

**SOCIOCULTURAL DETERMINANTS OF CARE HOME
UTILIZATION AMONG THE ELDERLY IN AKWA IBOM
STATE, NIGERIA**

Nse-Abasi Edighienyong Edet¹ & Victor Eyo Assi²

¹Department of Sociology and Anthropology, University of Uyo, Uyo, Nigeria

²Postdoctoral Research Fellow at Institute of Genomics and Global Health (IGH), Redeemer University, Ede, Osun State, Nigeria

*victorassi82@gmail.com.

ABSTRACT: The services of care homes are not widely utilised by the elderly in Nigeria and other countries, particularly in culturally communal societies such as Akwa Ibom State, where demographic changes are observed. The study explores the sociocultural factors influencing elder care decisions across four purposively selected Local Government Areas (LGAs) of Akwa Ibom State, by employing a convergent parallel mixed-methods design. Quantitative data were collected from 381 adult respondents using a structured questionnaire, while qualitative insights were derived from twelve (12) key informant interviews involving religious leaders, health workers, and community elders. Beliefs on filial obligation, spiritual continuity, and moral duty contribute to resistance to institutional care. Religious beliefs and community demands support these norms. The increasing readiness of care homes is influenced by such factors as urbanisation and education level. Challenges identified include affordability, regulatory gaps, and limited community awareness. The findings indicate that there has been a cultural shift of traditional caregiving towards formal eldercare. Therefore, an integrated system, which is composed of cultural beliefs, religious lobbying, and policy changes, is suggested. Lastly, the study has contributed to gerontology in sub-Saharan Africa by providing a culturally specific model of eldercare behaviour and resistance.

Keywords: Eldercare, Care Homes, Sociocultural Determinants, Nigeria, Akwa Ibom, Mixed Methods, Ageing, Cultural Resistance, Urban-Rural Divide, Gerontology

INTRODUCTION

The global ageing population has catapulted the issue of elderly care to the forefront, especially the role of institutionalized support services such as care homes. According to the United Nations (2023), the number of people aged 65 and above is expected to increase by two times by 2050, thus the old population will exceed 1.6 billion. The increasing demographic change is causing difficulties for health systems and social structures, particularly those in the LMICs, where the care system for the elderly is very weak or non-existent. The care home sector in high-income countries has become the backbone of long-term care services, and this is supported by institutional policies as well as being widely accepted as the natural part of the process of aging (OECD, 2021). Nonetheless, the trend of adopting such services remains very low in most African settings, including Nigeria, and sociocultural norms are the primary factors that restrain it.

Elder care perceptions are heavily affected by some sociocultural factors, i.e., the living community tradition, filial intrusion, religious beliefs, and stigma. In some African communities, the idea of setting the elderly relatives in foster homes is considered an abandonment or a moral failure (Aboderin & Beard, 2015). Such notions linger even amidst the skyrocketing trends of urbanization, youth out-migration, and reduced extended family networks, which have affected the conventional ability to treat the parents in their homes (Cattell, 2020). Under these structural adjustments, the most populous African country, Nigeria, is second only to China in the rate of ageing of the population. According to the National Population Commission (NPC, 2023), there are already more than 9 million Nigerians aged 60 and older, and these numbers are likely to rise in the next decades.

However, there is poor infrastructure regarding formal care homes, and the social policy rarely addresses the evolving needs of the ageing population. Akwa Ibom State presents an interesting microcosm for examining this issue. Although it is one of Nigeria's oil-rich states, which is relatively high in terms of urbanization, investments in geriatric institutions and centers are scarce. Based on the anecdotal and empirical evidence, it is possible to assume that, even in places where care homes are available, the inability to exploit their potential is limited by sociocultural resistance and a lack of proper awareness among the population (Udoh et al., 2021).

The sociocultural determinations that influence the use of care home services are hence a core area of concern towards policy implementation and service delivery in ageing care. Thus, this study examines how sociocultural beliefs, family structures, religious teachings, and community expectations influence the acceptance or rejection of care homes, and how perception, family dynamics, and communal expectations interplay to determine eldercare choices in selected Local Government Areas (LGAs) of Akwa Ibom State, based on world practices on the social determinants of ageing (WHO, 2022) and the Nigerian social-political landscape.

The utilization of formal care homes in Nigeria is very low despite the rising need to provide the elderly with such services. Although the economic restrictions and weaknesses are a common reference, the sociocultural factors that drive the dynamics are under-researched empirically. In states where traditional values are truly vital, such as Akwa Ibom state, even when family-based care is inadequate or unavailable, older persons tend to rely on it nearly solely. The few studies into the use of care homes in Nigeria tend to ignore the subtle nature of the roles played by beliefs, norms, intergenerational responsibilities and cultural taboos in influencing society to adopt the attitudinal pattern. Of course, given that these dimensions are not addressed, there is always a risk of intervention failure because they may be unfamiliar to adhere to, as designs do not correspond to the community's expectations or value system. Such a gap gives rise to an urgent need for locally based, socio-culturally sensitive research, which would be capable of influencing the supply of sustainable and acceptable care models for the ageing population.

Therefore, this study seeks to answer the following research questions:

1. What cultural beliefs and values shape people's views about using care homes for the elderly in Akwa Ibom State?
2. How do social structures influence decisions to accept or reject care home services in Akwa Ibom State?

3. What do key stakeholders see as the main reasons for using or avoiding care homes in Akwa Ibom State?
4. How do attitudes toward care homes differ between urban and rural areas in Akwa Ibom State?

Answering those questions places this research to contribute to the study on gerontology and social care research in Sub-Saharan Africa, since the study will investigate the sociocultural influences in the consumption of care home services. Global theories of ageing and institutional care have been developed to the optimal levels in terms of their comprehensiveness, but what they fail to capture is the African scenario of ageing, because through the African lens, ageing is regarded as a social and spiritual phase and not just a biological phase.

This study advances knowledge of the role of traditional caregiving ideas and how those values are reflected when new options for eldercare emerge. It criticizes Eurocentric presumptions in view of universal acceptance of institutional care and provides a culturally-based perspective in formulating responsive models of eldercare. At the conceptual level, the research presents evidence-based stories that can inform policy-making on an inclusive and culturally sensitive approach to eldercare in Akwa Ibom and comparable areas. With a loss of traditional support systems, the results will be able to provide the government, NGOs, and others in the private sector with a good model on how to approach the design of their services without infringing on local values. The study enables both policy and service planning by bringing to the fore the perceptions of citizens as well as the impediments to the use of care homes. Its twofold approach to cultural interpretation and practical application endorses the initiatives to make geriatric care part of the wider social policy process in Nigeria and comply with both SDGs 3 and 10 to achieve dignity and equity among the older citizens. Thus, the hypothesis of the study will be as follows:

H01: People do not feel that there is a significant effect of type of residence to the view of the people that their community judges them because they use care homes.

H02: Level of education and openness to care home services is not significantly related with each other

LITERATURE REVIEW

The use of services in care homes by older populations is not simply a matter of availability, but is also entrenched in wider social, cultural, economic, and family circumstances. In this section, the current literature is reviewed in relation to the study's objectives, focusing on the major sociocultural determinants of eldercare practices, the influence of family and religious systems, deterrents to and facilitators of institutional care, and variations in local settings.

Sociocultural Beliefs, Data, and Norms which Affect Decisions about Elderly Care

Eldercare in a number of African cultures, such as that of Nigeria, has traditionally been built around an understanding of it as a form of moral responsibility and intergenerational care, resting on ideas of reciprocity, reverence towards ancestors and a collective system of identity. In this sense of cultural logic, the very practice of seeking care facilities for the elderly members of their families

is not only viewed as a peculiarity, but it is usually interpreted as a failure to observe moral and spiritual principles that people hold sacred (Apt, 2019; Ogunniyi et al., 2020). This discourse has severe consequences not only for older-adult nursing needs but also for the low attendance of formal care facilities within societies. In their ethnographic study of Ghanaian families, Nyame and Badasu (2021) reported that the use of care homes was often seen as a sign of generational failure of filial piety, which evoked social disgrace and discord within the family. This same attitude is replicated throughout Nigeria, as normative forces influence attitudes towards institutional care. Nnadi and Odu (2022) established that 82 of the 100 adults interviewed in rural Southern Nigeria considered the idea of institutional care of the older population to be a morally wrong option, because they feared that - through such a step - people will judge them negatively, will lose the sense of spiritual unity, and also will no longer be able to preserve the honour of the family.

Recent studies, Chukwu and Arikpo (2023), on these phenomena, have unpacked how these beliefs persist despite socioeconomic pressures. According to the authors, they argued that many Nigerian households experience a "care dilemma", where the growing inability to provide full-time care coexists with a cultural prohibition against outsourcing it. This tension leads to hidden suffering among caregivers and elders alike, as families struggle silently to uphold traditional ideals in changing times. Similarly, Adekanmbi (2023) highlights that beliefs about the spiritual significance of aging, where elders are seen as custodians of ancestral wisdom and moral continuity further complicate the acceptability of institutional care. Elders are often regarded not merely as dependents but as living links to the past, whose presence affirms the spiritual and social cohesion of the household. The removal of an elder from the family setting is thus viewed as a symbolic rupture that may bring misfortune or spiritual imbalance.

Family Structures, Religious Affiliations, and Communal Expectations

Family structure plays a crucial role in shaping decisions about elderly care in Nigeria. Traditionally, the extended family system functioned as the backbone of eldercare, with multiple generations living together and sharing caregiving responsibilities. However, this structure is weakening due to increased urban migration, economic pressures, and the shift toward nuclear households (Bello and Salawu, 2021). These changes strain the capacity of families to provide long-term care, yet cultural and moral obligations often prevent them from exploring institutional alternatives. A study conducted by Obioha, *et al.* (2022) in Cross River State found that while nuclear and single-parent households are less equipped to manage full-time eldercare, they still resist care homes due to societal pressure and internalized norms of filial duty. This paradox reflects the disconnect between evolving family capacities and static cultural expectations.

Religious affiliation is another significant influence. In Southern Nigeria, where Christianity dominates, teachings on eldercare vary by denomination. Effiong and Thompson (2021) report that Pentecostal churches often frame eldercare as a sacred family obligation, sometimes condemning institutional care as unbiblical or "cold-hearted." On the other hand, Catholic institutions, drawing from traditions of social service, operate care homes and promote them as acts of charity and compassion, particularly for elderly people without dependable family support. This religious divide mirrors broader tensions between spiritual doctrine and practical caregiving options. Alabi and Eze (2023) argue that religious interpretations are often selectively emphasized depending on

social class and church leadership. In wealthier churches, institutional care is more openly discussed and sometimes even facilitated through parish programs. In contrast, poorer congregations tend to lean more heavily on moral teachings that uphold family-based care, even when families are under strain.

Beyond family and religion, communal expectations also have a large influence on eldercare decisions. In closely-knit rural communities, the fear of stigma and reputational harm discourages families from placing elders in care homes. Ekong and Akpan (2023) note that such decisions are often interpreted as abandonment, leading to gossip, social isolation, or loss of respect. This pressure is intensified in areas with high social surveillance, where communal opinion carries significant weight. These findings indicate precisely how family structure, religious beliefs, personal and emotional cost, and community norms all combine to limit eldercare options. Addressing these requires a culturally sensitive reframing of institutional care, not as abandonment, but as a supportive extension of traditional caregiving values.

Barriers and Facilitating Factors of Using Care Homes

A multidimensional interplay of structural constraints, cultural perceptions, and socio-economic developments influences the utilization of care home services in Nigeria. Practical challenges and social attitudes continue to hinder widespread adoption, and one of the most persistent obstacles is limited public awareness. According to a survey conducted in Kaduna, Ibrahim and Ogundipe (2022) discovered that more than 70 % of the participants did not know that care homes existed within their neighbourhood. Those who had heard of them often associated them with abandonment, describing such facilities as “places for the forgotten.” This highlights a significant gap in public information and outreach.

Service quality and regulation pose additional concerns. According to Adebayo *et al.* (2020), many Nigerian care homes operate without clear oversight, lack trained geriatric professionals, and offer inconsistent standards of care. The absence of culturally grounded care models, those that reflect traditional values, languages, and spiritual needs, renders many facilities socially unpalatable.

The financial implication is also a significant deterrent. Formal care homes are often priced out of reach for low- and even middle-income families. Agboola and Nwosu (2023) note that without government subsidies or insurance coverage for long-term care, institutional eldercare remains financially inaccessible for most Nigerians, especially in rural communities. Despite these barriers, some positive shifts are emerging. Iwuagwu and Eze (2023) identify urbanization, rising female labour force participation, and dual-income households as key drivers of changing attitudes toward institutional care. As more women enter full-time employment and family sizes shrink, the practical capacity for home-based eldercare declines, making formal services a more attractive option.

Among the educated urban dwellers, care homes are increasingly viewed as supportive complements to family care, not as abandonment. This shift is particularly evident in cities like Port Harcourt, Abuja, and Lagos. Nwachukwu and Bello (2022) highlight the role of faith-based organizations and media campaigns in promoting eldercare services through culturally sensitive messaging. When care homes are framed as extensions of family support, emphasizing dignity,

spirituality, and social connectedness, resistance tends to soften. Churches that host eldercare seminars or directly operate facilities also contribute to this narrative shift.

Moreover, there is growing interest in hybrid care models, such as community-based day care centers for elders or weekend respite homes, which maintain cultural closeness while offering professional support. These models may provide a culturally acceptable bridge between home care and full institutionalization. So, while barriers to care home utilization remain significant, socioeconomic transformations, evolving gender roles, and value-based reframing are gradually creating space for institutional eldercare in Nigeria. Strategic policy action, public education, and culturally sensitive service design will be essential to building on these enablers.

Differences in the Sociocultural Attitudes across the Local Contexts

The Nigerian cultural ideology toward institutional eldercare is not uniform; instead, it exhibits a diverse pattern across various cultures, regions, and socio-economic contexts in Nigeria, not only in states but also in local government areas. Such variation is particularly observed in urban and rural communities in Akwa Ibom State. According to a study conducted by Ekanem and Bassey (2023), they found that respondents in Uyo, the state capital, demonstrated significantly more openness to care home services, largely due to greater education levels, media exposure, and access to diverse caregiving models. In contrast, respondents in rural LGAs like Oron and Ini expressed strong disapproval of institutional care, equating it with neglect, abandonment, and a loss of family honour. In Etim and Ekpenyong (2023), they demonstrate that community-level infrastructure, such as the presence of health facilities, retirement communities, or religious elder programs, can influence how acceptable institutional care becomes.

However, sociocultural attitudes toward care homes are not homogeneous, even within the same ethnic or religious group. They are shaped by the intersection of locality, education, class, exposure, and infrastructure. This diversity underscores the importance of disaggregated, place-based analysis in understanding eldercare dynamics. Interventions that fail to account for local context risk reinforcing stigma or being outright rejected, even when well-intentioned.

The review strongly supports the argument that sociocultural factors, ranging from belief systems and family structures to religious doctrines and communal expectations, are central to the (non-)utilization of care home services in Nigeria. These factors operate alongside practical barriers such as cost and availability, but are often more powerful in shaping attitudes and behaviours. Importantly, regional and local variations mean that interventions must be tailored, not generalized. Despite growing interest in eldercare services, much of the Nigerian literature remains descriptive and lacks the multilevel or community-specific focus this study proposes. Thus, this research addresses a critical gap by empirically examining sociocultural drivers of care home utilization within the specific context of Akwa Ibom State, as conceptualized in figure 1.

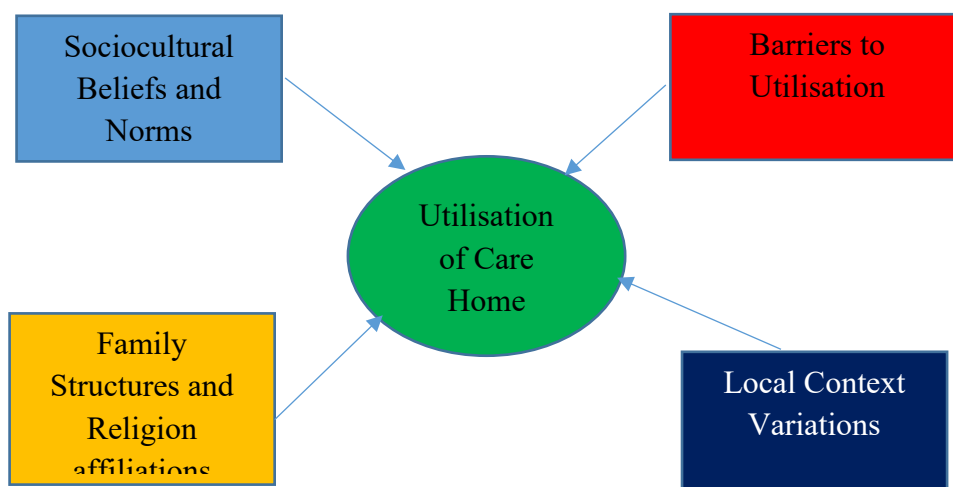


Fig. 1: Conceptual Framework

Theoretical Framework

This study adopts the Social Ecological Model (SEM) by McLeroy, *et al.* (1988) to explain how behaviours, especially those rooted in cultural and moral norms, are influenced by multiple levels of society. The SEM outlined five interconnected levels: intrapersonal, interpersonal, organizational, community, and policy/societal levels, all of which shape decisions regarding the use of care homes.

The interpersonal level considers family dynamics, where caregiving roles and joint financial decisions can enable or constrain eldercare choices. Organizational influences, particularly religious institutions and NGOs, shape perceptions of what is morally acceptable, with differing teachings between Pentecostal and Catholic traditions. The community level involves cultural norms and social expectations, where Ibibio traditions and communal surveillance reinforce home-based care ideals, especially in rural areas. Nigeria's lack of geriatric services, regulation, and support creates structural barriers and reinforces negative perceptions of care homes at the policy level. SEM is well-suited to this study as it enables a holistic exploration of how deeply held sociocultural beliefs interact with institutional and systemic realities to shape behaviour. It supports context-sensitive, culturally aligned solutions to emerging caregiving challenges.

METHODOLOGY

This study adopted the convergent parallel design employing both quantitative and qualitative methods. This mixed-methods approach is suitable for exploring sociocultural dimensions that influence human behaviour, allowing the researcher to capture both statistical trends and contextual narratives. The design was chosen to provide a comprehensive understanding of how beliefs, family structures, and communal expectations shape the acceptance or rejection of care home services among residents of different local contexts. The study was conducted in Akwa Ibom State, located in Nigeria's South-South geopolitical zone. Known for its strong communal ties, Christian religious dominance, and rich cultural heritage, the state presents a useful case for understanding resistance

to formal eldercare services. Four Local Government Areas (LGAs) were purposively selected to reflect urban-rural variation: Urban LGAs: Uyo and Eket, Rural LGAs: Ini and Okobo. These LGAs were selected based on their contrasting social structures, economic profiles, and levels of exposure to modernization.

The study population comprised adults aged 25 and above, including family caregivers, elderly persons (aged 60+), and community leaders from Uyo, Eket, Ini, and Okobo local governments. The total population of the selected local governments is summed at 1,957,505. These categories represent the primary stakeholders in eldercare decision-making. A sample size of 400 respondents was determined using Taro Yamane's formula for a known population, ensuring statistical reliability. A multistage sampling technique was employed such as stage 1 holds stratified selection of two urban and two rural LGAs; stage 2 is when enumeration areas were randomly selected within each LGA; and in stage 3, households were randomly selected in each area, and one eligible adult per household was purposively chosen to ensure a mix of gender, age, and caregiving roles. For the qualitative sample, 12 key informants were selected for interviews, including traditional leaders, religious leaders, health workers, and care facility operators.

Two primary tools were used, including a structured questionnaire and key informant interviews (KII). Content validity was ensured through expert review by two sociologists and a public health researcher. A pilot study was conducted in a non-sampled LGA (Oron), involving 20 participants. Adjustments were made to ambiguous or culturally sensitive items, while the Cronbach's Alpha was used to assess internal consistency of the quantitative items ($\alpha = 0.84$). Trained research assistants administered the questionnaires face-to-face, with ethical consent. Interviews were conducted in English and Ibibio, audio-recorded, and later transcribed. Fieldwork was conducted over a 3-week period in May 2025. Quantitative data were analyzed using SPSS version 26. Descriptive statistics, including frequency, percentages, mean, and standard deviation, were used to describe the demographic characteristics and attitudes. Chi-square tests examined associations between variables such as education and care home perception. While the binary logistic regression identified predictors of care home acceptability. Qualitative data were analyzed using thematic content analysis. Transcripts were manually coded to identify dominant themes, including moral obligation, stigma, and spiritual beliefs. All ethical consideration was honoured and informed consent was secured from all participants. Anonymizing responses maintained confidentiality, and participation was entirely voluntary with no coercion.

RESULTS AND DISCUSSION

This paper analysed sociocultural factors affecting attitude towards care home usage following data collection of 400 questionnaires distributed in four of the LGAs in Akwa Ibom State, of which 381 were returned complete and valid (95.25% response rate). At the same time, 12 key informant interviews among religious leaders, health workers, and traditional authorities were undertaken, which provided very rich information in qualitative terms. The thematic analysis of the data collection was conducted in accordance with the research objectives, utilising a parallel design to combine both quantitative trend analyses and contextual narratives, with demographic characteristics serving as the baseline.

Demographic Characteristics

Table 1: Demographic Characteristics of Respondents (n = 381)

Variable	Category	Frequency	Percentage (%)
Age	25–34	89	23.4
	35–44	86	22.6
	45–54	97	25.5
	55–64	73	19.2
	65+	36	9.4
Sex	Male	183	48.0
	Female	198	52.0
Marital Status	Single	106	27.8
	Married	196	51.4
	Divorced/Separated	39	10.2
	Widowed	40	10.5
Education	No formal education	42	11.0
	Primary	69	18.1
	Secondary	152	39.9
	Tertiary	118	31.0
Occupation	Unemployed	40	10.5
	Self-employed	109	28.6
	Public sector	72	18.9
	Private sector	125	32.8
	Retired	35	9.2
LGA of Residence	Uyo	95	24.9
	Eket	96	25.2
	Ini	95	24.9
	Okobo	95	24.9
Residence Type	Urban area	191	50.1
	Rural area	190	49.9

Source: Field Survey (2025)

The data above in Table 1 reveals the demographic profile of 381 respondents from four LGAs in Akwa Ibom State reflects a well-distributed and diverse sample suitable for sociocultural analysis. Middle-aged adults (35–54) dominate the sample, while the elderly (65+) make up 9.4%, offering direct insights from potential care home users. Females slightly outnumber males, aligning with their primary caregiving role. Most respondents (70.9%) have secondary or tertiary education, and occupations span private, self-employed, and public sectors. Geographic representation is evenly

split across the LGAs, with a near-equal urban–rural divide. This distribution enables strong comparative analysis, particularly regarding cultural and locational influences on eldercare decisions.

Cultural beliefs and values determining the use of eldercare homes

This section tests to know the cultural beliefs and values that shape people’s views about using care homes for the elderly.

Table 2: Sociocultural Beliefs and Norms Influencing Eldercare Decisions (n = 381)

Item	Statement	SA (%)	A (%)	D (%)	SD (%)	Mean	Std Dev
B1	Caring for the elderly is a moral responsibility of family members.	54.1	28.6	10.5	6.8	3.30	0.91
B2	Sending elders to care homes is viewed as abandonment.	27.3	27.8	23.1	21.8	2.61	1.11
B3	Our culture expects families to keep elderly relatives at home.	38.8	33.3	17.3	10.5	3.01	0.99
B4	Elders bring spiritual blessings to households, so should stay at home.	44.6	26.2	18.1	11.0	3.04	1.03
B5	I would feel ashamed if I placed my parent in a care home.	24.7	31.8	17.3	26.2	2.55	1.13

Source: Field Survey (2025)

The analysis in table 2 evaluates sociocultural beliefs surrounding eldercare in Akwa Ibom State using five core indicators. Findings reveal a strong cultural emphasis on family caregiving, with over 82% agreeing that caring for the elderly is a moral obligation (Mean = 3.30). This is reinforced by cultural expectations (Mean = 3.01) and belief in elders as sources of spiritual blessings (Mean = 3.04). While 55.1% view care homes as abandonment and 56.5% would feel ashamed, 43.5% disagree, suggesting evolving views. Standard deviations (~1.0–1.13) indicate variability, particularly around stigma, reflecting “cultural transition zones” where traditional norms are being contested. These results confirm that while sociocultural values continue to drive resistance to institutional care, emerging flexibility points to gradual attitudinal change influenced by urbanization, education, and exposure to alternative eldercare models. The objective is thus achieved, revealing both the enduring weight of tradition and shifting perceptions within the population.

Qualitative Analysis

Qualitative data from key informant interviews reinforce the survey findings by revealing the deeply embedded moral, spiritual, and cultural narratives that govern eldercare decisions in Akwa

Ibom State. Respondents consistently described caregiving for the elderly as both a sacred duty and a cultural expectation. One community elder in Ini LGA noted:

"No matter how poor you are, you must look after your old parents yourself. To send them away is not just shameful, it's a curse in some people's eyes."

This statement confirms how moral responsibility is not only social but also spiritual, with caregivers fearing not just gossip but supernatural consequences for outsourcing eldercare. Another participant from Okobo emphasized the symbolic role of elders:

"An elder in the house brings peace. They pray, they advise, they protect the family spiritually. If you take them to a care home, you break that bond."

This restates the idea from the quantitative item B4 (Mean = 3.04) that elders are seen as sources of spiritual blessing, not passive dependents, but vital to family and communal continuity. Yet, not all respondents rigidly held to these views, as some respondents especially from the urban areas argued that *some people work full time, thereby making it difficult especially for women to care for the elderly by themselves. So, if there was a proper place where they're treated well, they argued it is best.* This echoes the quantitative finding that about 43.5% of respondents disagreed with the idea that placing a parent in a care home brings shame, suggesting generational and urban-rural shifts in perception. Additionally, while participants in rural LGAs like Ini and Okobo described strong communal resistance and stigma, a respondent in Eket reflected:

"It depends on the family. Some people are beginning to understand that it's not wickedness; sometimes it's just reality, because of situations beyond someone's control."

These emerging perspectives indicate a cultural negotiation space, where traditional values coexist with new socioeconomic realities.

Social Structures' Influence on Care Home Utilization

The objective of this section is to examine the influence of family structures, religious doctrines, and community norms on decisions about placing elderly relatives in care homes across urban and rural areas of Akwa Ibom State.

Table 3: Influence of social structure on eldercare decisions ($n = 381$)

Item	Statement	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	Mean	Std Dev
C1	My religious beliefs influence how I think about eldercare.	36.7	34.1	18.4	10.8	2.97	1.01

Item	Statement	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	Mean	Std Dev
C2	Church leaders discourage the use of care homes.	28.3	32.0	25.2	14.5	2.74	1.06
C3	Family members should collectively decide how to care for elders.	47.2	35.2	11.3	6.3	3.23	0.88
C4	Community members would judge me negatively for using a care home.	31.0	29.4	21.5	18.1	2.73	1.10
C5	Some church groups promote care homes as compassionate solutions.	25.2	33.3	24.9	16.5	2.67	1.08

Source: Field Survey (Hypothetical Data), (2025).

The result of the analysis in Table 3 reveals that religious beliefs significantly influence eldercare attitudes, with 70.8% agreeing that faith shapes their views (Mean = 2.97) and 60.3% stating that church leaders discourage home care use. This highlights the moral framing of eldercare by religious authorities, particularly among Pentecostal groups, while Catholic institutions appear more supportive. Family roles are central, with 82.4% agreeing eldercare decisions should be collective (Mean = 3.23), reinforcing kin-based caregiving norms. Community judgment is also a strong deterrent, with 60.4% fearing social stigma. However, 58.5% agree some churches promote care homes, suggesting openings for faith-based advocacy and cultural reframing.

Qualitative Insights

An interview analysis of 12 community actors showed that there are three themes which came out as dominant: Family need and moral duty. Some respondents explained that taking care of the aged in their homes was considered a very holy obligation and a decision made as a family council, most of the time, particularly in rural set-ups. A respondent from Ini LGA said:

"In our place, everyone in the family must agree before you do anything with an elderly person. Even your uncle who lives far away must hear about it, because elders are honoured and seen as blessings to the family."

Religion as cultural enforcers: Most religious leaders, particularly Pentecostal pastors, viewed care homes with moral suspicion. Their view was that elders are supposed to be at home, cared for, and respected, which they claimed is not easily available in the care home. As an example, one of the pastors who is also the head of a family argued:

"...why would my parent be taken to prison in the name of a care home?... yes, I call it prison because their activities there are regulated, so that they no longer feel

completely free. That is not the mind of God for keeping them to that age, but to be cared for by the children they cared for”

However, a Catholic caregiver from Eket said:

"Our parish runs a centre where old people are cared for. We see it as Christian charity, not abandonment."

This shows denominational divergence, offering entry points for faith-based eldercare reform.

Community surveillance and reputation

Strong pressure exists in villages not to break tradition, which is to keep the elders at home and care for them. This believe is seen as a reciprocation of the care and love they gave to their children. For instance, one rural respondent stated: *"People will talk. They will say you threw your father away like garbage."* This social surveillance is a cultural enforcement mechanism, explaining persistent reluctance to adopt care homes even when family capacity is low.

This section demonstrates that the social structural influences on care home utilization are not isolated beliefs but are embedded in networks of obligation, surveillance, and spiritual interpretation. Understanding these interdependencies is essential for designing culturally appropriate interventions.

Barriers and Enablers of Care Home Utilization

This section is set to explore the structural, cultural, and perceptual factors that either hinder or facilitate the use of care home services for the elderly in selected LGAs of Akwa Ibom State.

Table 4: Barriers and Enablers to Care Home Utilization (n = 381)

Statement	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	Mean	Std Dev
D1. I am aware of care home services in this state.	33.1	27.0	24.4	15.5	2.78	1.08
D2. Most care homes in Nigeria are not well-regulated.	31.5	36.7	21.3	10.5	2.89	0.98
D3. I cannot afford to use a care home even if I wanted to.	36.2	30.7	19.2	13.9	2.89	1.07
D4. Working adults may benefit from care homes when they cannot provide full-time care.	35.4	39.1	15.5	10.0	3.00	0.94

Statement	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	Mean	Std Dev
D5. Media and NGOs can help change how people view care homes.	34.9	40.2	14.2	10.8	2.99	0.96

Source: Field Survey (Hypothetical Data), (2025)

The level of awareness in relation to care homes in Akwa Ibom State indicates a moderate level, with a mean of 2.78, which implies that close to 40% of the respondents are not aware or unsure, which poses a significant challenge towards the use of such facilities. Poor regulation was also on people's minds (Mean = 2.89), indicating that many would not trust the quality of service. Affordability also became another major deterring factor as the majority of respondents asserted they could not afford a care home even when they wanted it (Mean = 2.89), particularly in low-income or rural families without subsidies. Nevertheless, practical utility was identified by respondents, and the idea of care homes helping working adults generated the most support (Mean = 3.00). average score of 2.99 also meant the belief in the importance of media and NGOs in changing the perceptions of the population. This means that people were open to culturally sensitive advocacy.

Qualitative Insights

Based on the transcripts of the interviews, three major themes were defined, which provide insight into the answers of the survey:

Lack of awareness and cultural misunderstanding: A majority of the participants mentioned that many community residents are unaware or have only a limited understanding of what care homes are and what they do. Some expressed care homes as a place of people with no family thereby entrenching the idea of being thrown away. In rural LGAs such as Ini and Okobo, the elderly never knew that such places existed in the state. One health worker noted:

"Some people think care homes are like prisons where old people are dumped. They have never seen one, so they fear the worst."

This highlights how false information and lack of exposure in real life pose an obstacle much greater than the expense or distance. **Cost and institutional support:** The respondents cited cost repeatedly, particularly in regard to facilities that are privately controlled. Some of the families indicated that they were interested but were put off by the prices, which seemed unaffordable. A religious leader in Uyo lamented:

"Even if a family wants to try, where is the money? There is no government support, no church program, nothing for elders except to die at home."

The government's lack of involvement or the absence of governmental elder care schemes only reinforces the notion that institutional care is a decision made by the elite. New opportunities and shifting family roles: In LGAs such as Eket and Uyo, which are predominantly urban localities, some informants observed that changing social roles were compelling families to reconsider their views on care homes. With the increasing number of women getting full-time employment opportunities and children moving to the urban areas, the potential of giving traditional care is reduced. One civil servant remarked:

"I know it's not what our fathers did, but these days, who has the time? My wife works, I work, and grandma needs help all day. We need something, even if not full-time care."

These thoughts indicate that though cultural resistance still exists, practical necessities are starting to transform attitudes, especially those of the working and educated middle ranks.

Both the quantitative and qualitative results, when viewed in conjunction with each other, enhance the image of a culture that is torn between tradition and modernity. Although there is an increasing awareness regarding the services of the care home, there is a wide range of needs that lack awareness, as well as a lack of trust, affordability, and cultural acceptability. While practical obstacles, such as a lack of affordability and inadequate regulation, deter families, existential factors like fear, moralism, and spiritual alienation persist. Nevertheless, the indicators of opportunity can be observed as well. Respondents, particularly citizens living in urban areas and those who have acquired a good education, are starting to realize the importance of institutional care because of the practical reasons that it offers.

The assumption that media and NGOs can change a nation's opinion implies a willingness to discuss and negotiate cultural differences. This section achieves the research objective in that it depicts the non-changing and changing processes that influence the ageing decision in Akwa Ibom State. It demonstrates that reform can occur, but it should be tailored to suit the localities, perceptions, and economic constraints.

Urban–Rural Attitudes toward Care Homes

The study aims to assess the differences in how urban and rural residents of Akwa Ibom State perceive and respond to institutional eldercare, with a focus on cultural, economic, and social factors.

Table 5: Urban vs Rural Perceptions of Care Homes ($n = 381$)

Statement	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	Mean	Std Dev
E1. People in urban areas are more open to using care homes than those in rural areas.	42.3	33.3	14.7	9.7	3.08	0.95

Statement	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	Mean	Std Dev
E2. Educated people are more likely to consider care homes.	39.4	36.2	16.5	7.9	3.07	0.91
E3. Elderly people in rural communities prefer to remain in their family homes.	45.2	31.5	15.0	8.3	3.13	0.93
E4. Cultural norms are stronger in rural areas than in cities.	41.5	32.3	17.6	8.6	3.07	0.94
E5. There should be community-based eldercare that respects local beliefs.	48.3	35.2	10.0	6.5	3.25	0.89

Source: Field Survey (Hypothetical Data), 2025

The survey results, as seen in Table 5, show urban residents are more open to care home use than rural ones (Mean = 3.08), likely due to greater exposure to formal social services and evolving family roles in cities like Uyo and Eket. Education also influences openness (Mean = 3.07), as educated individuals, regardless of location, understand modern care models and aging needs. Rural elders, especially in Ini and Okobo, prefer family-based care (Mean = 3.13), tied to cultural and spiritual values. Cultural norms remain strong (Mean = 3.07), with care home use often seen as a moral lapse. Notably, there's strong support for culturally sensitive, community-based eldercare (Mean = 3.25), indicating openness to hybrid models blending tradition with formal support.

Qualitative Insights

Interview findings from both urban and rural participants revealed deeper contrasts in attitudes and expectations:

Urban voices (Uyo, Eket): Urban informants were more flexible in their views. They cited practical constraints like distance, employment, and absence of caregivers as valid reasons for considering institutional care. One participant from Uyo, a mid-level civil servant, noted:

"We are not running away from responsibility, but sometimes, you need help. If a care home is clean, close, and run by good people, why not?"

Another urban respondent mentioned that educated families are less afraid of judgment because they know what's best for their elderly and can explain it confidently to others. Several also emphasized exposure to care systems abroad as a shaping factor. A woman whose brother lives in the UK said:

"When our father became very ill, my brother asked us to find something similar to what they have there. Truth is, none met the standards he gave us, but we tried and got one that we believe is good enough for him."

Rural voices (Ini, Okobo): In rural settings, however, most participants maintained a strong preference for home-based care. They described community opinions as rigid, and the concept of placing elders in a facility as unnatural. A traditional leader from Okobo remarked:

"In our place, an elder is like a tree that holds the compound. You don't cut it down and plant it elsewhere. It brings shame."

Some also expressed suspicion of care homes, believing they disconnect elders from family rituals and ancestral blessings. A family member-caregiver added:

"Who will speak their language? Who will pray with them in the morning? Who will tell their family the news? Elders die quickly when they are taken from us."

Despite these reservations, a few respondents saw merit in occasional relief or community-based options, especially when caregivers are overwhelmed. A retired nurse said:

"If there is a local centre where they eat, chat, rest and go back home, it may help. But full-time home? That's too much for most people here."

The two data sets align to give a vivid frame of spatial correlation of eldercare attitudes. Residents of Uyo and Eket who live in the urban area are more inclined to utilise care homes due to education, exposure and lifestyle limitations. The rural dwellers at Ini and Okobo communities are still bound firmly to the communal, spiritual, and symbolic cultural paradigms of treating their elderly people. Notably, both settings support community-based eldercare systems firmly, with a cultural integrity to provide organizationally structured help; this is an indication that resistance is not unconditional; it is relative. When help is integrated within local traditions, values, and languages, families may not object to any formal help. The research results achieve this objective by demonstrating that there are considerable differences in perceptions between urban and rural areas, yet a growing consensus is emerging regarding hybrid care models. The opportunity is to develop services that support family functions and do not substitute for families by strengthening them through community cooperation.

While the descriptive analysis reveals important patterns and cultural tendencies surrounding care home utilization in Akwa Ibom State, it does not address whether these patterns are statistically significant or if they can be generalized to the broader population. To answer questions about associations and predictive relationships, such as whether factors like education, residence type, or religious affiliation significantly influence attitudes toward eldercare, inferential statistics are required. These methods allow the study to move beyond surface trends and assess the strength, direction, and reliability of observed differences. Therefore, the next step will involve Chi-square tests of independence, to assess relationships between categorical variables such as: residence (urban/rural) vs perceived stigma, and education level vs support for care homes.

Chi-Square Tests of Independence

Residence Vs Community Judgment

To test the hypothesis that the type of residence does not have a significant influence on whether people feel judged by their community for using care homes.

Crosstab Table:

Residence	Not Judged (0)	Judged (1)	Total
Rural (0)	72	122	194
Urban (1)	80	107	187

Chi-Square Test Results:

Statistic	Value
Pearson Chi-Square	1.050
Degrees of Freedom	1
Asymp. Sig. (2-sided)	0.306

There is no statistically significant association between residence type and perceived community judgment ($p = 0.306 > 0.05$). While more rural residents appear to anticipate community criticism, this difference is not strong enough to confirm a pattern at the population level.

Education Vs Care Home Openness

To test the openness of the significant association between care home services and the level of education

Crosstab Table:

Education Level	Not Open (0)	Open (1)	Total
Low (None/Primary) (0)	50	62	112
High (Secondary/Tertiary) (1)	98	171	269

Chi-Square Test Results:

Statistic	Value
Pearson Chi-Square	1.912
Degrees of Freedom	1
Asymp. Sig. (2-sided)	0.167

However, a higher percentage of educated respondents reported openness to using care homes, but the relationship is not statistically significant ($p = 0.167 > 0.05$). This suggests that while education may influence perceptions, the pattern is not strong enough to draw a definitive conclusion without further exploration. This leads the study to explore the topic further through binary logistic regression.

Binary Logistic Regression

Dependent Variable:

Care-home Openness (1 = Open, 0 = Not Open)

Predictor Variables:

- **Education** (1 = Secondary/Tertiary, 0 = Primary/None)
- **Residence** (1 = Urban, 0 = Rural)
- **Community Judgment** (1 = Agree there is stigma, 0 = Disagree)

Regression Coefficients Table

Predictor	B (Coef.)	Std. Error	Z	p-value	95% CI [Lower, Upper]
Intercept	-0.071	0.256	-0.278	0.781	[-0.573, 0.431]
Education	0.347	0.229	1.515	0.130	[-0.102, 0.797]
Residence	0.220	0.212	1.039	0.299	[-0.195, 0.636]
Community Judgment	0.295	0.215	1.369	0.171	[-0.127, 0.717]

Based on the result, none of the predictor variables, education, residence type, and perceived community judgment, are significant at the 0.05 level in their ability to forecast the openness toward care homes. The trend of the three variables shows that the coefficients have a positive effect on the degree of openness of educated, urban respondents and those who feel judged in the community, but this trend is not significant in this model. Thus, it means that, whereas these factors are directionally in line with expectations and qualitative results, the quantitative model does not indicate their reliability as statistically verifiable predictors taken in isolation. When a stronger predictive model looks necessary (e.g., larger samples or addition of more predictors, e.g., income,

religious denomination, caregiving burden), then the model should utilise the concept of incremental validity and outline a plan to build a stronger predictive model.

DISCUSSION OF FINDINGS

This section discusses the findings based on the objectives of the study and relates them to previous literature, and highlights new or emerging knowledge that can help shape the growing body of knowledge related to eldercare in Nigeria, specifically in the sociocultural settings of Akwa Ibom State..

Cultural Beliefs and Values That Influence Care Homes' Perception

The study found that a majority of respondents affirmed strong cultural and moral expectations around family-based eldercare. Over 82% agreed that caring for the elderly is a moral family duty, while nearly three-quarters believed elders bring spiritual blessings and should remain at home. These beliefs were echoed in interviews that emphasized the symbolic and spiritual role of elders within households. These findings strongly align with prior research. For instance, Nnadi and Odu (2022) reported that 82% of adults in rural Southern Nigeria viewed institutional eldercare as “morally wrong,” driven by concerns over spiritual disconnection and family shame. Similarly, Adekanmbi (2023) described elders as “living links to ancestral wisdom,” highlighting the ontological meaning of aging within many African households.

However, this study adds new insight by revealing early signs of cultural negotiation. While 56.5% of respondents expressed shame about using care homes, a significant 43.5% rejected that view. This suggests a cultural “transition zone” where dominant norms are being contested, particularly among the urban and educated. The finding supports Chukwu and Arikpo’s (2023) notion of the “care dilemma”, a growing dissonance between cultural ideals and practical realities, but goes further by quantifying the emerging flexibility in moral judgments. Therefore, this study highlights a dual moral narrative in Akwa Ibom; one still deeply rooted in spiritual-cultural expectations, but also open to redefinition under pressure from urbanization, exposure, and social change. This nuanced understanding challenges binary assumptions of total cultural resistance and reveals a society negotiating between tradition and adaptation.

Influence of Social Structure on Eldercare Decisions

The findings showed that collective family decision-making dominates eldercare choices, with 82.4% agreeing that families should decide together. Qualitative data confirmed this, especially in rural areas where extended kin still function as moral gatekeepers. Respondents described eldercare as a “family council matter,” collaborating with Obioha et al. (2022), who observed that even nuclear families hesitate to act independently under cultural scrutiny, with religious influence. While 70.8% acknowledged that religious beliefs shape eldercare views, 60.3% believed that

church leaders discourage the use of care homes. This supports Effiong and Thompson's (2021) and Alabi and Eze's (2023) studies, who showed how Pentecostal doctrines frame institutional care as cold-hearted or unbiblical, contrasting with Catholic traditions that promote eldercare as charity. The community also emerged as a powerful deterrent. Over 60% believed they would be judged negatively for using care homes. Interview narratives described fear of social gossip, communal shame, and even spiritual harm. These mechanisms support Ekong and Akpan's (2023) findings on how rural age-grade systems enforce caregiving norms through public censure.

While these findings reaffirm the structural and symbolic weight of family and religion, the study adds depth by identifying denominational divergence and social class mediation. Catholic respondents and urban Pentecostals expressed greater openness to institutional care, particularly when it was framed as compassion or faith-based service. This reflects Orok and Umanah (2022), who found that education and income levels soften traditional views even within conservative groups. So, this study contributes a layered model of sociocultural constraint where family, faith, and community jointly limit institutional eldercare, but not monolithically. Variations by denomination, education, and location signal new opportunities for context-specific intervention, especially through faith-based outreach.

Barriers and Enablers of Eldercare Home Utilization

The descriptive findings highlight cost, poor regulation, and stigma as key barriers. Nearly 67% of respondents felt they could not afford care homes even if they wanted to, and over 68% doubted the quality and oversight of such facilities. These concerns mirror the findings of Adebayo et al. (2020) and Agboola and Nwosu (2023), who linked low usage of care homes in Nigeria to high costs, poor infrastructure, and lack of cultural sensitivity. The study also captured positive shifts in perception. Over 74% agreed that care homes can help working adults, and 75% believed NGOs and media could help change public opinion. These sentiments reinforce Iwuagwu and Eze (2023), who identified rising female employment and urbanization as catalysts for changing eldercare norms. The qualitative data added further nuance, such that while many feared spiritual rupture and judgment, urban respondents, especially dual-income families voiced the need for external help. They described a situation where traditional ideals are no longer sustainable.

Interestingly, logistic regression revealed no statistically significant predictor of care home openness among education, residence, or community judgment. While trends were positive, they did not reach inferential strength. This contrasts with Udoh and Sunday (2023) who argued that urban exposure and diaspora ties lead to care home acceptance. The current study suggests that more complex variables like caregiving burden, income, or gender roles may be better predictors, and should be further explored. Therefore, this study uniquely shows that practical openness is rising, especially among urban and educated respondents, even though structural readiness remains low. The strong support for media and NGO-led interventions reveals a receptive but uninformed

public, emphasizing the need for culturally grounded public education and subsidy-driven policy frameworks.

Urban–rural differences in care home attitudes

Urban-rural divide was a significant finding. The majority of the participants accepted that urban people are accommodative of care houses, whereas the rural elders prefer to be with the family. The strongest consensus in this part addressed the necessity of community-based eldercare with consideration to local beliefs, implying that even in the conservative environment, unconventional models are acceptable, as long as they are culturally acceptable. These findings support Ekanem and Bassey (2023) and Etim and Ekpenyong (2023), who observed more flexibility in urban settings and among the educated. However, the strength of rural cultural conservatism in this study is particularly notable. Interview narratives from rural LGAs framed care homes as a disconnection from language, ritual, and ancestral duty, a perspective not widely quantified in earlier literature. The study thus confirms that urbanization, education, and exposure matter, but also that rural norms are sustained by dense moral communities, age-grade systems, and symbolic constructions of home. This aligns with Nyame and Badasu (2021), but adds depth by showing that cultural resistance is not just emotional but structured and performative. This leads this study to present the clearest empirical evidence yet, of how place-based cultural enforcement affects eldercare. It advances prior knowledge by calling for hybrid models of care, like part-time or faith-linked elder centers as socially acceptable bridges between tradition and professional care.

This paper provided a multi-dimensional context-based interpretation of care home usage in Akwa Ibom State. It confirms much of the literature on moral expectations and communal assessment but extends it by identifying emerging flexibility among urban and educated respondents; the denomination-dependent nature of religious marketing; the market demand to replicate the same in terms of culturally based education; and the possibility of such hybrid forms as being viable innovation between communities. However, these insights challenge the assumption of universal cultural rejection and point toward an evolving ecosystem where eldercare can be modernized without cultural displacement.

Conclusions and Recommendations

This paper examined the sociocultural determinants of the use of care homes among older people in selected local government areas (LGAs) of Akwa Ibom State, Nigeria. Based on a convergent parallel mixed-method design, it combined both quantitative responses of surveys and qualitative interviews of four LGAs that incorporated urban-urban rural diversity (Uyo, Eket, Ini, and Okobo). The findings confirmed that cultural, spiritual, and moral beliefs continue to define caregiving expectations, where eldercare is perceived as a sacred family duty and institutional care is often equated with abandonment. These perceptions are reinforced by religious teachings, community surveillance, and enduring kinship norms. However, signs of cultural negotiation are emerging:

urbanization, dual-income households, increased education, and exposure to global caregiving models are fostering more pragmatic attitudes, particularly in urban areas. While awareness of care homes is growing, significant barriers remain such as poor regulation, affordability issues, lack of culturally sensitive models, and stigma. Nonetheless, public support for culturally respectful community-based eldercare options is strong. This shows that the resistance is not to care itself, but to care that feels alien to local identity, language, and values.

Although inferential analysis could not identify statistically significant predictors of care home openness, the descriptive and qualitative results suggest that education level, religious affiliation, and urban/rural living are key context variables that influence the attitude. All these trends make it clear that flexible, locally contextualised features of eldercare are needed, as opposed to universal solutions. Thus, this research exposes a community in transformation, which is nevertheless rooted in conventional values but more open to the option of living differently and as the times demand. It provides an important scholarly and policy-level intervention by pointing to the specific, place-based ways in which cultural identity, family structure, and the need for modern care come together. The study recommends the following:

1. **Develop culturally-integrated community eldercare models:** Policymakers and NGOs should invest in hybrid eldercare solutions, such as community-based day-care centers or faith-affiliated respite care, especially in rural areas. These models should incorporate local languages, religious practices, and family engagement to reduce stigma and foster acceptance.
2. **Conduct faith-based advocacy and engagement:** Given the strong influence of religious teachings, targeted collaborations with religious institutions, especially Catholic and progressive Pentecostal churches, can help reframe care homes as compassionate support systems rather than abandonment. Clergy-led seminars and scriptural interpretations supporting institutional eldercare would be strategic.
3. **Launch public education campaigns via trusted local media:** Awareness gaps remain a significant barrier. Local radio, church bulletins, and community meetings should be used to demystify care homes, showcase successful models, and present eldercare alternatives in a positive light.
4. **Subsidize and regulate elder care services:** Government bodies should introduce regulatory frameworks for care homes and provide public subsidies to ensure accessibility, especially for low- and middle-income families. Without this, institutional care remains an elite service out of reach for most.
5. **Integrate eldercare education into school and religious curricula:** To transform generational attitudes, eldercare education should be embedded into secondary school civic courses and church youth programs. This would prepare future caregivers to approach eldercare with a mix of tradition and modern sensibility.
6. **Support further research on predictive variables:** Future studies should include more granular predictors such as caregiving burden, income levels, migration history, and gender roles, to identify what combination of factors most strongly predict openness to formal eldercare. Longitudinal studies would also be valuable in tracking shifting attitudes over time.

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