

## Labour Migration, Women Involvement in Paid Employment and Informal Care-Giving For the Aged Women in TIV Land

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### ABSTRACT

*This study; Labour migration, Women Involvement in Paid Employment and Informal Care - Giving for the Aged women in TIV land set out to study the predicament of the aged population in the area in terms of health, economic, cultural and food assistance after the supposed care-givers (daughters, daughters – in- laws etc) have migrated to towns and urban centers for employment. Survey method was adopted. Findings show that women who are 80 years and above constitute the fastest growing age-group in the area and indeed the sub-Saharan Africa. These women may become increasingly ill, disabled, and frail and may need care and assistance with activities of daily living, financial and subsistence etc. The study concludes that continuous migration of the care – givers to cities for paid employment, jeopardizes the living conditions of these aged populations in the absence of a social policy by governments in Nigeria. The paper recommends that government should make rural areas more attractive by establishing industries where the younger family members could work; should empower the families economically to provide continuous care for the aged and indeed evolve a social policy to take care of these growing and indigent populations.*

### INTRODUCTION

The 1982 Vienna International Plan of action on ageing and 1991 United Nations Principles of older persons were reinforced in 2002 through the Madrid International Plan of Action on Ageing at the global level. In addition, the Beijing platform for action adopted at the Fourth World Conference on Women in 1995, specifically addressed the problems of aged women. These are expressed concerns about improving the status of the aged particularly the rural ones in recent decades. Underlying these plans are essential five areas of concern as expressed in the 1991 UN principles; independence, care, self – fulfilment and dignity.

According to Eboiyehi in Onyeonuro et al (eds) (2011) care giving became specifically important due to the significant increase in the number of rural aged (particularly women) who are living in misery and poor health. Apart from out living the men, aged women more than aged men are confronted with insecurity concerning their living arrangements in patriarchal family system such as those that exist in TIV of North Central Nigeria and which are influenced by gender asymmetry. Furthermore, aged women are more likely to live without their spouses in old age. Studies have shown that women constitute 60 percent of older population in rural areas which are generally depopulated and impeded by stagnant

economies and poor or non-existent infrastructure (Ferreira and Kalula, 2009). According to Ferreira and Kalula (2009), women who are 80 years old and over constitute the fastest growing age group in sub-Saharan African region's populations. This segment of the aged may become increasingly ill, disabled, frail and may need care and assistance with activities of daily living, financial and subsistence support and informal long-term care (Uwakwe and Modede 2007). Whereas in the developed world, standards of living and changing preferences have increased independent living among the aged, the situation is far less different in economies like Nigeria where social security for the aged is absent and average rate of poverty and hunger are higher. Under such conditions, co-existing with female children – the primary care givers of aged women are critical to their survival especially when they are no longer able to take a part in economic activities. In traditional Nigerian society, it was culturally imperative for young female children to co-reside with their aged mothers. It was also vital especially in North Central Nigeria for married ones to reside close to them to provide them with psychological and emotional support in their helpless old age. The position of women as non-property owners after the demise of their husbands, also helps to explain the higher proportion of aged women that lived in the households of married children (Ferreira and Kalula 2009). This living arrangement provided them with physical, economic, social and emotional needs through this informal network. Thus, both co-residence and residential proximity of daughters were strategies employed to care for aged women in the traditional Nigeria society. Care therefore, is defined in terms of space (female children co-existing with their aged mothers or living close to them), material (money or goods) or time providing household assistance or care (National Research Council, 2001). By this care giving arrangement, the aged women knew no poverty, deprivation, malnutrition, neglect or isolation. The unity and networks that existed on this issue made people to aspire to old age (Fajemilehin, 2000).

Regrettably, the intergenerational relationships that existed between aged women and female off springs as described above, have come under the influence of exogenous forces which have not only transformed the society's orientation but also in some respects distorted the social system (Otaki, 1998; Akeredolu – Ale and Aribiah, 2001). Nigeria's rapid socio-economic change since independence, also brought about important transformation in the socio profile of aged women. The effects of labour migration and participation of women in the labour force and recently politics on these processes adds further complexity to evaluating further trends and needs of aged women. Studies have shown that migration from rural to urban areas is a selective of the young, the educated and the single (women inclusive) because they are better placed to undertake the risk of migration than the elderly people mainly for economic purposes (Caldwell, 1968; Onyeonom, 2000). Even if there are arguments that labour migration and involvement in labour serve as economic benefits to aged parents through remittances, it could also be argued that they also break the social bonds of amity that sustain the rural aged. Remittances play important roles on households' economies, but uncertainty remains regarding whether and under what circumstances children interact with their aged mothers. The above trend has challenged the conventional women's role as care givers for the aged (Clark and Anker, 1990) and has posed a number of challenges for the aged. Rural aged women especially in the North Central region are

particularly affected by this trend because rural areas have peculiar infrastructural deficits. This therefore makes it difficult for ailing and frail aged women to perform household survival chores such as fetching water (from streams), carrying firewood, tilling lands, sowing and harvesting crops in the absence of able-bodied. Their situation is worsened by the discrimination they suffered earlier in life such as having less access to property and inheritance, investments, basic healthcare, education, work experience, public assistance, savings and other private income. It is therefore not amazing that rural aged women are confronted with a quadruple jeopardy of being old, poor, widowed and alone (Ferreira and Kakula, 2009). The speed of formal education among women accompanied by their labour migration and employment outside the home in offices and factories leaves little time for such women to care for neither aged mothers, mothers-in-law and grandmothers at home. Unlike in developed climates, there is no social security policy. This unfortunate situation has led some aged women to resort to begging or become prostitutes; an act, which in the past was considered demeaning and shameful to the entire family members. This growing change in the Nigerian social landscape of labour migration and women involvement in paid employment has raised a fundamental question as to how aged women cope with existence in the face of the absence of care givers.

## RESEARCH QUESTIONS

The following research questions were posed to guide the research:

1. To what extent does women labour migration and participation in paid employment affect care and well-being of aged women in rural TIV?
2. What peculiar problems do the aged women face as their female care givers migrate and participate in the labour force outside the home?
3. What strategies do they adopt in coping with the identified problem?
4. What suggestions can be offered to alleviate these problems?

## REVIEW OF LITERATURE

In much of the developing countries particularly, those in sub-Saharan Africa, provision of care for the young and the old is implicitly women's primary roles (Michel, 1981; population Bulletin, 1997; Volkoff and Lawson, 1998; Adedokun, 200). Before formal education and western civilization began to make inroad, women's main duty aside from reproduction was to cater for the entire household (Oyekanmi, 2000). This includes children, the sick and the elderly, (population Bulletin, 1997; Adedokun, 200; Ebigbola, 2000; Dallinger, 2002). In Nigeria, prior to the introduction of formal education and structural adjustment programme (SAP in 1986), rural-urban migration and international movements were predominantly men's phenomenon while women's major occupation centered on the homes. The feminine economic activities include petty trading in poultry; vegetables (Obi, 2000). With the introduction of SAP in 1986 and expansion of formal education system, many women who were hitherto homemakers and caregivers of young and old now engaged in economic activities outside the house to meet with the great demands of modern life and family.

According to Michel (1981:155) 'the stereotypes built around women in different societies and cultures have resulted in seeing them as invisible producers due to the

traditional belief in the myth of feminism of women's non-productivity'. According to the author, the myth of feminism states that the family is a unit of production and that the place of women is in the home, which sees women working outside the home to earn income as unnecessary. It was therefore not amazing that in the traditional African societies housekeeping, preparation of meal for the children and the elderly, washing their clothes and taking care of their basic needs were the exclusive career of women (Aluko, 2006). Most African women were often congruent with these; house wife was often measured in terms of housewives and the worth of good housewives (Aluko, 2006). Even the British Colonial administrative officers who made the policy on male/female employment in colonial Nigeria recognized this and gave a picture of an ideal woman as follows:

*....an ideal woman was one whose place was in the home, and whose main goal in life was to be a good wife and mother, subordinate to her husband (and her parents-in-law) and economically dependent on her husband. An ideal wife should not work for wages outside the home so that she can take care of 'home' or unless forced by unfortunate circumstances of widowhood or failure to marry (Denzer, 1945).*

The above suggests the reason why women were not adequately represented in the labour force, as it was believed that as women become involved in their responsibilities, they might have less time and energy to devote to children, the elderly and other family members. Thus, employment and family care particularly, care for children and elderly are commonly seen as incompatible (Horowitz, 1985; International Labour Organisation, (ILO, 2001, a; b). However, recent researchers (Millward, 1968; Simmons, 1976; Okojie, 1981; and Obi, 1988; 1998) have showed that a great proportion of women across occupational groups and cadres now work outside their homes and as such, the myth of feminism is being outmoded in modern societies. One factor responsible for the increase in labour migration and women participation in the labour force was transition, such as those associated with modernization and industrialization, which enforce the influx of people (including women) in search of paid jobs. Along with these changes are the marginalizations of the families in the process of increasing number of women to enter the market work to help maintain their households' requirement for daily living. Although labour force participation rate for all women have increased significantly since the post-world war II (Farkas, 1992), it was not until 1980s and early 1990s that Nigeria started witnessing a substantial growth in women labour force participation (Oyekanmi, 2000). Oyekanmi (2000) observes that since the introduction of the structural Adjustment Programme by the Federal Military Government under the Babangida's administration may have had to contribute a substantial proportion of household rent and school fees of their children, as many husbands in the formal sector were retrenched. She further argues that this situation has forced many women to assume the role of breadwinner, unacknowledged household head and participate in the labour force to contribute to family survival. According to the National Manpower Survey (1981), the total female employment, which was far less than 3.0 percent during the colonial era, increased during the decade of 70s. Afonja, Soetan, Amole and Odeyemi (2001) note that the increase in female participation in the labour market arose from the oil boom, which allowed women more entry into all categories of formal labour market. The data on female employment in the Federal Civil Service for the year 2001-2003 also reveal that the total number of females

employed for the first four years increased over the period. In addition, between 2003 and 2005, there were 30 percent female in the professional/technical categories, 22 percent in the administrative/managerial group, 28 percent in the clerical category and 18 percent in the other categories (UNIFEM, 2015). For instance, an implementation of microeconomic perspective by Becker (1980) for familiar assistance for instance, suggests that women with higher levels of educational attainment, stronger labour force attachment or employment in the paid labour will be more likely to engage in care and support for their aged parents. Other scholars (Brody and Schoonover, 1986; Moen, Robison and Fields, 1994; Sundstrom, 1994) also argue that employment does not preclude women from assuming care-giving roles and that employed women do not differ from non-employed women in the provision of housekeeping, transportation or emotional assistance to disabled elderly. Scholars like Brody and Schoonover (1986) are also of the view that personal care needs for elderly parents are more likely to be purchased when primary caregiver is employed. In contrast, Hugh (1895), argues that there is a concomitant expectation that the employment of women under the industrial conditions will erode traditional sex role definitions and alter division of labour that assigns women the domestic function and the men non-domestic ones.

Velkoff and Lawson (1998) also present conflicting outcomes of intergenerational analysis of kin assistance by employed women. Their concern is that increasing labour force participation of women will shrink the pool of potential female caregivers. Rossi and Rossi (1990) also argue that employed women are less likely to provide tangible assistance to ageing relatives. These scholars base their argument on the fact that the spread of education among women, accompanied by their employment outside the home (in offices and factories), leaves no time for those women to take care of the aged at home.

According to Hugh (1895):

*When a woman leaves her traditional place in the home to earn money in factory, she becomes the subject of heated controversy. In this case, she is regarded as a menace to the race and held accountable for the falling birth rate, declining parental responsibility and decadence in home and family life.*

Consistent with this argument, Obi (1998) stresses that:

*A full housewife puts glamour in housekeeping and childcare (including eldercare). But the glamour of housekeeping may disappear when she works outside the home to earn income. The dual roles of a housekeeper and a worker, which she now performs, are uncomplimentary to each other, and inter-role conflicts can exist between them.*

While arguing extensively on this issue, Adelola (1985:7) asserts that as an economically independent woman gain influence, the man (i.e. the husband) loses 'power' and the children and the elderly are deprived attention. Some scholars like Horowitz (1985) and Chang (1992) also believe that as women become more involved in their job responsibilities, they may have less time and energy to devote to their elderly parents. This practice results to unavailability of women to perform their primary role as care providers for children and the elderly. Chang (1992) further elaborates,

*Increased female employment outside the home means that less labour is available to provide for both the young and the old in the household. The nature of work is also flexible and less compatible with care of those at home, unlike in the informal and unpaid family work in which they may have been engaged in the past.*

He argues further that the increase in labour force participation of women may undermine intergenerational co-residence and that this situation will lead to the neglect of the elderly. Supporting this argument, Mason (1992) observes that increased labour force participation of wives may increase their desire or ability to form separate conjugal household rather than co-reside with their mothers-in-law. The author expresses the fears that the outcome of this may result to neglect of elderly family members since the multiple role of caring for the children, husbands and the elderly may increase the stress of working-age women. Another problem apart from housing is of securing a niche in the urban economy and as such the tension inherent in the new society may have far reaching implications physical and mental well being of all (including the aged). The above suggests that the involvement of women in the modern labour force may deprive the family members of daily love and care. While every member of such family may be adversely affected, the aged and children may suffer most. Garrett (1997) however, disagrees with the above claim. He argues that increase in female in paid employment will enhance their future income and family power. Morgan and Hiroshima (1983) also claims that women participation in the labour force does not necessary mean neglecting their aged relatives. According to them aged women may co-reside with their offspring in the urban areas where they serve as child minders and domestic helpers when their daughters, daughters-in-laws or granddaughters are employed outside the home.

## **THEORETICAL FRAMEWORK**

The study relies on Talcott Parsons Pattern Variables. In his work, Parsons drew a list of variables characterizing the rural, primitive and folk societies and modern, large and complex societies. Parsons classified these societies as Pattern Variables A and Pattern Variable B. Pattern Variables A according to him, is characterized with the traditional societies while Pattern Variables B describes relationships in modern societies. The evolutionary changes from Pattern variables A to Pattern Variables B will function as explanatory Variables to account for the decline in care for the aged women in TIV and as female children partake in labour migration and paid employment.

## **PARSONS' PATTERN VARIABLES AND THEIR RELEVANCE TO THIS STUDY**

Talcott Parsons identifies two cultural variables with five variables each to dichotomize human interactions or relationships in rural societies and modern ones. He suggests that role can vary in accordance with these pattern variables.

**Fig. 1: Parsons' Concept of Pattern Variables**

Pattern Variable A (Expressive)	Pattern Variable B (Instrumental)
1. Affectivity 2. Ascription 3. Diffuseness 4. Particularism 5. Collective orientation	1. Affective neutrality 2. Achievement 3. Specificity 4. Universalism 5. Self orientation

According to Parsons (1979), modern societies would witness a movement as a result of modernization from (a) collectivism to individualism (b) ascription to achievement (c) particularism to universalism (d) diffuseness to specificity and (e) affectivity to affective neutrality. The variable, collectivism to individualism becomes most important in this study. In modern society, it is now becoming a threat to the aged as the society is drifting towards excessive individualism. Unlike in the past where people put the interest of the social groups to which they belong before their own interest, in modern society, they now pursue their own interests' first rather than those of the social group to which they belong. In the past, the patterns of living arrangement ensured female children particularly daughters, daughters-in-law and granddaughters could be found living together under the same roof in the same compound or married very close to the aged parents so as to be able to take care of them. With such living arrangement, people could not afford to allow any family member, young or old, to suffer. The tendency towards the saying that, "out of sight is out of mind" was not possible as everybody was his brother's keeper. This could better be explained in the words of Buckland and Hardey (1987) that, the length of co-residence and history of the relationship between a caregiver and aged, infirm person influences the naturalness of caring. The greater the length of co-residence, the greater the likelihood that caring will be seen as natural, and not provide care will be unthinkable (Adisa, 2000). Where co-residence has been too life-long, the history of the relation will have shifted gradually from reciprocity to dependency and there will often be mutual support, especially where the other caregiver is elderly. Thus, in the past, there was prevalence of "we" feeling over the feeling of "I". This is because the families were operating on the principle of feminism, which is the ascription of more importance and attention to the collective interest(s) of the entire family rather than the different personal or individual interest of members that made up such a family. An individual could not decide a goal to pursue outside the collective WILL of the family. It was truly open system. The movement from collectivism to individualism can further be explained by the distinction made by Ferdinand Tonnies' between *Gemeinschaft* and *Gesellschaft*. According to Tonnies, *Gemeinschaft* (often referred to as 'community' in English) is characterized by a network of personal relationships, common values and ideals, and a strong sense of group belonging) while *Gesellschaft* (often 'society' in English), relationships are contracted based on rationality and high degree of role differentiation, and rights and obligation are contractual). Tonnies explicitly associated these two types of social organization with rural and urban lifestyles considering the former to have historically

preceded the latter (Tonnies, 1887). According to him, members of the *Gemeinschaft* bodies interact together on the basis of reciprocal and 'whole person' relationships, which are to their mutual advantage. But with the onset of industrialism, the mutualism to be found in *Gemeinschaft* gives way to the competitiveness of *Gesellschaft* society in which relationships are fragmented, self-motivated and egocentric. Central to Tonnies' analysis of modernity, he focused on the process of modernization and was critical of growing individualism. According to this theory, the openness of the families or the freedom of family members creates some problems, one of which is the problem of care for the aged ones.

### SCOPE/STUDY LOCATION

TIV was the study area and the interviewees were the aged women. TIVs are located in Benue State, Nigeria. It is located at Longitude 60°5' and Latitude 60°5'. TIV people are predominantly found in 14 Local Government Areas (LGAs), grouped: TIV West, TIV Central, TIV Southeast, TIV Northeast and Southwest. Out of these five groups, three were purposively selected namely: TIV Central, TIV West and TIV Northeast. These Local Governments consist of thirty major towns and several villages that share common cultures and social systems. Their major occupation is subsistence farming. Furthermore, these LGAs have experienced rapid rural-urban and international migration of adult female children in the last twenty-five years living their aged women behind (most of who are widows). The Federal Republic of Nigeria Official Gazette (2007) put the population of TIV at 4.1million comprising (51.2%) males and (48.8%) females and is estimated at 6million by the year 2020 at three percent growth rate. The aged and children constitute more than 70 percent of the total population.

### RESEARCH METHODOLOGY

The study adopted qualitative research methods namely, In-depth Interviews (IDIs) and Focus Group Discussions (FGDs). In-depth interviews were carried out among the aged (60 years or older). This method enabled the researchers to elicit information on the impact of labour migration and involvement of women in paid on care for the aged. Problems arising from absence of female children as they involve in paid employment outside the home and the strategies employed by the aged to cope with the challenges posed by their absence were also investigated. In all, 32 in-depth interviews were conducted with the aged whose female offspring are living independently to them as a result of their involvement in paid employment. Due to low level of literacy among the study population, all the interviews were conducted in local dialects. One of the researchers is from the study area and is very versed in these dialects. At the end of the fieldwork, all the IDIs were tape-recorded and translated from TIV dialect to English language. They were later edited to ensure that all the interview schedules were completed and contained accurate information. The data were presented and analyzed in "context" by grouping and sorting out comments and responses derived from these qualitative data. Verbatim quotations of relevant statements were done. Data were analyzed using ethnographic technique. The use of in-depth interview method also enabled the researcher to record non-verbal displays for a meaningful interpretation.



## FOCUS GROUP DISCUSSIONS

A total number of eighteen FGDs consisting of three groups of aged women — made up of those women aged 60-70; 71-80 and 81 years and above were conducted in each of the purposively selected LGAs. The breakdown of FGDs is as follows — two with those aged 60-70; two with those aged 71-80 and two with those aged 81 years or older. All the focus group discussions were conducted in the rural areas in the selected LGAs. Each group consists of between 6-10 participants all of whom possessed similar socio-demographic characteristics. Participants in each focus group were of the same age category: 60-70; 71-80 and 81 years and above; educational background (literate and non-literate) and occupational statuses of participants were stratified according to pension formal sector and those who had never worked in the formal sector. The FGD sessions were held at a time that was convenient for the participants and in a very conducive atmosphere. The FGDs were conducted in the evenings between the hours of four and 6 o'clock when most participants were less busy. The discussions were held in the village halls in each of the selected wards. Participants were made to sit round a table in order to have good discussion. A study guide was prepared, which was used for the group discussion. During the discussion, it was ensured that participants were not restricted to their answers. Each discussion lasted between 45 minutes and one hour. It was also ensured that no single participant dominated any of the discussions. The researcher personally moderated the discussions given that he speaks TIV language fluently. All information was tape recorded and later transcribed for further analysis.

## ETHICAL CONSIDERATIONS

In compliance with ethical standards on research work involving human subjects, the principles of ethics governing human research were observed with the aim of protecting the dignity and privacy of every participant who, in the course of the data collection offered valuable information about himself/herself or others. Considering the sensitive nature of the study, the researchers sought and obtained the consent of the following people: chairmen of the local government areas, community/village heads and household heads. The prospective participants were introduced to the researchers by the local government chairmen with the assistance of community or village heads who intimated them of the purpose of the research. The objectives of the study and its anticipated benefits were carefully explained to all the participants prior to the commencement of the study. Their request for anonymity and confidentiality was respected. In addition, electronic data and documents were stored in personal computer and flash drive secured with password. Only the researcher has access to tapes and hard copy materials.

## RESULTS

### **The Impact of Women Labour Migration and Labour Force Participation on Care and Wellbeing of Aged Women**

When the question, "to what extent have women labour migration and participation in the labour force affected their traditional care giving role for the aged women left behind in rural area, most of the interviewees and focus group discussants reported that the absence of their

female children have had negative impact on their well being. A 70-year-old widow whose daughter and only child was working in one of the new generation banks in Benin city had this to say:

*Traditionally, it is the duty of the female children to cater for ageing mothers particularly if they are widows. However, when a woman goes out to work outside the home and becomes the breadwinner, another burden is added to her workload. She will hardly have time for the husband, children and the aged. In most cases, she wakes up very early in the morning to prepare food after which she leaves for office and arrives home very late completely exhausted. It will be difficult for such a woman to take adequate care of both her children and the aged relatives. When women work outside the house, they are less likely to be available to cater for the vulnerable ones. Labour migration and women's participation in the paid employment therefore has negative impacts on not only care for aged but for other vulnerable groups in the household.*

According to a female in the focus group-discussion (Mbativ) aged 73 years:

*In most part of the world, women are seen as the home keepers. Nature has made us nurturers of children and care providers for vulnerable groups of the households. Because women have to supplement family income due to our ailing economy, working outside the home has made them less available to take care of the vulnerable groups in the family and this is affecting the well-being of the aged. Some of us are suffering from loneliness, abandonment and neglect.*

The study also suggests that though working women still play their traditional role as primary caregivers to the aged, such role is fast diminishing in contemporary time. According to a female focus group participant aged 78:

*Women's labour migration and participation in the paid employment has, largely denied us the care the aged once enjoyed in the olden days. Their participation in the labour force is detrimental to the care and well-being of the aged.*

The study shows that the aged women left behind in the rural areas to eke out a living for themselves are faced with numerous challenges. The challenges identified by the aged themselves are similar to those of UN (1998), Akeredolu-Ale, and Aribial (2001) and were traced to the current socio-economic crisis that spurs migration of young women to cities in search of means of livelihood. This situation was found to be detrimental to eldercare and is gradually eroding the care they once enjoyed from co-resident female children. The implication of this on the aged particularly, the frail ones, is their inability to cater for themselves if migrant children fail to secure employment in the urban area. A woman aged 78 years (Akeriov village) said during the in-depth interview that:

*Like their male counterparts, female children of nowadays do not want to stay with us or marry within the village because they feel there are many opportunities outside. This problem is compounded by the introduction of formal education modern sector employment, which is channelling our children from the village to the cities. This is really affecting the way they should have taken care of us. Once they succeed in leaving the village, they do not bother whether we will survive in the village or not. We are living in a difficult situation! Some of us are dying on daily basis due to lack of care.*

Similarly, an 84 year old female interviewee (Mbagba) lamented thus:

*I was very happy when I gave birth to only female children because I thought they would look after me when I am old and unable to work. Now they have all left me to suffer in the village as they seek greener pastures. All my female children are married and are in Abuja and Kaduna. They do not mind how I survive here. Each time I call them, they complain that they do not have time to visit me because of their jobs.*

Correspondingly, a woman at Akpaghev village aged 89 years also lamented as follows:

*Labour migration and labour force participation is gradually eroding the traditional care system once enjoyed by aged women. The major problem is that those who are supposed to take care of us (our daughters) have joined our male children in the labour market. Because of this, those of us left behind in the village are now forced to fend for themselves in old age particularly, when remittances are not forthcoming from our migrant children.*

Another FGD participant aged 82 years (at Mbalagh) also remarked thus:

*Going to the cities in search of white-collar jobs is the major cause of these new values and norms redefining the way female children relate with aged parents. In the city, some of them imbibe urban culture of individualism, which is detrimental to our well-being. Migration contributes in no small measure to the separation of an ageing mother from her children. In this situation, provision of physical care for the aged becomes a very serious problem; even remittances suffer if emotional ties between parents and children are weak.*

The above result corroborates the findings in the literature that migration, industrialization and urbanization often involve the physical separation of the older and the younger generations. Akeredolu-Ale and Aribiah (2001), for instance, observe that it is common for industrialization and urbanization to increase the rate at which the young, unmarried individuals leave their rural homes and migrate to urban areas to take up employment leaving the aged behind in the rural areas. The situation of the aged whose children are unemployed was not quite different from those of the childless who have no children to cater for them. For instance, an in-depth interview with female interviewee at

Mbalagh aged 69 years, who had not heard from her daughters for the past seven years remarked:

*My situation is not different from those of the childless. At my age, I am supposed to depend on my children for my daily needs. But look at me living like the childless. They have all abandoned me to suffer alone in the village. When one of my neighbours saw them in Makurdi and asked them why they have not been visiting me, they said they had no job. The question is, why can't they come to the village if they do not have job?*

Another female in the focus group discussant aged 69 years added:

*My worst experience is that there is nobody to take care of me whenever I am ill. Sometimes, I go to bed with empty stomach if I am unable to cook. At my age, my children are supposed to look after me. Unfortunately, none of them is available.*

Although some of the aged received remittances from their children, majority of them described the remittances as intermittent and irregular. They complained that these remittances hardly meet their needs. About half of the aged women interviewed preferred physical care from their children to the remittances being sent to them. For instance, a 78-year-old woman in the in-depth interview at the remarked:

*My daughters do send me money always. But money cannot go to the market for me neither will it cook a pot of soup nor pound yam for me. All I am asking for is that at least one of my daughters, daughters-in-law or granddaughters should come and take care of me. I am lonely and I need somebody to talk with.*

Likewise, another female interviewee aged 78 (lkyado in Yandev) stated:

*The money my daughter sends is not enough to take care of my medical bills not to talk of feeding or do some other things. Because of this, I do not go for regular medical check-up. I do not have anybody with me to look after me whenever I fall ill.*

It is obvious from the above findings that women's labour migration and participation in the labour force, places the vulnerable groups in the family at a disadvantage. These findings corroborate with evidence from the literature that the simple most important phenomenon affecting care for the aged is the so-called entry of women into paid labour force (Kammerman, 1983; and Obi, 1998).

## SPECIFIC CHALLENGES

The most serious challenge confronting the aged women in terms of its consequences is ill health. Ill health as a product of chronic disability conditions, affects their ability to perform routine daily tasks (Fajemilehin, 2000). The major health problems identified by the aged included visual impairment (6 cases), immobility (4 cases), cardio vascular condition (7 cases), diabetes (12 cases) and loss of memory (3 cases). All the aged in the focus group discussion stated that their situation becomes more precarious each time they fall ill and there is nobody to administer drugs or take them to a nearby health centre. Other major

specific problems identified those associated with loneliness (6 cases) and neglect/abandonment by family members (4 cases).

Specifically, the level of neglect and abandonment experienced by the aged women was higher among aged widows. Another important revelation in the study is the problem relating to starvation. This is pathetic when one compares traditional period, when it was the collective responsibility of both male and female children and even the entire extended family members to provide care and support for an aged relative. This cultural practice was found to be collapsing due to labour force participation of women and emerging age-selective labour migration of women. The gradual departure from the traditional morality of filial piety by the "primary care providers" as a result of modernization and the pressure from market-oriented reform have contributed greatly to the intergenerational apprehension within the modern family system. The result of this tension is decline in care for the aged. The absence of children therefore, was found to have contributed to decline in emotional, financial and physical support for the aged. During an in-depth interview, a female in her late 70s stated:

*Struggling to procure food and to feed is my major challenge. You can see for yourself that I am walking a tight rope between survival and starvation. The thought of my children's failure to \_ cater for me is enough to give me high blood pressure.*

Another female interviewee aged 69 years stated further:

*My major problem is how to get money to feed. Sometime, I go to bed with empty stomach when there is nothing to eat. At my age, I am supposed to depend on my children for food. Unfortunately, none of them is available to look after me.*

Obviously, scarcity of food and malnutrition remains specific problem the aged women left behind in the rural area as their female children migrate to urban area in search of greener pastures. This was unlike in the past when it was ensured by the entire society that the aged were provided with food and comfort.

Although some of the aged visit one another, loneliness was found to be a prominent problem at least at the homestead. A retired primary school teacher aged 76 stated:

*I lost my husband four years ago. Since then life has never been the same with me. As I said, I am suffering from visual impairment and loss of memory. You need to see how I feel; it is as if I am alone in the midst of a crowd. I need somebody around to talk with. I am seriously missing my husband.*

In the past, it was a taboo for children to abandon their ageing parents particularly, the widows. The study shows that the gradual departure from the traditional morality of filial piety by the young family members due to modernization and the pressure from market-oriented reform was found to have contributed to the decline in care provision for the aged in the study area.

### Coping Strategies

The coping strategies identified in the study include engaging in “subsistence farming”, “daily or weekly contributions” “support from offspring and spouses relatives” and “intermittent pension”. For instance, in the words of an FGD participant aged 76 years (Abiem):

*My husband's family members have been of immense assistance to me. They have been supporting me since my husband died some years ago. They are really trying their best for me. Nobody can blame anybody nowadays because the country is hard. I am a farmer though on a small scale. I grow vegetables, yams, and cassava which I survive on.*

Some of them either engage in menial jobs or rely on their pensions. A male in-depth interviewee aged 68 years (Mbalagh) stated:

*I retired as a primary school teacher. I am a member of Pensioners' Association. I make a contribution of two hundred and fifty Naira (N250.00) weekly. Through this contribution, I have been able to start a small business.*

It was found that the current economic downturn and absence of caregivers had made many of the aged to add “masculine” roles to those traditionally associated with women. While majority of them reported growing yams, maize, cassava and vegetables, others worked on people’s farms to earn a living. A female FGD participant aged 67 years (Wanume) affirmed:

*Any person who does not want to die of hunger will have to take cutlass and enter the bush. Most of the women you see in this village are farmers. They plant crops that were traditionally planted by men.*

Another female FGD participant aged 63 years (Wanume) added:

*I wash other people's clothes in exchange for food. I also engage in petty trading of kerosene, pepper, tobacco and akara (bean cake). Sometimes, I work in other people's farms for food or money.*

While some of the participants in the focus group discussions reported they sold their personal belongings, others said they rely on their church members.

An aged widow (rural) sorrowfully affirmed that:

*Since I do not have any food to eat, I have no option than to sell some of my clothes and kitchen utensils. Who am I keeping them for? Some members of my church have been assisting me too when they saw that the suffering was getting too much for me. Apart from their regular visitation, they always bring food, money and clothes for me and assure me of good end.*

In addition, some of the fgd participants in the rural Lessel said that they rely on mutual support and community mobilization. One of them aged 75 stated:

*We mobilize people in this community to work on each other's farm. Some of us that do not have enough strength benefit tremendously from this exercise.*

## CONCLUSION

The study shows that women's concern for families in the harsh economic climate propels them to seek ways of adding to the household income. The implication of this is that adequate care may not take place if working women are physically separated from their aged relatives. The study therefore suggests that women entry into the labour force provides both positive and negative effects on aged care. While the positive effect includes enhancement of their socio-economic status and household income, the negative effect results from reduced time available for aged care. Thus, despite the fact that women's participation in the labour force enhances their economic status and supportive roles for the aged, this rarely improves their intra-house care. Thus, female participation in the labour force has actually undermined eldercare.

## IMPLICATIONS FOR POLICY

Given the increasing level of population of ageing coupled with decline in care and support for the frail and aged and lack of social security in Nigeria, the following recommendations are suggested:

- Government should make rural areas more attractive by establishing industries where the younger family members could work.
- That Government should empower the family economically to enable it provide care and support for its members.
- As aged women out-number men, welfare interventions need to be planned and implemented for women specifically to address their needs.
- Government policies also need to address the future impact of changing household demographics among aged women. It was observed that single-person households are rising in the study area. This study found that aged women live alone in the rural area and that single aged females possess weaker social networks compared to males. These women experience loneliness and have little family or children living nearby. Strategies should also be developed to address the problems of this category of the aged.
- Traditional role of respecting and caring for the aged, widows and the childless should be reinforced through school level and interventions from the primary level.
- Priority should be given to elderly widows in all the intervention programmes.
- Like younger age group, the aged women also require health, personal and social care. Government should establishment separate geriatric clinics in PHCs, Government hospitals and geriatric wards in the hospitals with specialization in geriatrics for the aged widows and the childless.

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