronbach alpha value of 0.79.

Section B – Measure of Social Well-being. This consisted of ten items adapted from internationally tested questionnaire designed by Zimet, Dahlem, Zimet and Farley (1988) titled "Multidimensional scale of perceived social support". The adapted scale yielded Cronbach alpha value of 0.84.

Section C – Measurement of Economic Empowerment. This consisted of ten items that were self constructed. The measurement of empowerment scale was validated and yielded 0.82 Cronbach alpha value.

Section D – Measure of Health Well-being. This was made up of ten items adapted from PRQ85 of Carol Roth (2003). The adapted version was re-validated yielding a Cronbach alpha value of 0.85.

Procedure for Data Analysis

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A total of 264 questionnaires that were returned were used for analysis. The simple percentage was used to analyse the demographic section while the multiple regression analysis was used to establish the relationship between the intervention strategies of NGOs and the social, economic and health well-being of the aged in Oyo State.

Analysis showing the Impact of Intervention Strategies of NGOs on Social Well-being of the Aged

Table 1a: Multiple Regression Analysis on Social Well-being Data

R = .830
R square = .689
Adjusted R square = .685
Std. Error of the Estimate = 3.2837

	Sum of Square	df	Mean Square	F-ratio	P	Remark
Regression	6202.395	3	2067.465	191.745		
Residual	2803.419	260	10.782		<.05	Significant
Total	9005.814	263				

Table 1b: The Predictive Effects of each of the Independent Variables on the Outcome Measure

	Unstandardized Coefficients		Standardized Coefficients	t	P
	β	Std. Error	Beta		
Constant	7.533	1.041		7.236	.000
Emotional strategy	.981	.159	.359	6.179	<.05
Information strategy	.494	.151	.201	3.259	<.05
Economic strategy	.772	.144	.339	5.343	<.05

From table 1a above, the combination of the independent variables (emotional, information and economic strategies) account for 68.5% of the variance in social well being (R^2 adjusted = 0.685). The analysis of variance of the multiple regression data yielded an F-ratio value which was found to be significant at 0.05 alpha level ($F = 191.7$; $P < 0.05$). The results obtained in table 1b above indicate the contributions of each of the independent variables to the prediction. In terms of magnitude of the contribution, emotional strategy contributed most to the prediction of social well-being of the aged ($\beta = 0.359$; $t = 6.179$; $P < 0.05$). Next is economic strategy ($\beta = 0.339$; $t = 5.343$; $P < 0.05$) followed by information strategy ($\beta = 0.201$; $t = 3.259$; $P < 0.05$). Thus, all the three strategies made significant contribution to the prediction of social well being of the aged. This finding is in line with

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that of Brick (2001) who ascertained the importance of the role and strategies that NGOs play in empowering and helping the elderly in the form of achieving supportive relationships, information on health and nutrition and meaningful activities. Furthermore Myers (1996) support this finding when he confirmed that social support system is an interlocking network of people (i.e. the three strategies) which an individual in old age seek to interact with.

Analysis showing the Impact of Intervention Strategies of NGOs on Economic Empowerment of the Aged

Table 2a Multiple Regression analysis on Economic Empowerment data

R = .645

R square = .416

Adjusted R square = .409

Std. Error of the Estimate = 5.4786

	Sum of Square	df	Mean Square	F-ratio	P	Remark
Regression	5562.388	3	1854.129	61.774	<0.05	Significant
Residual	7803.851	260	30.015			
Total	13366.239	263				

Table 2b The Predictive Effects of each of the Independent Variables on the Outcome Measure

	Unstandardized Coefficients		Standardized Coefficients	t	P
	β	Std. Error	Beta		
Constant	6.601	1.737		3.801	.000
Emotional strategy	.885	.265	.266	3.341	<0.05
Information strategy	.251	.253	.084	0.995	<0.05
Economic strategy	.954	.241	.343	3.957	<0.05

From table 2a above, the combination of the independent variables (emotional, information and economic strategies) account for 40.9% of the variance in economic empowerment (R^2 adjusted = 0.409). The analysis of variance of the multiple regression data yielded an F-ratio value, which was found to be significant at 0.05 alpha level ($F = 61.774$; $P < 0.05$). The result in table 2b above indicate the contributions of each of the independent variables to the prediction. In terms of magnitude of the contribution, the strategies contributed in the following descending order, economic strategy ($\beta = 0.343$; $t = 3.957$; $P < 0.05$); emotional strategy ($\beta = 0.266$; $t = 3.341$; $P < 0.05$) and information strategy (β =

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0.084; t = 0.995; P < 0.05). Thus, all the three strategies made significant contribution to the prediction of economic empowerment of the aged. This is in line with the finding of Johnson, Schwartz and Tate (1997) that old age risks like insufficient financial resources (financial support), living alone with no family (social support), negative attitudes about ageing (emotional) are managed quite well when their socio-economic status are better.

Analysis showing the Impact of Intervention Strategies of NGOs on Health of the Aged

Table 3a Multiple Regression analysis on Health well-being of the aged

R = .722

R square = .522

Adjusted R square = .516

Std. Error of the Estimate = 3.8172

	Sum of Square	df	Mean Square	F-ratio	P	Significant
Regression	4135.352	3	1378.451	94.601		
Residual	3788.572	260	14.571		<.05	.000
Total	7923.864	263				

Table 3b: The Predictive Effects of each of the Independent Variables on the Outcome Measure

	Unstandardized Coefficients		Standardized Coefficients	t	P
	β	Std. Error	Beta		
Constant	11.285	1.210		9.3	.000
Emotional strategy	.550	.184	.215	2.981	<.05
Information strategy	.430	.176	.187	2.445	<.05
Economic strategy	.808	.168	.378	4.812	<.05

From table 3a above, the combination of the independent variables (emotional, information and economic strategies) account for 51.6% of the variance in health well-being (R^2 adjusted = 0.516). The analysis of variance of the multiple regression data

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yielded an F-ratio value which was found to be significant at 0.05 alpha level ($F = 94.601$; $P < 0.05$).

The results obtained in table 3b above indicate the contributions of each of the independent variables to the prediction. In terms of magnitude of the contribution, the strategies contributed in the following descending order; economic strategy ($\beta = 0.378$; $t = 4.812$; $P < 0.05$), emotional strategy ($\beta = 0.215$; $t = 2.981$; $P < 0.05$) and information strategy ($\beta = 0.187$; $t = 2.445$; $P < 0.05$). All the three strategies made significant contribution to the prediction of health of the aged.

This is also in line with the findings of Apt 1996 that the provision of support for the aged or the elderly is to give them a sense of happiness, comfort and satisfaction, devoid of anxiety, depression, low esteem and stress. Just as Heidrich (1998) confirm that good health is one elderly sense of well-being. For poor health at old age will necessitate dependence on other for task such as shopping, bathing, housework and meal preparation.

Discussions

This research provides useful insight into NGOs intervention strategies and the social, economic and health well-being of the aged. The issue of social support in areas of feeding, accommodation, health care and social networking of the aged was initially taken care of by the young members of the family but today many have neglected this issue, due to various reasons like urbanization and low-turn of the economy. The government has done little to attenuate these problems, so NGOs have to come in to fill these gaps. This is why there is a high influence on the social well-being of the aged by the intervention strategies of the NGOs.

The importance of emotional strategy, ahead economic and information strategies can be deduced from the fact that spending money or giving information as to health and source of better income does not solve the problem of the elderly because these aged entities also need love, care, affection and a feeling of belongingness. Lack of social support for the aged causes in them depression, anxiety and psychosomatic symptoms because they feel unwanted. This finding confirms that social support leading to social well-being is more of interpersonal transaction between the NGOs and the aged for it involves providing of either emotional or informational support too.

The finding further establishes that the provision of information towards social well-being helps the aged to interpret and comprehend situations and possibly remove stressors in their life. The importance of emotional support towards good social well-being can be seen from the fact that emotional support from others can directly help reduce the stress experienced by the aged. People seek hor and benefit from the emotional support of others when they face threatening situations.

Social well-being is very essential for good health and longevity of life of the aged. It is found that isolation of the aged is detrimental to their health. Isolation is a powerful risk factor for poor health and reduces longevity of the aged. This is confirmed by studies of large populations in Alameda country as well as in Goltenberg, Sweden and Eastern Finland. Specific findings indicate that married people live longer than those not married and members of churches and secular organizations live longer than individuals without such affiliations (Rowe 2005).The more social interaction or support got from

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interaction, the better for the aged. For instance, individuals who attend religious meetings do better than those who simply say they are religious but do not attend, nor take active participation. This behaviour is associated with greater health benefits than mere attendance.(Rowe 2005)

On the economic support strategy, it is established that the elderly have limited resources or income. In many instances, the income is mean or below poverty line, a line that is set for the elderly (Adegoke 2003). In Nigeria, for instance, majority of the elderly are rural dwellers and therefore live on remittance from their children who work in the urban centers. Their economic sufficiency has been seriously reduced since the 1980s when the economic recession started. A sizeable number of them (old people) have started living in poor health, coupled with economic hardship and economic insecurity, hence the import of the NGOs intervention strategies.

On the health well-being of the aged, the research concluded that good health is older people's most important asset. It enables them to continue working, function independently, and maintain a reasonable standard of living. The finding showed that with good health, elders have a good recourse to life. They will be able to realize their hopes, satisfaction, cope with life experiences and participate fully in societal activities like sharing of wisdom, give counsel and advise and contribute in family affairs.

Furthermore, good health, due to the intervention strategies of NGOs, will delay the disabilities and functional decline associated with aging so that older people will maintain their independence, quality of life and productivity. Social supports have been found to have direct positive effects on health. Greater social integration is associated with better physical and mental outcomes. Rower (2005) confirmed that a study of men and women over the age of 60 years found it that the best predictors of "robust aging" – an index of overall well-being that includes productive activities, emotional and mental status and functional level- were frequency of visits with friends and the frequency of attending meetings. Individuals receiving the greatest emotional support had greater physical performance than their counterparts and also exhibited lower levels of epinephrine, norepinephrine and cortisol, markers well documented to be associated with stress and risk of adverse health consequences.

These findings have several policy implications on the productivity of the aged within their community. The introduction of social support for empowerment and well-being of the aged is to produce aged that have longevity of life and yet remain productive at home fronts. The longevity and wisdom of the aged is always revered and held in high esteem. This is so because the aged serve as advisers to those people who live in their communities. Services like these are being paid for, whereas if aged are not within the community, such services are to be paid for if needed. This payment in turn erode the economic stance of the youthful payer.

Furthermore, services of housemaid that are to be paid for are voluntarily given by healthy aged. Evidence exists that older persons in many societies are providers of support to their adult children (Morgan, Schuster and Butler 1991; Saad 2001). They baby-sit and take care of young children while the parents go to work. The female share of the older labour force (i.e. 60 years and above) has steadily increased over the last decades, especially in the more developed regions. In 1950, 26 percent of the working aged 65years or above were women in both the more and less developed regions. By

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2000, this proportion had increased to 29 percent in the less developed regions. At the global level, the percentage of older workers who were women increased from 26 in 1980 to 31 in 2000 (UN-DESA 2002). This shows the utilisation of supplied labour by the aged as against their being thought of as being useless.

Moreover, due to their life long experience, older persons account for the majority of traditional healers in rural settings, particularly where conventional medical practices are not available. The duty of midwifery is always the responsibility of older healthy women.

Conclusions

In conclusion, the whole essence of providing support (either social or economic) to the elderly or aged is to guarantee a very high sense of psychological well-being (health well-being). With the activities of NGOs towards the social-economic and health-well being of the aged, there is an increase in the utilisation of the number of older persons. People of all ages have to reconcile themselves to the fact that they now live in a multigenerational society, where persons of all ages must maintain a symbiotic relationship. The whole society have to look at older people as productive and participative members of the community.

The deserving serious attention, for if the aged had not paved the way for the society, it may not have gotten to where it is today in developmental terms. impression that it is the responsibility of families to look after aged persons must change. Government and non-governmental organizations alike must consider the provision for aged persons in our societies as important and

It is hereby established that increased availability of productive activities due to individual's engagement with life will predictably enhance old people self-esteem, reduce their risk of disease and disability and enhance successful aging.

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REFERENCES

Adegoke, T. G. (2003). Socio-Economic Factors as Determinants of Caring for the Elderly Retired Civil Servants in Ibadan Metropolis, Nigeria. *UNIQWA Research Chronicle.* 4,1, 271-288.

Apt, N. A. (1996). *Coping with Old Age in a Changing Africa.* Aldershot: Arebury Services.

Baiyewu, O., Bella, A. F., Adeyemi, J. D., Bamgboye, E. A. and Jegede, R. O. (1997). Health Problems and Social Demographic Findings in Elderly Nigeria. *African Jonrnal of Medical Science.* Vol. 26.

Barrera, M. (1986). Distinctions Between Social Support Concepts, Measures, and Models. *American Journal of Community Psychology.* 14, 413-455.

Brick, Yitzhak (2001). Role of International Federation of Ageing (IFA) and NGOs A Report presented at the SAARC Consultation on Ageing held in Pyne, India on August 17-19, 2001. Downloaded from http://www.un.org/esa/socdev/ageing/waa/saarcrep.htm on 13/12/2005.

Carol Roth (2003). Personal Resource Questionnaire PRQ85 or PRQ2000.

Corey, C. (2002). The Analysis of Relationships Involving Dichotomous Dependent Variables. *Journal of Health and Social Behaviour* 25, 22, 334-348.

Gray, G. R., Ventis, D. G. and Hayslip, B. (1992). Socio-Cognitive Skills as a Determinant of Satisfaction in Aged Persons. *International Journal of Aging and Human Development*. 35, 14, 205-218.

George, L. (1998). "Stress, Social Support and Depression Over the Life Course". In Markides, K. and Cooper, C. (eds) *Aging, Stress, Social Support and Health*. New York Wiley.

Heidrich, S. M. (1998). Older Women lives Through Time. *Advances in Nursing Science*, 20, 65-75.

Hertzman, C. (1999). The Biological Embedding of Early Experience and Its Effects on Health in Adulthood. *Annual of New York Academy of Science*. Vol. 896.

House, J. and Kahn, R. (1985). "Measures and Concepts of Social Support" in: S. Cohen and S. Syme (eds.). *Social Support and Health*. New York: Academic Press.

Johnson, L. C., Schwartz, L. C. and Tate, D. C. (1997). *Social Welfare: A Response to Human Needs* Boston: Allyn and Bacon.

Karandikar, V. N. (2002). Report of the SAARC Consultation on Aging. A report presented at the meeting held in Pune, India August 17-29, 2001.

Krause, N. Liang, J. and Yatomi, N. (1998). Satisfaction with Social Support and Depressive Symptoms: A Panel Study. *Psychology and Aging*. 4, 1, 88-97.

Liang, Jersey., Gu, Shengzu., and Krause, Neal. (1992). Social Support Among the Aged in Wuham, China. *Asia – Pacific Population Journal* 7, 3, 33-62.

Matt, G. E. and Dean, A. (1996). Social Support from Friends and Psychological Distress among Elderly Persons: Moderator Effect of Age. *Journal of Health and Social Behaviour*. 34, 7, 187-200.

Morgan, D. L., Schuster, T. L. Butler, E. W. (1991). Role Reversals in the Exchange of Social Support. *Journal of Gerontology*, 46, 5.

Murrel, S. A., Norris, F. H. and Chipley, Q. T. (1996). Functional Versus Structural Social Support, Desirable Events.

Myers, D. G. (1996). *Exploring Behaviour* (3rd ed.) New York, Worth Publishers Inc.

Rowe, J. W. (2005). *The New Gerontology: Implications and Strategies for an Aging Society*. Paper presented at Gerontological Society of American Annual Meeting, November 18, 2005. Downloaded http://www.geron.org/ Annual Meeting/Opening Talk 2005.pdf. On 31/5/2007.

UNIVERSITY OF IBADAN LIBRARY

Rowe, J. W. and Kahn, R. L. (1997). *Successful Aging*. New York: Pantheon.

Saad, P. M. (2001). Support Transfers between Elderly Parents and Adult Children or Two Brazilian Settings. Paper presented at the Twenty-fourth IU SSP General Population Conference, Salvader de Bahia, Brazil, 18-24 August 2001. Paris: International Union for the Scientific Study of Population.

Schulz, J. (1980). *The Economics of Aging*. 2nd edn. Belmant, California: Wadsworth.

Siegel, Jacob S. and Hoover, Sally L. (1984). *International Trends and Perspectives: Aging*. International Research Document No. 12, U.S. Bureau of the Census.

UN-DESA (2002) *World Population Ageing: 1950-2050*. Population Division, Department of Economic and Social Affairs http://www.un.org/era/population/ publication/ worldageing 1950-2050 - downloaded on 05/03/2007.

Webber, M. L. (1998). She Stands Alone: *A Review of the Recent Literature on Women and Social Support*. Winnpey Manitoba: Praire Women's Health Centre of Excellence.

Zimet, G. D., Dahlem, N. W., Zimet, S. G. and Farley, G. K. (1988). "The Multidimensional Scale of Perceived Social Support". *Journal of Personality Assessment*. 51, 1, 30-41.

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