

INTERGENERATIONAL RELATIONS AND THE TREATMENT OF THE ELDERLY IN ZARIA CITY, KADUNA STATE

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Abstract

Population ageing in low- and middle-income countries is accelerating without corresponding development of social welfare systems, leaving many older adults vulnerable to mistreatment. In Nigeria, especially Northern regions such as Zaria, economic hardship, weakened extended-family structures, and limited institutional support heighten the risks of elder abuse. This study examines the prevalence, forms, causes, and consequences of elder abuse in Zaria City, Kaduna State. Drawing on a mixed-methods approach, data were collected from 123 older adults through questionnaires and five in-depth interviews. Findings indicate that while many elderly persons live with family members, a significant proportion experience various forms of abuse, including verbal abuse, physical abuse, emotional neglect, and financial deprivation. Poverty, lack of morality and proper socialisation, widowhood, childlessness, and health challenges were identified as major drivers of abuse. The consequences reported include depression, loneliness, social withdrawal, and deteriorating health. Although care is primarily provided by family members, economic strain often undermines caregiving capacity. Respondents highlighted the need for government intervention, enlightenment campaigns, improved home training, pension reform, and the establishment of old age homes. The study concludes that elder abuse in Zaria is shaped by socio-economic and structural vulnerabilities and calls for culturally sensitive policies that reinforce family support while expanding formal protection systems.

Keywords: Intergenerational, Relations, Treatment, Elder Abuse, Zaria city

Introduction

Low- and middle-income countries are increasingly affected by a rapidly growing global demographic trend of population ageing, without a parallel expansion of social welfare systems. In most African countries, particularly sub-Saharan Africa, demographic transitions are occurring against a backdrop of poverty, inadequate institutional support, and a reliance on kinship-based care, with Nigeria exemplifying these dynamics. Ageing is not merely a biological process; it is also socially constructed, influenced by economic conditions and power dynamics. Age intersects with class and gender, and while older individuals have traditionally been respected, modernisation has contributed to their marginalisation (Riley, 1978). The concept of ageism, introduced by Butler (1968), highlights the systematic

discrimination faced by older adults, often portraying them as frail, dependent, and economically unproductive.

Elder abuse is a globally recognised human rights issue and public health concern that includes physical, psychological, financial, and sexual abuse, as well as neglect. While this issue has been extensively studied in Western contexts, it remains under-researched and under-reported in many African societies, where cultural silence and limited reporting mechanisms obscure its prevalence. In Nigeria, the care of older individuals has traditionally relied on extended family systems rooted in intergenerational reciprocity. However, urbanisation, labour migration, economic restructuring, and a decline in communal cohesion have weakened these familial arrangements. In the absence of social protection and reliable pension systems, many older adults find themselves heavily reliant on family members, leading to tension, neglect, and abuse due to economic strain. The challenges are particularly acute in Northern Nigeria, where poverty, limited access to healthcare, and fragile social services amplify vulnerability. Despite cultural norms that emphasise respect for elders, empirical evidence reveals a growing disconnect between societal ideals and the realities individuals face. For instance, older women are at an increased risk of harmful practices such as forced remarriage or accusations of witchcraft, which can lead to neglect, violence, or even death (Ajegwu, 2015; Fishman, 2015). On a global scale, 4-6% of older individuals experience maltreatment in domestic environments (United Nations, 2009), underscoring the urgent need for culturally sensitive interventions.

The growing population of older adults intensifies these risks. In 2005, individuals aged 60 and older accounted for 15.3% of the global population, a figure projected to rise to 20.8% in developing countries by 2025 (UN Population Division, 2008). In Sub-Saharan Africa, the elderly population is expected to rise from 46 million in 2015 to 157 million by 2050. In regions lacking adequate social protection, families often bear the primary responsibility for caregiving, which can result in considerable economic and emotional strain, leaving older adults susceptible to mistreatment (Bonnie & Wallace, 2002; Ponle, 2012).

This paper fills a critical research gap regarding elder abuse in Northern Nigeria by exploring its prevalence, forms, causes, and consequences in Zaria, Kaduna State. By contextualising elder abuse within the wider framework of socio-economic and structural inequalities, the study enhances our understanding of ageing and vulnerability in contemporary Nigeria. Furthermore, it aims to inform the development of culturally sensitive policies and intervention strategies.

Literature Review

Concept and Definition of Elder Abuse

Elder abuse is comprehensively defined by the World Health Organisation (WHO) as acts or omissions within trusted relationships that inflict harm or distress upon older individuals (Stella & Krouse, 2009). Such abuse may be either intentional or unintentional and can manifest in several forms, including physical, psychological, financial, sexual, or neglectful actions (Ekot, 2015; WHO, 2010). Notably, women are disproportionately affected, often encountering financial exploitation following the death of a spouse (Brozowski & Hall, 2004; Biggs et al., 2009). Cultural contexts significantly influence the perception of abuse; for

instance, certain indigenous communities in the United States view familial resource-sharing as a cultural obligation, rather than as a form of exploitation (Brown, 1989; Maxwell, 1992).

The elderly are individuals in late adulthood, generally defined as those aged 60 and older (Bigner, 1994; Sanrock, 2006). This stage of life is characterised by retirement, declining physical abilities, and shifts in social roles. The older population is often categorised into subgroups: young-old (ages 65-74), middle-old (ages 75-84), and old-old (ages 85 and above) (Singh & Misra, 2009). Advances in healthcare and improvements in living standards have contributed to a global rise in the elderly population. Additionally, social factors such as marital status and living arrangements significantly impact the well-being of older adults, with women often facing higher rates of widowhood in developing countries due to greater spousal mortality (Adamchaki, 1989).

Historically, extended family systems prevalent in developing nations ensured robust care for the elderly (Beignet, 1994; Akpan, 2003). However, the processes of industrialisation, urbanisation, and the transition towards nuclear family structures have undermined traditional support networks, particularly within Sub-Saharan Africa (Dixon, 1987; Akpan, 2013). The phenomenon of elder abuse remained largely obscured until recent decades, when it garnered recognition as a significant social, public health, and legal concern in the late 20th century (Ponle, 2012).

Elderly Vulnerability and Rights

Population ageing is a global phenomenon and by 2025, the number of individuals aged 60 and older is projected to increase to 1.2 billion worldwide, with 850 million living in developing countries (Randal, 1999). According to Shaefer (2005), 7% of the world's population is aged 65 and above. This growing older adult population has heightened demand for both formal and informal care (Atchley & Barusch, 2004; Ekot, 2016).

The elderly constitute one of the most vulnerable demographic groups, second only to children, within societal structures. Their fundamental rights, which encompass freedom from discrimination, access to healthcare, and protection from various forms of abuse, are enshrined in international human rights frameworks, such as the Universal Declaration of Human Rights and the United Nations Principles for Older Persons (UN, 1991). In many cultures, filial responsibilities play a critical role in the care of older adults, as family members are traditionally tasked with meeting essential needs such as food, shelter, healthcare, and assistance with activities of daily living (Malison, 2003; Jones, Kramar & Peterson, 2010).

Causes and Types of Elder Abuse

Several factors contribute to the emergence of elder abuse, including modernisation, industrialisation, economic stress, social isolation, and systemic neglect (Oluwabamide & Egnafona, 2012; WHO, 2013). Socioeconomic conditions, such as inadequate income, dependency on caregivers, and lack of institutional support, further compound vulnerability (Biggs et al., 2009; Doug et al., 2007). Additional risk factors include caregiver stress, subpar quality of care, and social isolation (Akpan & Umobong, 2003).

Elder abuse is broadly classified into five primary categories: physical, sexual, psychological/emotional, neglect, and financial exploitation (Acierno, 2010). Additionally,

self-neglect and abandonment are recognised forms of abuse (National Centre on Elder Abuse, 2009). Common indicators of elder abuse include unexplained bruises, poor personal hygiene, untreated medical conditions, social withdrawal, and noticeable financial discrepancies. Research indicates that psychological and financial abuse occur most frequently, while sexual abuse is observed to be comparatively rare (Schofield et al., 2013; Cohen et al., 2007). This is captured in the table below.

Physical	Bruises, untreated wounds, sprained or broken bones, lab findings of medication, dosage
Sexual	Bruises around the breast or genitals, or bloody under clothing, or unexplained general disease
Emotional/Psychological Abuse	Being upset or withdrawn, unusual dementia-like behaviour (rocking, sucking)
Neglect	Poor hygiene, untreated bed sores, acetylation, soiled bedding
Financial	Sudden changes in banking practices, including the inclusion of additional names on bank cards, abrupt changes of will
Self-neglect	Untreated medical conditions, an unclean living area, and a lack of medical items like dentures or glasses

Source: National Centre of Elder Abuse (2009)

Prevalence and Consequences of Elder Abuse

Global estimates regarding the prevalence of elder abuse vary significantly. In the United States, for instance, it is reported that one in seven older adults experiences physical abuse (NCEA, 2009), while the WHO (2002) identifies high occurrences of psychological abuse in nursing home settings. In Nigeria, evidence suggests a heightened prevalence of neglect, physical abuse, and financial exploitation, with women particularly susceptible (Akpan & Umobong, 2013; Asogwa & Igbokwe, 2010; Ola & Olalekan, 2012). Socioeconomic difficulties, coupled with insufficient pensions and a lack of institutional support, intensify the likelihood of abuse (Mudiare, 2013).

The ramifications of elder abuse are severe, encompassing significant associations with depression, psychological distress, and deteriorating physical health (Bristow, 1989; Timers, 1988). Ageism—characterised by negative attitudes towards the elderly further exacerbates vulnerability, hindering access to essential care and social services (Jogerst, 2003; Akpan, 2013).

Interventions and Policy Frameworks

International initiatives, such as the UN Principles for Older Persons (1991) and the Madrid Plan of Action (2002), underscore the principles of dignity, independence, participation, and protection for older individuals (Zelenor, 2008; Akpan, 2013). National policies, exemplified by Nigeria's National Centre for Elderly Persons Act (2009), aim to deliver welfare,

healthcare, and recreational services to the elderly population. Despite these frameworks, significant gaps persist in terms of policy implementation, public awareness, and institutional support (Mudiare, 2013).

In summary, elder abuse represents a persistent challenge both globally and nationally, deeply rooted in sociocultural, economic, and structural dynamics. Addressing this issue necessitates a multifaceted approach that integrates family support, robust institutional frameworks, effective policy interventions, and heightened public awareness to safeguard the health, rights, and dignity of older adults.

Theoretical Framework

This study draws primarily on functionalist and structural perspectives to explain elder abuse within broader processes of social change. Functionalist theory views society as a system of interrelated parts working to maintain equilibrium. Each social group plays a role in maintaining social stability. Age, within this framework, is associated with socially defined roles and expectations. As individuals transition into late adulthood, they undergo role shifts particularly retirement, reduced economic participation, and changing family responsibilities. Ageing adjustment is influenced by access to social and economic resources; older adults who remain socially integrated and economically secure tend to adapt more successfully (Crosnoe & Elder, 2002). Conversely, marginalisation from productive roles may increase vulnerability.

Classical functionalism, particularly the work of Durkheim (1951, 1984), provides a broader lens for understanding deviance, including elder abuse. Durkheim argued that deviance is a normal and inevitable aspect of society, serving functions such as clarifying moral boundaries and reinforcing collective values. Law, in this view, codifies shared norms and publicly marks acceptable behaviour. Crime and deviance test these boundaries, sometimes prompting social change when laws or norms no longer reflect lived realities.

Applied to elder abuse, this perspective suggests that mistreatment of older persons reflects strains within the moral and regulatory structures of society. Rapid social transformation, urbanisation, economic restructuring, and weakening kinship ties may erode traditional norms governing respect and care for elders. Where regulatory mechanisms are weak or social integration declines, conditions of anomie may emerge. Durkheim conceptualised anomie as a state of normlessness resulting from social deregulation, in which moral guidance becomes unclear. In such contexts, vulnerable groups, including older adults, may experience neglect or abuse as informal systems of social control weaken.

Structural perspectives further emphasise how macro-level inequalities shape patterns of vulnerability. Social institutions such as family, religion, education, and the legal system function as mechanisms of social control (Ross, 1965). However, when these institutions are weakened by poverty, migration, or economic instability, their capacity to regulate behaviour and protect vulnerable members diminishes. In many developing societies, the erosion of extended family systems and limited formal welfare provision shifts caregiving burdens onto economically strained households, potentially leading to conflict and neglect.

Functionalism also highlights the integrative role of law and public sanction. Legal systems formalise moral expectations and signal societal commitment to protecting vulnerable groups. However, where enforcement mechanisms are weak or cultural norms discourage reporting,

elder abuse may remain hidden. Thus, the persistence of abuse may reflect gaps between normative ideals such as respect for elders and actual social practices.

Despite its contributions, the functionalist approach has limitations. It does not adequately explain why particular individuals engage in abusive behaviour, nor does it fully address how power relations influence the criminalisation or tolerance of certain practices. Furthermore, reliance on official statistics may obscure the true prevalence of abuse, particularly in contexts where underreporting is common. Nevertheless, functionalist and structural perspectives provide a useful macro-sociological framework for situating elder abuse within processes of social change, institutional weakening, and normative disruption. By linking individual acts of abuse to broader patterns of social organisation and inequality, these perspectives illuminate how demographic ageing, economic strain, and declining social cohesion contribute to the vulnerability of older persons.

Methodology

The study adopted a cross-sectional mixed-methods design to investigate elderly abuse in Zaria, Kaduna State, Nigeria. Quantitative data were collected from 150 community-dwelling adults aged 59 years and above through structured questionnaires, while qualitative insights were obtained from five purposively selected elderly individuals via in-depth interviews. A multistage cluster sampling technique was used, selecting 10 streets and 15 households per street, with one eligible respondent recruited from each household. The questionnaire covered demographics, forms of abuse, perceived causes, consequences, and interventions, while interviews explored lived experiences and contextual factors. Data were analysed using descriptive statistics in SPSS and thematic analysis for qualitative findings. This integration of quantitative and qualitative methods enabled triangulation, thereby enhancing the robustness of the findings on elder abuse, its causes, and psychological effects.

Ethical standards were strictly observed, with informed consent, voluntary participation, confidentiality, and anonymity maintained. Zaria, an urban centre in northern Nigeria, provided a diverse setting, with the 2006 census recording 4,785 elderly residents. Interviews were conducted in languages understood by participants, audio-recorded with consent, and transcribed verbatim.

Findings and Discussion

Sociodemographic characteristics of respondents

Out of 150 questionnaires administered, 123 were completed and returned, resulting in a response rate of 82%. Additionally, five in-depth interviews (IDIs) were conducted with key informants to triangulate the survey findings. The results were synthesised to provide a more comprehensive understanding and explanation of the data. Where discrepancies arose between quantitative and qualitative findings, explanations and inferences were provided to account for these differences.

The sex distribution of respondents was 56.1% (n = 69) male and 43.9% (n = 54) female, indicating a higher proportion of male respondents. This reflects the demographic composition at the time of data collection, with more male elders present in the study area. Over half of respondents (52.8%, n = 65) were aged 60–64 years, followed by 22.8% (n = 28) aged 65–69 years, and (14.6%, n = 18) were aged 70–74 years, closely followed by (4.1%, n

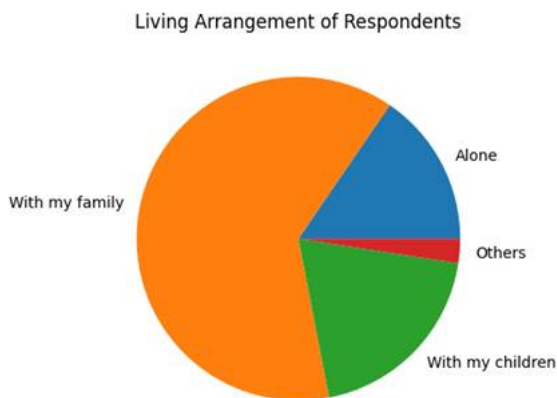
= 5) who were aged 75-79 years, while only 3.3% (n = 4) aged 80 years and above. These figures suggest that the majority of respondents were in the early stages of old age. This is typical of many communities in Nigeria where there are few people above the age of 70 years because of our life expectancy.

Most respondents were married in monogamous unions (39.8%, n = 49), while 15.4% (n = 19) were widowed and 17.1% (n = 21) were in polygamous marriages, while (27.6% n = 34) of the respondents were divorced, separated and widowed. Notably, despite the prevalence of polygyny in the study location, a significant proportion of respondents reported monogamous marriages. In terms of religious affiliation, the majority identified as Muslims (77.2%, n = 95), followed by Christians (20.3%, n = 25). This distribution reflects the predominantly Hausa/Fulani Muslim composition of the area, while also highlighting the presence of a sizeable non-Muslim population, indicative of the area's cosmopolitan character.

In terms of socioeconomic characteristics, 27.6% of respondents were traders, 22.0% were retired civil servants, and 21.1% were farmers. A substantial proportion, 70.7% (n = 87), reported not receiving pension benefits. Monthly income levels were generally low, with 35.8% (n = 44) earning less than ₦20,000. Educational attainment varied, as 28.5% had completed tertiary education, while 22.8% had no formal education.

Living Arrangements and Welfare Conditions

Respondents were asked with whom they lived when they grew older, and the findings are shown in a pie chart below.



Source: Field survey, 2006

Figure 1 shows the distribution of respondents by living arrangement. The majority of respondents (62.6%) live with their family, followed by those living with their children (19.5%). Respondents living alone account for 15.4%, while a small proportion (2.3%) live with others. This indicates that a significant portion of respondents live in family arrangements, highlighting strong social bonds within the community. Additionally, it underscores the collective responsibility family members feel to care for the elderly, as enshrined in African culture.

The researcher further asked respondents who shouldered the responsibility of caring for the elderly people during illness, and the data revealed that Care during illness was primarily provided by daughters (35.0%) and sons (34.1%), some of the respondents (18.7%) mentioned husband, wife and relatives, while (9.8%) revealed friends and (1.65%) said

daughter-in-law take care of them. This indicates that within the family setting, care for the elderly is shared by the elders' biological children. This is because children are socialised to believe it is their obligation to care for their parents when they are old. However, these findings underscore the importance of social networks in caring for the elderly in a system that lacks formal care settings (care homes).

Findings from the in-depth interviews revealed divergent opinions: some informants reported that most elderly people in their community are cared for by their families, while others said that, due to the country's economic hardship, the elderly are suffering without care. The views of those who said the elders are looked after by their children can be summarised in the words of an elderly woman, who hinted that,

In this society, the obligation of adult children to care for their ageing parents is deeply rooted in cultural and religious values. Specifically, Islamic teachings emphasise children's duty to support and care for their parents in their old age. This intergenerational responsibility not only underscores the importance of familial bonds but also reflects broader societal expectations regarding respect and care for the elderly. Thus, care for ageing parents emerges as a foundational principle within this cultural framework, reinforcing the moral imperative on children in their roles as caregivers.

Conversely, the opinions of those who believe elders are not receiving proper care can be summarised by the words of an elderly man in *Bakin Kasuwa*, who stated that:

My friend told me that, in those days, children took care of their parents because they thought it was their responsibility. But what we have today is a society where everything is bad, especially amid the country's economic hardship. Parents cannot take care of their children; how do you expect them to take care of themselves when they grow up? Neither the parents nor the children are getting enough to cater for themselves, let alone others.

The research into the most frequently reported illnesses among the elderly in the study area revealed that, over the past six months, malaria (26.8%) and hypertension (26.0%) were the most reported ailments. These were followed by typhoid (13.0%) and diabetes and backaches (both at 9.8%). Additionally, some participants (3.3%) reported experiencing arthritis, while others (2.4%) mentioned ailments such as tuberculosis, stroke, and eye problems. This data indicates that malaria and hypertension are the most prevalent health issues affecting the elderly in the study area. It is noteworthy that some participants suffer from multiple conditions. Although malaria is widespread among individuals of all ages, hypertension appears to be particularly prevalent among the elderly in this region.

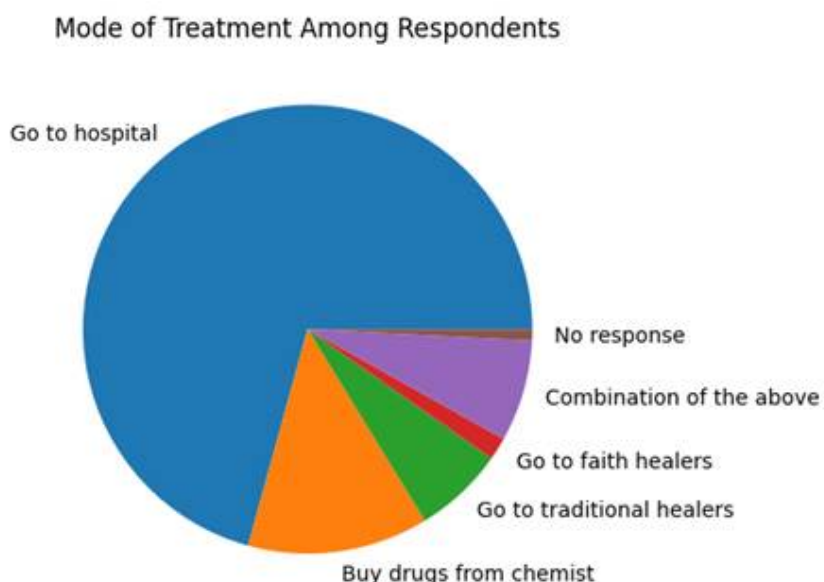
The data from the IDI confirmed the survey findings, with informants reporting a range of illnesses affecting the elderly in the study area. The view of the informants can be captured in the words of one of them, who posited that:

You cannot say this is the exact sickness common here, but we suffer from different diseases depending on our lifestyle and social status. But I think the most common are Hypertension, Malaria, Typhoid Eye and stroke issues.

The qualitative data suggest that the occurrence of illness among the elderly cannot be attributed solely to age; rather, it is influenced by a range of other factors, including lifestyle

choices and socioeconomic status. Additionally, these factors play a significant role in how illnesses are managed within this group.

Respondents were asked about their mode of treatment when they fell ill, and the responses are shown in the pie chart below.



Source: Field survey, 2026

Figure 2 illustrates the treatment preferences among respondents. The findings indicate that a significant majority seek care at hospitals, accounting for 70.7% of respondents, demonstrating a strong reliance on modern healthcare services. Nonetheless, a portion of respondents also turn to chemists (13.0%) and traditional healers (6.5%), while a smaller segment depends on faith healers (1.6%). Furthermore, 6.5% of respondents reported employing a combination of treatment methods. This suggests that while formal healthcare services are predominantly utilised, alternative healthcare options remain relevant within the study population.

The qualitative data confirmed what the survey revealed about the places elderly people go to seek medical care. The key informants gave different views regarding where they go for treatment. But they all unanimously mentioned places such hospital, traditional healers, and combination of both. In the words of one of the key informants, who hinted that:

Even though I cannot speak for others, but the truth of the matter is that, here when we are sick, we either go to the hospital that is nearby or traditional healers, depending on your financial strength.

Respondents were asked about their engagement in various forms of exercise to improve their health. The survey results indicated that the majority, 49.6% (61), participated in trekking, while 16.6% (20) chose jogging. Meanwhile, 13.8% (17) reported using different methods to enhance their physical fitness, 8.9% (11) identified cycling, and 7.3% (9) mentioned push-ups or sit-ups. Additionally, 0.8% (1) did not respond to this question. These findings suggest that respondents prefer simpler forms of exercise, such as trekking, possibly due to their age. This

supports earlier observations that respondents seek treatment at hospitals and are often advised to incorporate exercise into their routines.

The in-depth interview data gathered reinforced the survey findings. The interviewees told the researcher that staying indoors without any form of exercise makes you weaker than you are. They also revealed that health workers and some educated family members advised them to engage in the simplest and most effective form of exercise: trekking. One interviewee stated that: *I walk to see my children and relatives who live nearby. It is a way to exercise and maintain family ties.*

Nature and Forms of Elder Abuse

Respondents in the survey were asked to define what they consider to constitute elder abuse. The findings show that a majority, specifically 54 individuals or 8.7%, identified maltreatment as a crucial component of elder abuse, highlighting issues such as physical abuse, verbal abuse, emotional neglect, and physical neglect. Additionally, 32.5% of respondents (40 individuals) stated that showing disrespect towards elders constitutes abuse, while 9.8% (12 respondents) identified disobedience towards the elderly as a form of abuse. Notably, 13.8% of respondents (17 individuals) chose not to answer the question. These results suggest that a significant number of respondents perceive the maltreatment of the elderly in terms of physical, mental, emotional, and neglectful behaviours as manifestations of elder abuse.

Insights from the In-Depth Interviews (IDIs) are consistent with the survey results regarding the definition of elder abuse. Significantly, the IDI uncovered a substantial diversity of opinions regarding what constitutes elder abuse. Factors such as education level, social and economic status, and environmental context play a crucial role in shaping how respondents define elder abuse and understand its different forms.

Respondents were asked how they were being treated by the people around them. Although 74.0% reported being treated well (good or very good), multiple forms of abuse were reported by the respondents, with a significant 39.0% reporting physical abuse, 35.8% said verbal abuse, 13.0% revealed they faced emotional neglect, 7.3% reported being subjected to physical neglect, while 0.8% said they were subjected to sexual abuse because of them being elderly. This shows that the elderly in the study area were subjected to different forms of abuse and neglect. While 48.8% indicated that abuse had ceased, 45.5% reported that abuse was ongoing.

The qualitative data from IDI further elaborates on the survey findings regarding why many respondents were not subjected to abuse. A significant number of the respondents who did not experience any form of abuse said that it was because they are staying with their children, who take care of them. For instance, an interviewee disclosed that:

For me, I have not experienced any form of abuse or neglect because I live with my children, who treat my husband and me in the best possible way they can. This is because we raised them well and cared for them since they were young, and now, in our old age, they do the same for us.

There are other categories of interviewees who told the researcher that they have been abused many times by people responsible for their care. The interviewees stated that if you cannot

take care of yourself, you simply must endure what is thrown at you. An interviewee at one of the study locations mentioned that:

Because I lack the resources and energy to care for myself, I was abused and neglected by my relatives, who are supporting me. I was unwell, and no one was close enough to bathe me for days. I once visited a hospital and was given a prescription, but for over a month, no one bought the medications for me. When I asked, I was told that if I had money, I should go and buy them.

A majority agreed that caregivers maltreat older persons (65.0%) and that ageism is a serious societal problem (74.0%). Furthermore, 75.6% perceived elder abuse as prevalent nationally.

Perceived Causes of Elder Abuse

Respondents identified immediate and structural drivers that lead to elder abuse in the study area.

Table 1: Respondents' views on the causes of elder abuse in the study area

<i>Causes</i>	<i>Frequency</i>	<i>Percentage</i>
<i>Poverty</i>	10	8.1
<i>Lack of proper socialisation</i>	25	20.3
<i>Lack of morality and knowledge</i>	49	39.8
<i>Liabilities</i>	27	22.0
<i>No response</i>	12	9.8
<i>Total</i>	123	100.0

Source: Field survey, 2026

Table 1 shows that the majority (39.8%) of the respondents view lack of morality and knowledge as the major cause of elderly abuse, (22%) said being a liability is the cause of elderly abuse, (20.3%) said lack of proper socialization, (8.1%) view poverty as the cause of elderly abuse, while (9.8%) did not response to the question. This indicates that there are different factors responsible for elderly abuse in the area, and the cause varies across individuals.

Some other interviewees believe that, aside from issues of morality and knowledge, the law of karma is one of the causes of elder abuse. They stated that whatever you do for others, in return, must be done against you. Meanwhile, another social welfare officer also pointed out that being a total liability is another cause of elderly abuse.

On what the respondents think is responsible for the maltreatment of the elderly, the study shows that the majority 66.7% (82) of the respondents view poverty as the factor responsible for maltreatment of the elderly, 12.2% (15) identified widowhood, 8.9% (11) and 6.5% (8)

view childlessness and health issues as the factor responsible for the maltreatment of the elderly, while 2.4% (3) did not response to the question. This indicates that poverty is the major cause of elderly abuse in the study area. This means that because of being poor, the elderly cannot care for themselves, and it makes them vulnerable.

The qualitative data from the IDI elaborated further on what the survey data reveal. Participants stated that there is no single common factor responsible for elderly abuse because everyone might be abused based on different factors. The participants mentioned factors such as poverty, childlessness, widowhood and health challenges. However, participants emphasised that poverty is the super factor that determines elderly abuse. One of the participants stated that:

I recognise that several factors contribute to elder abuse in our community, including childlessness, widowhood, and poor health. However, poverty is a significant factor as well. Financial stability tends to afford individuals better treatment, as having money can deter age-based mistreatment. The experiences of those of us who are less fortunate, even with children and spouses, differ greatly from what a wealthy person might endure.

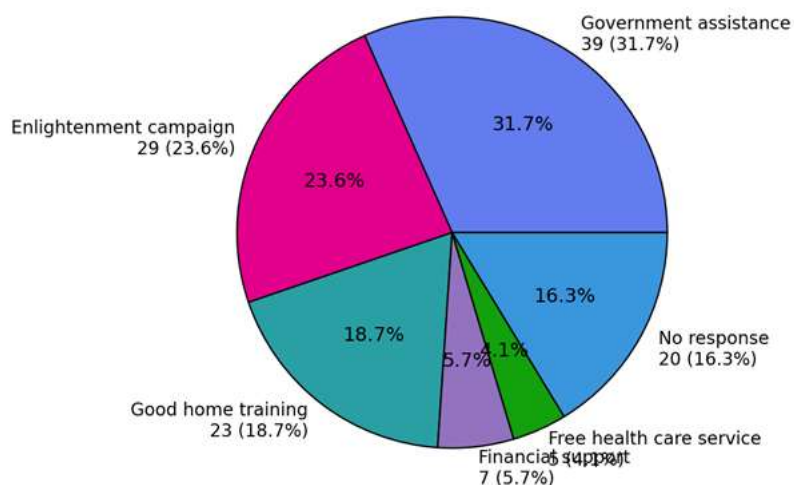
Consequences of Elder Abuse

The research asked respondents on the effects of elderly abuse on the elders and survey findings shows that the majority (30.1%) of respondents believed elderly abuse leads to depression, (27.6%) revealed loneliness, (17.1%) cited isolation/social withdrawal, (13%) indicated suicide as an effect of elderly abuse, while (12.2%) did not respond to the question. This suggests that depression is a common consequence of elderly abuse but the other consequences like loneliness, social withdrawal are significant. This is an indication that the elders are defenceless, they could not cater or fight for themselves.

Findings from the interviews confirmed what the survey revealed that elder abuse has a significant consequence on the physical and mental health of the elders. The interviewees posited that there are various consequences which the elderly suffered from because of the abuse they are subjected to. The interviewees mentioned consequences such as emotional trauma, loneliness, social withdrawal and depression. However, the interviewees did not mention anything on suicide as mentioned in the survey. This is because there are few people interviewed in the qualitative aspect of the data collection compared to the quantitative.

Possible Ways of Tackling the Challenges of Elderly Abuse

Views of Respondents on Possible Ways to Tackle the Challenges of Elder Abuse



Data from the survey indicated that 31.7% of the respondents see government assistance as the way to solve the challenges of the elder abuse, 23.6% mentioned enlightenment campaign, 18.7% said good home training, 16.3% did not respond to the question, 5.7% mentioned financial support, while 4.1% said there is need for free healthcare services for the elderly. This indicates that, to solve the challenges of elder abuse, there is a need for government intervention for the elderly, an enlightenment campaign on the dangers of elder abuse, good home training for the upsurge, financial support and free medical services for the elderly.

The qualitative data through the interview is not far from what the survey revealed, but it added more insights. While the interviewees mentioned all the factors mentioned in the survey, one of the interviewees added prompt payment of gratuity and pension for retired workers in addition to government legislation on free services for all senior citizens. In his words:

The challenges faced by older people in our community are numerous and can be attributed to various factors. People think that the solution to our challenges lies in external support, but I would like to differ from those who hold that opinion. I believe if the elders can have their resources, they will not be subjected to the abuse we faced. The government should promptly pay our pensions and gratuities so we can afford necessities without relying on anyone for help. There should also be legislative provisions for free or subsidised services for people aged 60 and above, as is the case in the Western world.

Upon further inquiry regarding the desirability of establishing an old age home, the collected data indicate that the majority, 46.6% of respondents, expressed support for the construction of such facilities in Zaria, 36.6% of respondents indicated a reluctance to live in an old age home, whereas 16.6% remained undecided. These findings suggest a prevailing preference among respondents for the establishment of old age homes in Zaria. Notably, while the majority endorsed the idea of constructing these homes, most expressed a preference for residing with their family members elsewhere. Respondents unwilling to reside in old age

homes often cited the importance of family support and affection. Conversely, those favouring residence in such facilities emphasised the potential for reduced boredom and tension, as well as the perceived benefits in addressing their personal challenges.

Discussion of Findings

Findings show that verbal abuse is the most common form in the study area, with neglect or inadequate care also frequent. This supports Benedict, Jaffe, and Segal (2007), who note that neglect may be physical or emotional, including confinement, isolation, or denial of essential services. The findings show that a lack of morality and knowledge are major factors. This supports Mudiare's (2013) finding that many children in Nigeria struggle financially to care for their parents.

Findings show that elderly individuals in the study area mainly experience depression, loneliness, and health problems. Bristowe (1989) confirms that, in developing countries, abused elderly individuals are more likely to suffer depression or psychological distress than their non-abused peers. The findings suggest that new programs and better medical facilities are needed to assist and care for the elderly.

The findings show that government intervention, public awareness campaigns, better home training, more homes for the elderly, hiring geriatric nurses, and increased societal awareness are essential.

Conclusion

The challenges faced by the elderly are not limited to developing countries; instead, they constitute a global phenomenon that transcends boundaries, ethnicity, and religion. Older adults experience a range of adversities, including physical and verbal abuse, emotional maltreatment, neglect, and discrimination. These conditions are detrimental to society, given that aging is an inevitable aspect of human life. Therefore, it is essential for society to recognize its collective responsibility to improve the quality of life for the elderly population.

The findings of this research indicate that numerous challenges are associated with the elderly population. In the Zaria community, abuse of older adults is a significant issue, particularly in the form of deprivation of food and shelter, verbal abuse, and physical neglect, including insults, intimidation, beating, pushing, and flogging. If these conditions persist without the implementation of urgent, reliable, and sustainable solutions, the safety and well-being of all community members may be at risk.

Recommendations

Based on the paper findings, the following recommendations are made;

The findings revealed that the elderly are being abused. The research recommends that society should take maltreatment of the elderly as a serious offence against humanity and should punish whoever does that.

The causes of elderly abuse in the study area revealed factors such as lack of morality and knowledge, poverty, childlessness and improper socialisation. Therefore, the research recommends that families adequately socialise their children to understand the values of our society, while the government should implement palliative measures to reduce poverty.

Elderly abuse leads to depression, suicide, isolation, and social withdrawal. The research recommends proper care for the elderly to prevent these effects.

The survey found that health issues are a major challenge for the elderly. The research recommends that the government give special consideration to the elderly when designing health policies. Additionally, a health insurance scheme should be provided for the elderly.

To address elderly abuse, the research recommends that the government create an endowment fund for the elderly, teach children the societal value system, and establish old-age homes for those unable to care for themselves or lacking support.

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