Abstract
As the population of elderly people continues to climb, the number of dependent persons in the majority of developing countries appears destined to rise. To pinpoint the proper preventative and intervention services, especially in Nigeria during COVID-19, health systems require improved data to identify the health hazards older people experience. The percentage of people who have at least three of the six health risk factors (physical inactivity, current tobacco use, heavy alcohol consumption, a high-risk waist-hip ratio, hypertension, or obesity) increases with age, but the patterns and percentages differ by country, according to data from the Study on Global Ageing and Adult Health (2010). Households in emerging nations will likely face additional difficulties in caring for elderly relatives as a result of changing family structures, such as fewer families and a decreased incidence of multigenerational cohabitation. Therefore, this article examines how the country’s aging population’s health and wellbeing are affected by the changing family structure.

Keywords: Family Pattern, Health, Elderly, Geriatrics

Introduction
All humans on earth are impacted by aging. We shall age along with the aging inhabitants of the planet. In general, there are fewer children and larger groups of individuals who are working age, and this trend is quickly spreading outside of the nations with historically low fertility. A little more than 13% of the world’s population will be over 60 by the year 2020. (Waheb & Adeokun, 2013). The ageing process is progressing more quickly in emerging nations than it did in more developed nations, which is an important aspect of this trend. Since developed nations account for the majority of global population, they already have more than 60% of the population who are 60 years of age or older (World Health Organization WHO, 2010). WHO added that by 2050, this percentage of elderly people is anticipated to rise to 70%. Females predominate at later ages due to higher male death rates, and the gender differences get worse as people age. A significant share of elderly women may experience many more years without mates as a result of this trend.

Before Nigeria obtained independence in 1960, a population census was done in 1952–1953. Since then, the share of the elderly in Nigeria has been rising (Nigeria Population Commission, 2003). The family is responsible for providing assistance for the elderly in the majority of African communities and most other nations. This type of assistance is prevalent and is given willingly and without payment. According to studies, families, and particularly children, served as the foundation for informal social welfare programs that supported elderly people in Africa (Eboiyehi, 2015).

These are a few of the issues and significant obstacles brought on by the growing older population. Every country in the globe is seeing an increase in its elderly population. This is caused by a number of things, including a drop in fertility, improvements in public health, an increase in life expectancy, and adjustments in how families are organized. As a result of rising lifespan and falling fertility, the population is aging, which has become a widespread phenomena. In the meanwhile, Nigerian society, like that of many other developing countries, has given this segment of the population little to no attention. Older people in this region of the globe rely heavily on the informal traditional family support system, which has eroded recently due to a lack of formalized care and social support networks (Fajemilehin, 2001). In industrialized nations, support comes from both governmental and private sources, while in poor nations, the family is often the main source of assistance. This is especially true in nations like Nigeria that have poor
institutional security systems and where children assist their parents with domestic tasks, economic operations, and farming activities (Fajemilehin, 2001; Eke, 2003). In this post, our biggest worries are about the worsening productivity and health, as well as about what life will be like after retirement. Because it has such a profound impact on every person, aging is a sensitive subject. Retirement and old age are new stages of life with fresh uncertainty after a time of stability for most people during midlife. Therefore, the focus of this study is on how family support may lead to happiness and therefore improve the health and welfare of the older population in Africa, particularly in Nigeria.

Health and Health care for the geriatrics
Living independently is maintaining an active lifestyle and giving back to the community while residing in a separate home that is either owned or rented, either alone or with friends, family, or caregivers, or in a retirement community. Globally, more formal care is being offered outside of institutions at greater levels, with the expansion of assisted and group living environments playing a significant role in this development.

All facets of an individual’s life are impacted by aging. Retirement alters both the financial situation and how time is spent. The worldwide COVID-19 epidemic raises new worries about health and healthcare that are more difficult to address. As the population of elderly people keeps growing, it appears certain that the number of handicapped individuals will rise in the majority of emerging nations. To better understand the health risks older adults encounter and to target the right preventative and intervention programs, health systems require better data. With aging comes an increased risk of morbidity, sickness, and various disability.

Political leaders in other regions of the world originally generally disregarded the corona virus (COVID-19), despite warnings about its threat. It is known to spread quickly with signs of pneumonia. Due to this, the virus had already spread to every continent and, as of mid-March, was well-established in 146 nations, including Nigeria (McGinty, Presskreischer, Anderson, Han, Barry, 2020). Nigeria Center for Disease Control oversees attempts to stop the virus’s spread in Nigeria (NCDC). Through community transmission, the infection rate increased, and by 15 April, confirmed cases had reached 2 million (with more than 125 fatalities) in more than 200 countries (McGinty et al., 2020).

However, older persons have unique healthcare requirements that may complicate their medical treatment. More than half of people over the age of 65 have three or more health issues, such as high blood pressure, diabetes, arthritis, Alzheimer’s disease, or heart disease (Foundation for health in aging, 2017). Successful aging depends on having good social, emotional, and mental health. There is a widespread understanding that a mindset that supports and welcomes life might help lessen later-life disease and suffering. People who are “health aware” frequently think they can control their own health.

Another indicator of health status is income. There are two-way linkages. With lower salaries, fewer people can afford to buy health care, health insurance, suitable housing, and other products and services that can help maintain good health. Additionally, prospects for earning money are typically reduced by ill health. In general, morbidity rises with age and is more pronounced in women than in men. As a result, older people should have more illnesses and chronic disorders than younger people. The year or so before death is when the majority of health care expenses related to getting older are expended. The enormous expense of life extension is pushed to ever-longer ages as more individuals live to ever later ages. The type and degree of medical care at extremely elderly ages is a sensitive topic in many nations. The expenses of aging and healthcare in poor nations like Nigeria, however, remain largely unknown. Baseline estimates of the frequency and incidence of many illnesses and disorders are still being developed in many developing countries. Although patterns and age-specific levels of hypertension vary among the countries, preliminary results from the WHO SAGE project, which collects data on blood pressure among women in six developing countries, show an upward trend by age in the percentage of women with moderate or severe hypertension (WHO, 2010).

Connection of Happiness and health of elderly
Everything is influenced by how happy or unhappy we are. People who are content feel more secure and safer in the world. They are more tolerant, cooperative, and capable of making judgments (Myer, 2015). Additionally, this is among psychology’s most reliable discoveries. Not only does happiness feel nice, but it also does good.

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Numerous studies have shown that positive experiences (such as discovering money, mastering a difficult job, or remembering a pleasant event) increase people’s propensity to give money, pick up someone else’s dropped papers, volunteer time, and perform other acts of kindness. The feel-good, do-good phenomena is what psychologists refer to it as. The opposite is also accurate: Some happiness coaches use this idea that doing good makes people feel good by asking their clients to conduct a daily "random act of kindness" and keep track of the outcomes.) Happiness, as defined by Machado, Tavares, Petribu, Zilberman, Torress and Cantilino (2015), is a fundamental emotion that is characterized as a lasting state that is combined with I the absence of negative emotions, (ii) the presence of positive emotions, (iii) life satisfaction, (iv) social engagement, and (v) goals in life.

Both mental and physical health can be impacted by happiness and self-reported well-being. In older persons, loneliness is associated with worse physical health outcomes, such as greater systolic blood pressure, increased hormone levels, and less restorative sleep— Alternatively, sleep that is less beneficial at boosting mood, performance, and alertness (Hawkley & Cacioppo 2007). But the link between aging and contentment is less certain. Theoretical explanations for how social roles (such as one’s job or family responsibilities) cause age-related variations in happiness have been offered by scientists who research happiness over the course of a lifetime. Some claim that as individuals age, their health issues worsen and their social networks shrink as their contemporaries pass away, making the elderly less joyful (George 2006). These researchers found that support from one’s children is more strongly connected with favorable mental health outcomes than support from other sources, such as spouses and friends, using a national survey of 2,200 Japanese over the age of 60. This findings differs from a previous finding from a study of elderly people in the United States and India, which found that emotional support from a spouse was more significant in predicting well-being than support from one’s children (Venkatraman 1995). These studies provide evidence that people in various cultural situations have various expectations for social assistance (Population Reference Bureau, 2009).

**Family support and health of elderly**

Some tribes in Nigeria had the belief that their ancestors’ spirits were constantly present and would reward and favor those who took care of their old parents while punishing those who neglected them (Eboiyehi, 2015). The traditional institution that supported elder care is under serious threat as a result of the many cultural influences on Sub-Saharan African communities and the high rates of teenage HIV/AIDS mortality. Under the strain of modernity, extended kin support is steadily eroding. The challenges of the elderly have been made worse by their general neglect in a number of topics that impact them, as well as by the region’s governments’ insensitivity and economic hardships. There is evidence that most African nations are not fully prepared for the new problems brought on by the aging population (United Nations, 1994 in Waheb & Adedokun, 2013). All of this raised concerns about how families were typically doing a worse job of caring for the elderly. In this region of the continent, the conventional safety nets are becoming weaker at the same time that the share of old people is rising. This is true in most of Sub-Saharan African communities, including those in Nigeria (Eboiyehi, 2015).

A "good" social environment helps older people stay intellectually and physically active for longer. A change in living circumstances, such as a move to children or into a nursing facility, is frequently prompted by health incidents like a stroke. Once again, knowing the connections is crucial during periods of population aging when the availability of family support, specifically the ratio of children to senior people, would fall, leading to a rise in the demand for state-provided assistance (Axel, 2005). The majority of the care given to fragile elderly people is by family members. Whether the development of governmental services undermines the provision of informal support is a topic of ongoing discussion. The elderly who are less fortunate can get financial and in-kind help from a well-functioning social network. In turn, where the elderly will reside is significantly influenced by income and financial status. The quality of life is frequently made worse by poverty and social isolation. Public laws including those governing housing, pensions for the elderly and disabled, and income maintenance programs have a significant impact on these connections (Waheb & Adedokun, 2013).

The wellbeing of the elderly population will be impacted by evolving family configurations both now and in the future. The demand for institutionalized support services for the elderly is
also influenced by changes in family patterns. Changes in marital status, fertility, death, and migration result in a variety of alternative kinds of family and generational structure. The standard life routes (such as marriage, having children, and widowhood) have received a lot of attention in study, but alternative life paths and their effects on living arrangements and well-being in later life have not been taken into account (Eboiyehi, 2015). Most emerging nations currently experience fertility declines, which are frequently fairly fast. Family status may not dramatically worsen in the upcoming years, according to elder women. However, from the standpoint of society, the needs for elder assistance will grow as a result of the momentum of rapid population ageing, which implies that an increasing proportion of the population overall—particularly sonless and childless widows—will be older throughout the course of consecutive generations (Eboiyehi, 2015). The likelihood of providing older people with direct help may decrease as migration rates are rising, mostly from rural to urban areas. Remittance flows from younger migrants to older parents, multistage family migration (such as parents moving with children to metropolitan regions), and cyclical or return migration are all topics that are mostly unknown. The frequency, traits, and social support systems of elderly persons who are never married and/or have never had children have not received enough attention. The HIV/AIDS epidemic has destroyed adult populations in several regions of Africa, leaving many older people with few or no live children. Grandparents are being forced back into active parental responsibilities.

The choice of who will care for the elderly extends beyond simple numbers, even though there is a correlation between the number of relatives, co-residence, and care. The socio-demographic traits of the individuals concerned play a significant role in the decision-making process when decisions concerning co-residence and care are being made within a family network. There is currently a lack of research that focuses on the impact that divorce has, not only on the living arrangements and well-being of the older population, but also on the relationships between adult children and their divorced parents. The rise in divorce over the past five decades is also changing the shape and structure of the family. There may be more kin who are possibly accessible to care for elderly persons as a result of the rise in divorce and the resulting mixed households. In terms of children who are able to care for elderly people, microsimulations have demonstrated that the rise in stepchildren in the future may balance the drop in fertility (Wachter, 1998 in Waheb & Adedokun, 2013). It has not yet been adequately determined if the addition of stepchildren will enhance the number of relatives who can help the senior population. There is some evidence that suggests the father, who traditionally has been the non-custodial parent in many cultures, may not get his children’s support as he aged (Eboiyehi, 2015).

**Conclusion**

The care and support they receive from the young family members has a significant impact on how well-adjusted older people are to changes in their health, income, and social activities. The neuroendocrine, immunological, and cardiovascular systems all benefit from the favorable feelings associated with happiness that are often produced by this social support. Higher levels of enjoyment are closely associated with character traits like self-direction. As a result, older people who report feeling happier tend to have lower rates of physical and mental disease as well as stronger coping mechanisms for hardship. In order to promote good social support in Nigerian society, health educators should take into account the findings of the study on happiness among the elderly.

**References**


Fajemilehin, B. R. (2000). Old age in a changing society: elderly experience of care giving in

Osun state Nigeria. Africa Journal of Nursing and Midwifery, 2,(1)


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