SUMMARY

There is currently a global increase in the population of elderly persons and Nigeria is not left out of this demographic change. There are challenges associated with this increase and one of such identified concerns is elderly nutrition which is often neglected. Nutrition is vital for the elderly to successfully maintain their functional status.

Nigeria, as the most populous nation in Africa, has the highest number of elderly persons in the continent. There are presently no formal social support systems for them. The various governments in Nigeria from the Federal, States to the Local Councils have no welfare plans for their senior citizens. Therefore, the family is the main source of support and care for the elderly. This forms the basis for this study.

This study was a descriptive cross-sectional study conducted among the elderly presenting at the GOPC of Central Hospital Benin City to determine their family dynamics and pattern of nutritional status. One hundred (100) respondents participated in the study between the months of July and November 2013. Their socio-demographic data and family characteristics were self-administered and formed part of the family dynamics. Central to the understanding of family dynamics are the concepts of family functioning and social support. The perceived social support (PSS) family scale was used to assess their perception of family support and the family APGAR scales to evaluate their perceived family functioning. The Mini Nutritional Assessment Short Form was used to assess their nutritional status.

The mean age of respondents was 72.9 ± 8.7 years with age range of 64 – 110 years. The majority of the respondents belong to the young-old age group of 65 – 74 years with a male to female ratio of 1:2. A high percentage (63%) of the respondents were Binis and 91% were
Christians. Eighty-nine percent of them had at least formal education to primary school level amongst which 34% had secondary school education and 5% tertiary education.

The majority (74%) of them were married with a mean number of 5.5 ± 1.7 living children. High percentage of the respondents (98%) co-resided with family members. Seventy-three percent (73%) of them perceived their families as highly functional and 98% had strong perception of their family as supportive. The prevalence of normal nutrition was 48% among the respondents, 38% were at the risk of malnutrition while 14% were malnourished. Both the perceived family social support and family functioning were observed not to be significantly associated with the nutritional status of the respondents. However, the socio-demographic variables of family dynamics (occupational status, educational status, marital status of the respondents and the number of living children) were observed to be significantly associated with their nutritional status.

The research aim and objectives were met and the research questions were answered. The null hypotheses for the research were tested and accepted or rejected accordingly.

Because of the prevalence of malnutrition and at risk of malnutrition observed among the respondents that was significantly associated with their socio-demographic variables of family dynamics, the importance of screening all elderly clients for their nutritional status using a simple tool like the MNA-SF and collecting their socio-demographic data cannot be overemphasized.