A Constructivist Grounded Theory of Ghara Igbanwe for The Older Igbo People

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Declaration

This work has not been submitted in substance for any other degree or award at this or any other university or place of learning, nor is being submitted concurrently in candidature for any degree or other award.

Signed M C Ahuzi Date 27 Feb 2019

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This thesis is being submitted in partial fulfilment of the requirements for the degree of PhD

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Dedication

To my parents, Mr. Thomas and Mrs. Josephine Ahuzi.

To my most senior brother and friend Nze Sebastian Ahuzi,

To My brothers Christopher-Sanctus and Kingsley Ahuzi

To Most Rev. Dr. Victor Chikwe (Bishop of Ahiara diocese, Nigeria)

To Mrs. Elisabeth (Senior) Schepers

In Memoriam

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List of Abbreviations

CGT	Constructivist Grounded Theory
GT	Grounded Theory
LGA	Local Government Area
RCN	Royal College of Nursing
RAM	Roy's Adaptation Model
UK	United Kingdom
UN	United Nations
WHO	World Health Organisation

Abstract

Ghara igbanwe encompasses a form of holistic care for the elderly that is deeply rooted in the cultural practices of the Igbo people and their beliefs around afterlife and spirituality. This form of holistic care of the elderly is poorly understood within the literature and as a result, the complex needs of the Igbo elderly is often misunderstood by healthcare professionals and Nigerian politicians.

This research study explores needs of the older Igbo ethnic group of Nigerians over 65 years of age and in doing so, develop a theory about ghara igbanwe. Using the Constructivist Grounded Theory methodology, 16 Igbo elderly and their caregivers were interviewed until theoretical saturation was achieved. Data generated was then coded and mapped in the Constructivist Grounded Theory tradition.

Ghara igbanwe, as theorised by this study, means that the elderly people in Igbo serve as intermediaries between the living and their ancestors. This understanding of the role of older Igbo people has major implications on their care needs. The current state of care provision challenges this unique role of the Igbo elderly politically, socio-economically and culturally. For ghara igbanwe to be successful, the Igbo elderly population need to be respected and supported as intermediaries. The approach to care should be culturally sensitive to the traditions and practices of the Igbo people. In other words, Western approaches to rehabilitation or holistic care of the elderly should not be blindly applied to the Igbo context.

The key contribution of this thesis is this theory of elderly as intermediaries in Igbo, Nigeria. This thesis asserts that there needs to be a consideration of the intermediary roles that older Igbo people play in society. By doing so, care provision will then be holistic and successful at promoting health and well-being for the Igbo elderly.

Prologue

There are many ways of looking at people: outwardly, and from within. The outward view is bewilderingly complex - a study of contrasts and differences, of countless relationships and relativities. It is the "thumbprint" view. For just as the thumbprint is unique, so every human being differs in innumerable ways from every other. Specific genetic pattern, upbringing, environment, personality, interests, and myriads of other factors stamp each one as one of a kind. Looking at people from without, it seems almost unbelievable that they can even communicate together.

J. Donald Walters 1993

My name is Mary Cordis (Akuchika)[1] Ahuzi. I was born and raised in Igboland, Nigeria, and have seven brothers (three late brothers) and one sister. After my primary school education, I joined a boarding secondary school (juniorate) ran by nuns. After my secondary school education, I joined the congregation of Handmaids of the Holy Child Jesus to become a nun. I trained for three years in the postulate and novitiate after which I professed as a nun in the congregation.

I trained as a midwife and a nurse and I have many years of experience working as both roles in hospitals and maternity wards within and outside Nigeria. I was sent to Germany for faith-based work. I presently work as a social medical worker and a discharge manager in a geriatric acute and rehabilitation department at the Hospital of the Catholic Clinics, University of Bochum Teaching Hospital, Germany. I obtained my first degree, BSc. (Hons.) Health and Social Care from The Open University, and MSc. Nursing from Cardiff University. I also have certifications in palliative care, public health and quality management. I chose Cardiff University for my doctorate studies because

[1] Akuchika is my second name. Since the coming of Christianity in Igboland, people are given an English name and a native name. My native name, Akuchika, depicts God's gift of prosperity for my family.

of its international status as a research institute and the familiarity of the surroundings from my experience as a MSc student.

According to Walters (1993), there are many ways of looking at people; outwardly and from within. Sometimes we wonder why people do things or behave the way they do. We may not understand why until we are told. A friend of mine from Igbo once asked, “why ghara igbanwe? What is the use of ghara igbanwe for older people?” This was an inspiration behind this research. It captures the fact that there is a lack of understanding about ghara igbanwe in the Igbo context despite the broad use of the term in health and social care in Igbo.

This thesis explores the deeper meaning of ghara igbanwe in Igbo and the needs of the elderly, thereby presenting this thumbprint view enriched by the spirituality, interest and culture of the Igbo elderly community. This thesis is of the understanding that ghara igbanwe in Igbo, means not just cure and care, but also maintaining the “youthful” state of the elderly, emotionally, spiritually, socially, mentally and physically. This understanding acknowledges the Igbo culture and traditional practices where the elderly are revered as living intermediaries between the living and the ancestors.

This topic is something that I am passionate about due to my intimate experiences with it. My experience with ageing has been difficult. My own father retired as a civil servant, received no pension, and would not relocate to stay in the urban areas where his children were living. He wished to age and die in the place of his ancestral home in the village where he died in his 70s. I painfully witnessed my agile and able mother becoming increasingly sick, frail, and more dependent as she grew older. Mama became depressed in her late 80s as she was eventually taken away from her home to my sister in another community for more support for her living needs.

I have also seen many older relatives returning to my village after retiring from the urban areas to live out their lives in their ancestral homes despite rampant poverty and hunger. It is said that older Igbo, who age and who have been away from their ancestral homes for too long, would be received

as outsiders in the afterlife when they die. Many young Igbo people remain in the villages to support their older people. Most of them have no means of income or social support and thus are lacking in their ability to give their older relatives adequate ghara igbanwe in Igbo. Despite this ugly situation, the older Igbos are happy and fulfilled living, ageing and dying in their ancestral homes, within their family and community.

This curious phenomenon piqued my interest and prompted me to develop this research to understand the needs of the elderly and their desire to age and die in their ancestral homes. Reflections on this situation have disturbed and challenged me as I keep asking myself: Why must the older people suffer so much? Are there models of holistic care that enable the older Igbo people to enjoy a better quality of life and allow them to age healthier? How will the nurses and other health care workers understand the specific problems of the older population if there is no understanding about holistic care that is culturally sensitive to the Igbo context to start with?

It was emotionally difficult to investigate this topic. During my apostolate where I visited the sick and aged and their caregivers, I felt helpless at the sight of their immense suffering. As Pope John Paul II wrote,

> *struggles and tribulations are very much a part of everyone's life. Sometimes it is a matter of problems and sufferings which can sorely test our mental and physical resistance, and perhaps even shake our faith. But experience teaches that daily difficulties, by God's grace, often contribute to people's growth and to the forging of their character (John Paul II 1999, p.2).*

This work further inspired my faith-based work and professional work with older people, their relatives or carers and other stakeholders in Germany. While working as a nurse, medical social worker, and discharge manager in a geriatric rehabilitation in Germany, I organised and ensured holistic care of geriatric patients, during and after hospital admissions, socially, physically, physiologically, mentally, psychologically, and spiritually.

This thesis is, therefore, an embodiment of my desire to understand the needs of the Igbo elderly and their concept of ageing in their ancestral homes. To achieve this, I interviewed 16 Igbo elderly and carers and applied Constructivist Grounded Theory as the methodology. In this thesis, I aim to communicate to the reader my emotional and intellectual journey throughout this research. Thus, I write this thesis in the first-person to convey my reflections and reflexivity throughout this research.

Chapter 1. Introduction

This thesis examines the experiences of ghara igbanwe among a specific ethnic group of older people living in south-eastern Nigeria, commonly known as Igboland. It does so by using Constructivist Grounded Theory (CGT) as its methodology (Charmaz 2014). Since the focus will be on giving the voice of the Igbo people who participate, it was deemed appropriate to apply a constructivist approach as proposed by Charmaz (2003).

The Igbo term ghara igbanwe, when loosely translated to English, means rehabilitation of the elderly. However, ghara igbanwe is not the same as the western understanding of rehabilitation where individuals are supported to achieve and maintain optimum functioning in interactions with their environments (WHO 2012). Ghara igbanwe carries deep spiritual meanings and cultural nuances specific to the Igbo traditions and beliefs. Through this research, I have discovered that ghara igbanwe, while appears to mean rehabilitation, actually carries strong elements of holistic care of the Igbo people and is a socially constructed concept.

Ghara igbanwe aims to enable the older people not just to age in places of their choice with some level of independence (Wiles et al. 2011; Iecovich 2014), but to age healthily within their heritage homes, to die dignifiedly and be given their appropriate burial rites so that they can rejoin their ancestors and remain in spiritual contact with their living family members (Ezenweke 2008; Echeta and Ibenwa 2018). The older Igbo people are believed to be connected to their ancestors and mediate between their ancestors and the living members of their families and community. Ghara igbanwe, when applied to the Igbo elderly, is about respecting Igbo elderly people as intermediaries between the living and the spirits of their ancestors. It is about supporting the Igbo elderly in fulfilling this role by providing care in the form of financial support, rehabilitation, autonomy to age and die in place, holistic care, access to health and medication, reasonable standards of sanitation and access to utilities and a sense of belonging in the Igbo community. As such ghara igbanwe is a

culturally arranged process of caring for the elderly that is more than just the western interpretation of rehabilitation or holistic care. This thesis serves to shed light on ghara igbanwe for the elderly and theorises ghara igbanwe in this context such that it provides some guidance for Nigerians, and Igbo people in particular, on how to care for the Igbo elderly.

Throughout this dissertation, the term “older people” refers to individuals aged 65 and above which is in line with the 2002 World Health Organization’s (WHO) definition of older people in Africa (WHO 2002). As a consequence of old age, older people often withdraw from activity and performing their roles becomes a difficulty (Bond et al. 1999; WHO 2011). The WHO’s (2011) report posits that partial or unmet needs ultimately hinder functional ability, leading to loss of autonomy, and consequently, hospital admissions or institutional care. Identification of the needs of the older people and relating them to his or her environment is of priority in the rehabilitation process.

This research unearthed the impact of the met and unmet needs of the older peoples and their families. It adds to the body of literature on the rehabilitation of older people by providing data from which healthcare practitioners and other stakeholders of health and social care policies can gain some understanding of the meaning of ghara igbanwe to older Igbo people. By discussing the implication of its findings, this research will contribute to knowledge on ageing in place and its meaning to the older Igbo Nigerian people. This work aims to promote the rehabilitation of older Igbo people by motivating the Nigerian community including its government to improve the care of their older people. Also, the older people themselves would better understand the challenges surrounding ghara igbanwe, according to the Royal College of Nursing (RCN) (2009). This study will also enlighten them on the need to adjust to changes and challenges brought about by the evolving socio-cultural and political context in Nigeria.

1.1. Research Question and Objectives

Though several studies have been done on the care of the elderly, there is little empirical evidence about what individual or groups of older people from different cultural backgrounds need for their

specific holistic rehabilitation. Since the time allotted for this study would not permit a study for several cultural groups, I decided to focus on one: the Igbo older people. My decision to focus on the Igbo older people was because I am an Igbo by origin and I have some knowledge of the experiences of older people in Igbo communities. I also have access to them, can understand their language and so can listen to their views about the rehabilitation of older people in Igbo communities.

Older Igbo Nigerians are inadequately rehabilitated and not sufficiently cared for in the present situation in Nigeria (Ajomale 2007; Omokaro 2013). The works of Okoye and Asa (2011), Okoye (2013), Omokaro (2013), and Ajomale (2007) in particular, argue that the rehabilitation needs of older Igbo Nigerians, and Nigerians over 65 years old generally, is a complex problem that is not given enough attention. Specifically, there is a scarcity of academic literature on the rehabilitation needs of the older Igbo Nigerian from the Igbo people's perspective. Consequently, there is a gap in knowledge about the rehabilitation needs of the older Igbo people.

The research question addressed in this thesis is:

How do older people and their caregivers perceive ghara igbanwe in the context of the Igbo cultural environment?

The aims of the study are:

1. To understand the ghara igbanwe from the perspectives of Igbo older people and carers
2. To understand the concept of ageing in place in the context of the Igbo cultural landscape
3. To provide recommendations to improve the ghara igbanwe of older people in Igbo.

Due to the present evolving socio-cultural context in Nigeria, it is important to understand the ghara igbanwe needs of older Igbo people through an examination of their culture, social structure, and belief systems. It is important to note that ghara igbanwe has cultural nuances. Therefore, it is

crucial to explore the Nigerian culture in detail to better understand *ghara igbanwe*; this will be covered in chapter 2.

The concept of ageing in place similarly needs to be understood in the context of Nigeria. This has become salient because of the evolving social, cultural, political, and economic situation in Nigeria, particularly, the high rate of rural-urban migration of younger people. Thus, the second objective of this research focuses on understanding ageing in place, with close reference to the findings of this research

This study finally seeks to develop recommendations to improve the ghara igbanwe of older people in Igbo.

This study first explores the literature on rehabilitation, as well as examine relevant concepts and theories in the field of health and social care. Evidence inside and outside the Nigerian context will also be examined. This study uses Grounded Theory (GT) as a methodology. GT, in general, is an inductive qualitative methodology that facilitates the systematic generation of theory from data (Glaser and Strauss, 1967). This study utilises Charmaz's (2006) approach to CGT specifically, which is designed to collect, analyse, and interpret data. Charmaz's (2006) CGT focuses on conceptualising the social context while using an empirical research method and recognises the researcher's presence in the research process. It provides guidelines for the collection and analysis of data to construct theories from the participants' data itself (Charmaz 2014).

16 participants were interviewed in this study. The final number was determined at the point at which data saturation occurred, using theoretical sampling techniques (Charmaz 2014). The study recruited participants from different locations of the Igbo community. Interviews were conducted with Igbo participants, aged 65 years and older, living at home, with children of Igbo descent acting as main caregivers. Also, Igbo caregivers with experiences of caring for Igbo people were also interviewed. There is a critical discussion of participants' data, where themes and subthemes emerge concerning ghara igbanwe, and appraisal of the methodology and techniques used.

In preparing for this study, I read extensively and understanding gathered from previous literature on the rehabilitation of older people. From my own experience as a health care practitioner working with older people, revealed a scarcity of evidence of the ghara igbanwe needs of older people from diverse cultural backgrounds especially in developing countries. For example, Okoye and Asa (2011), in a study of elderly relatives in south-eastern Nigeria, noted that the gap in knowledge and understanding of the complex ghara igbanwe needs of older Igbo people has led to significant stress for care providers. Indeed, such stressful conditions have wide implications for ghara igbanwe. It is hoped that investigating and identifying these ghara igbanwe needs will lead to improved care for older Igbo people by the government, care systems and the Igbo community.

One societal benefit of this study is that its findings may reduce some ghara igbanwe problems of the older people, from their perspective. Having personally seen many older Igbo people in tattered clothing, suffering from hunger and thirst, waiting in discomfort and in vain for several hours at the Local Government Area (LGA) headquarters to collect their pension, there is a need to explore the specific ghara igbanwe needs which might reduce these problems. There is also evidence to suggest that there have been fraudulent activities related to the distribution of pension fund for elderly Nigerians (Cragg et al. 2016; Eze 2013; Mudiare 2013). Based on the challenges faced by the Igbo people, there is a need to improve the situation of ghara igbanwe and to contribute to structural changes in the form of the provision of adequate, efficient, humane, and holistic ghara igbanwe services to the elderly Igbo people of Nigeria in their accepted environments. This can be achieved by identifying the needs of the older Igbo people.

1.2. Definition of Operative Terms

For the purpose of this study, the following operational terms are defined:

Old people and the elderly: In this research, old people refer to people aged 65 years and above (WHO 2011). “Older people” and “elderly” are used interchangeably in this thesis.

Rehabilitation and *ghara igbanwe*: According to Webster's New Encyclopaedic Dictionary the word "rehabilitation" comes from the Latin word *rehabilitare* meaning "to restore to a former status", "to reinstate", "to re-establish", "to restore to a condition of health or useful and constructive activity", or "to restore to a state of efficacy" (Webster's New Encyclopaedic Dictionary 1996, p. 857).

The WHO (2012) defined rehabilitation as:

> *… a set of measures that assist individuals, who experience or are likely to experience disability, to achieve and maintain optimum functioning in interaction with their environments" (WHO 2011), is instrumental in enabling people with limitations in functioning to remain in or return to their home or community, live independently, and participate in education, the labour market and civic life. (WHO 2012, p. 3)*

According to the WHO (2012), the process of restoring one's health or life to a functioning state can be achieved through re-educating a person by the use of therapy which is adequate for different situations. For example, rehabilitation can be used to restore individuals to health to a functional state after the experience of illness, long time imprisonment, after the experience of addiction, loss of habitation, or even loss of autonomy due to old age.

As this research is contextualised in Nigeria, rehabilitation, in addition to the definition offered by WHO (2012) also carries the meaning of the culturally nuanced term, ghara igbanwe. Ghara igbanwe means rehabilitation in the Igbo culture but it describes more than just cure and care. It acknowledges the Igbo cultural and traditional endowed roles of the older people, who are invaluable to the Igbo society. *Ghara igbanwe* means to retain, restore and reinforce the ability of older Igbo people, emotionally, spiritually, socially, mentally, and even physically, such that they can continue to play their societal role within the Igbo culture and tradition.

Rehabilitation and ghara igbanwe will be discussed in greater detail in Chapter 2 and 3. Ghara igbanwe or rehabilitation will also be differentiated from holistic care in Chapter 2.

1.3. Thesis Structure

Chapter 2, which follows this introductory chapter, provides relevant background information on the Igbo people. It summarises their world view, the perception of age and their attitudes towards ageing. It situates Igboland and population in terms of world geography and reveals the special characteristics of the Igbo people, their values, social structure, politics, ethnic character, and their religious and more general belief systems. This background information will help the reader comprehend the views of the older Igbo people with regards to their rehabilitation.

Chapter 3 is divided into two parts. The first part reports the literature search strategy. The second part of this chapter provides a description of key concepts that have emerged as a result of the narrative review. This leads to a critical analysis of these concepts exploring their meanings from within and outside the Nigerian context.

Chapter 4 introduces the methodological aspects of the study. By considering the paradigm of this research, I demonstrate the thought process that led me to select CGT as the methodology. This chapter establishes the main principles of CGT and how it is used in the context of this research from data collection to data analysis. This chapter also features a narration about how I have selected and gain access to my participants and the trials and tribulations of data collection in Nigeria.

Chapter 5 presents the findings of this research using the participants' quotes. It demonstrates how the theory about ghara igbanwe in the Igbo context has been constructed, from the focus codes and categories in my CGT analysis.

Chapter 6 is a findings and discussion chapter concerning the main contribution of this thesis. The role of elderly Igbos as intermediaries in the Igbo society and culture is explained through my participants and with reference to the wider literature. It also discusses the complex political and socio-economic situation in Nigeria.

Chapter 7 is a findings and discussion chapter. It furthers the interpretation of the findings of this research using the Roy Adaptation Model (RAM) as a theoretical lens. Recommendations are also suggested for Igbo people to adapt to the complex political and socio-economic situation.

Chapter 8 concludes the thesis by presenting a summary of the entire research. It then highlights the original contribution of this thesis and its importance to Igbo people.

Chapter 2. Igboland and The Wider Nigerian Context

The word 'Igbo' has different meanings and interpretations. Nwachukwu-Udaku (2011) indicates that ''Igbo'' as a word can be used in at least three ways. Firstly, the word Igbo can refer to the indigenous Igbo people. For example, a person who is a native of Igboland is called an Igbo. Secondly, the word Igbo is used to describe the Igbo territory or community where most Igbo people are born and raised. The Igbos do not forget their roots and are conscious of their uniqueness. They act according to a culturally set code of conduct, which identifies them. Therefore, Igbo is a place where its people can refer to it as their home. Upon death, the Igbo person is usually brought back home. Thirdly, Igbo can also refer to the language spoken by the Igbo natives. Igbo as a language originates and belongs to the Kwa sub-family of the Niger-Congo language group.

This chapter describes the life of the Igbo people, where they are located geographically, their demographic statistics, language, tradition, religious views, socio-cultural characteristics, and involvement in the economy and policy-making of today's Nigerian society. The chapter discusses issues surrounding an ageing population in developed and developing countries, and specifically in Nigeria. This will facilitate an understanding of the rehabilitation issues experienced by older Igbo Nigerians. In sum, the historical and political background of Nigeria is explored in connection with rehabilitation.

2.1. The Igbo people

A discussion of the Igbo people serves not only to focus on assessment and interpretation of what makes the Igbos who they are but also enhances a better understanding of their interests and values (Nwachukwu-Udaku 2011). Similarly, Onwubiko (2012) ascertains that knowing who the

Igbos are is important in understanding the reality of their world; this has been a concern of previous scholarly works on the Igbo socio-cultural world view. According to Iheanacho (2004) and Nwachukwu-Udaku (2011), the knowledge of a nation's world view promotes a better understanding of the issues of that nation.

Huntington (2004) observes that people are becoming conscious of their personhood and dignity; and that people question, reflect upon, and reconsider who they really are, where they belong, what makes them different from others, and why they are the way they are. An understanding of ethnic identity facilitates their accessibility in sharing their reality with the world, locally and globally (Huntington, 2004). Uchendu (1995) notes:

> *To know how people view the world around them is to understand how they evaluate life; and a people's evaluation of life, temporal and non-temporal, provides them with a 'character' of action, a guide to behaviour. The Igbo world, in all its aspects-material, spiritual and socio-cultural is made intelligible to the Igbo by their cosmology, which explains how everything came into being. (Uchendu 1965, p. 11)*

The older Igbo people are better understood when their perspectives regarding ghara igbanwe are taken into consideration. In his book, Things Fall Apart, Chinua Achebe (1958), one of the most distinguished African writers, describes some characteristics of an Igbo personified by Okonkwo, a character in his book. Though his book focuses on the Igbo traditions and the Igbo people's contact with modernity and Christianity, it also sets out some qualities of an ideal Igbo as represented in Okonkwo.

Achebe (1958) presents an ideal Igbo person, as seen through Okonkwo's determined character. He describes Okonkwo as a tall man with bushy eyebrows and a wide nose, who commands power and prestige, avoids weakness and failure, and is viewed as a hero. An Igbo person is described through Okonkwo as someone who is down to earth, hard-working and is ever-persevering and someone who keeps his word (*ekwueme*). The Igbo are strong believers in God (*chukwu*). From their

viewpoint, older people appear to be closer to God. Thus, the care of the older people or the service given to an elderly person is regarded as respect to the embodiment of God in older people.

Nwanna (1963), in his novel titled Omenuko, gave an idealised Igbo narration about how a young man, Omenuko, needs to leave his land in search of a better life. The writer uses Omenuko to illustrate the mindset of how life is lived amongst the Igbo, despite the hardship, uncertainty, crime, and poverty. The story of Omenuko highlights the adventurous character of the Igbo, their ability and willingness to maintain their identity and hold onto life (*ndu bu isi*), maintain their dignity (*ugwu*), respect (*nsopuru*), and to survive despite the difficulties.

The Igbo people maintain relationships with their traditional family despite the location, education, and age. Uchendu (1995) presents the Igbo cultural heritage as one that is anthropologically constructed considering the dignity of the person. The Igbos have a specific group identity that differs from other nations, cultures, and ethnicities in Africa. Personhood in the Igbo world view is processual, and individuals exist in a kinship network, emphasising the indispensable role of the community in the life of the individual. Igbo people are interrelated with each other, and the agnate relationship binds the old and young together; the family and community play a vital role in the life of individuals (Onwubiko 2012). The Igbo people are person-oriented and community-oriented (Onwubiko 2012). Respect is given to a person due to him or her belonging to the community, which is specific to the Igbo people (Nwachukwu-Udaku 2011; Onwubiko 2012). For the Igbo, life is inter-relational and people have links with each other. For example, *nwanne* refers to relatives, *umunna* refers to the father's agnate group and *umunne nne* or *ikwu nne* refers to the mother's agnate group. These are groups of people. These agnate relationships in groups distinguish the Igbo from other African nations. This inter-relational phenomenon is part of the characteristic of the Igbo people.

Traditionally, the care of older people in Nigeria, especially in Igboland, is the responsibility of the family members and other relatives who are part of the informal care teams (Okoye, 2013).

However, this traditional system is challenged by the evolving socio-cultural situation in Nigeria. The older Igbos lack adequate ghara igbanwe, and their families face uncertainty about the well-being of these elderly, especially when their younger generation family members have to relocate to other communities or urban areas (Okoye and Asa 2011; Okoye, 2013).

The older people are important to the Igbos. Traditionally, respect and maintenance of dignity, as well as their ghara igbanwe, do not just concern the individual, but the family, relatives, community, the agnate, and the society in general (Onwubiko 2012). Moreover, the older Igbo are not viewed by society as people who have had their share of life, and so should not be involved. Rather, they are viewed as people who are full of life experience and wisdom and they are therefore a blessing to their families and communities. As Onwubiko (2012) indicates, the older Igbo people provide links to the young and have responsibility for the young. The young in return, have the responsibility to rehabilitate their older people. This concept of ghara igbanwe in Igbo is physical, emotional and spiritual.

2.2. Religion, Belief, and Culture

Every culture has its own notion of human being, based on the outcome of their relationship with their environment (Onwubiko 2012). Generally, human beings comprise of the spheres of mind, spirit and body (Husserl 2012). However, human beings are not just individuals but individuals who exist in a community with others (Onwubiko 2012).

The idealists' approach to the meaning of human beings differs from that of the existentialists (Husserl 2012). For the idealist, reason defines the human being, while the existentialist worldview considers man from the phenomenological perspective, meaning that the human being is an existential reality in time and space (Husserl 2012).

The Igbo culture differs from these Western notions. Its belief is that the person can only be identified in relation to others (Nwachukwu-Udaku 2011). In the Igbo culture, the understanding of

the human-nature relationship is linked to the natural environment (Onwubiko 2012). This communality in the Igbo Africa distinguishes their culture as one whose socio-cultural structures can only be studied and understood on its own epistemological terms (Onwubiko 2012). Traditional Igbo culture includes community connection and family support. The Igbos value the family highly. As Schmidt (2006) notes, Africans are generally a person-oriented society, and in the Igbo society, the individual has no meaning without God and the community (Uchendu, 1995; Nwachukwu-Udaku 2011; Onwubiko 2012).

Notwithstanding the geographical location, low standard of industrialisation, corruption, and political instability of the Igbo people, life remains the basis of existence and so it is of the greatest value in Igbo culture, i.e. life above all things (*ndu bu isi*). This includes the dignity and respect attributed to human life. This belief and cultural conception of the dignity and respect of a human being is shared by traditional German culture and often considered to come from God. It is implemented as a legal right in the German Gesetzbuch (Regulation Book 1948) which notes that all human beings are born free and with equal dignity and rights[2] and the dignity of men is unimpeachable[3].

Similar to this Germanic view, the Igbo culture respects the dignity of a human being. This is because for the Igbo, God is life (*chi-bu ndu*) and God gives life (*chinenye ndu*), and this gift of God in the form of life, is a person. The person, therefore, forms the society where everybody is inclusive, with the older person as an agnate of a particular lineage (Onwubiko 2012). Consequently, among the Igbo, life is greater than every other thing, since life is paramount (*ndu bu isi*). The Igbo believe in the saying that life is much greater than wealth (*ndu ka aku*). Hence, the Igbo philosophy of life (*ndu bu isi*) places life above material things. In Igbo culture, children are valued highly, acquired from

[2] "Alle Menschen sind frei und gleich an Würde und Rechten geboren" (Regulation Book 1948, p. 1)
[3] "Die Würde des Menschen ist unantastbar'' (Regulation Book 1948, p. 1)

God almighty. For example, my Igbo name, “Akuchika”, means a valued wealth given by God. The Igbo view the person as a result of the body and soul as functioning together (Onwubiko 2012).

Most Igbo older people wish to live the last part of his or her life and to die among their agnates and buried in their ancestral land (Okoye 2013). Mbiti (1969) systematically exposes the attitude of mind and beliefs that have evolved in many societies of Africa. Among others, he inquired into the life view of the Africans through their world view and cosmology. For the Igbo and Africans, life is religion and religion is life. God is the author of life; He creates the human being and holds him throughout his life. According to Mbiti (1969), the individual is understood as a member of the society, beginning with the family as an extended unit of the society, down to the wider society. Often with the Igbo people and Africans in general, the family includes the living, the departed, and the unborn; the individual does not exist in isolation. He or she owes his or her existence to other people in the community, including those of past generations and his contemporaries. Individuals are simply part of a greater community.

Furthermore, Uchendu (1995) in his lecture, *Ezi na Ulo*: The Extended Family in Igbo Civilisation, examines the extended family from a socio-anthropological point of view, as the kern of the community and the basis for human dignity in Igbo culture. *Ezi na Ulo* is explained as the central position according to the family in Igbo life and the role which the family plays in the success or failure of the individual, as well as in sickness and health, youth, and old age, and in the celebrated communal spirit for which the Igbo are famous. The individual is viewed as a member of the society within the broader family that is itself a part of the larger Igbo society.

Nwoga (1984) noted that, for the Igbo people, as for many Africans, to exist is to live in the group. Life is not an individual venture, such as the each-one-for-oneself attitude often predominant in Western cultures. The existing traditional Igbo ghara igbanwe arrangement for older people has its base in the tradition of the Igbo people and their social context (Nwachukwu–Udaku 2011). This

inter-connectedness is one reason why it is important to investigate community-oriented rehabilitation of the older Igbo people.

The Igbo society is patrilineal, which means that the whole Igbo society is somehow related through one agnate group or another, and the rehabilitation services given to the older people are given through the family or agnate groups. However, research has noted that this traditional rehabilitation system is drastically deteriorating due to reduced family size and migration to the urban areas by younger family members (Ajomale 2007; Okoye 2013). Despite the challenges brought about by rural-urban migration of younger Igbo people, very little or no work has been done to find out from older Igbo people, how they can receive adequate rehabilitation in the absence of their younger family members.

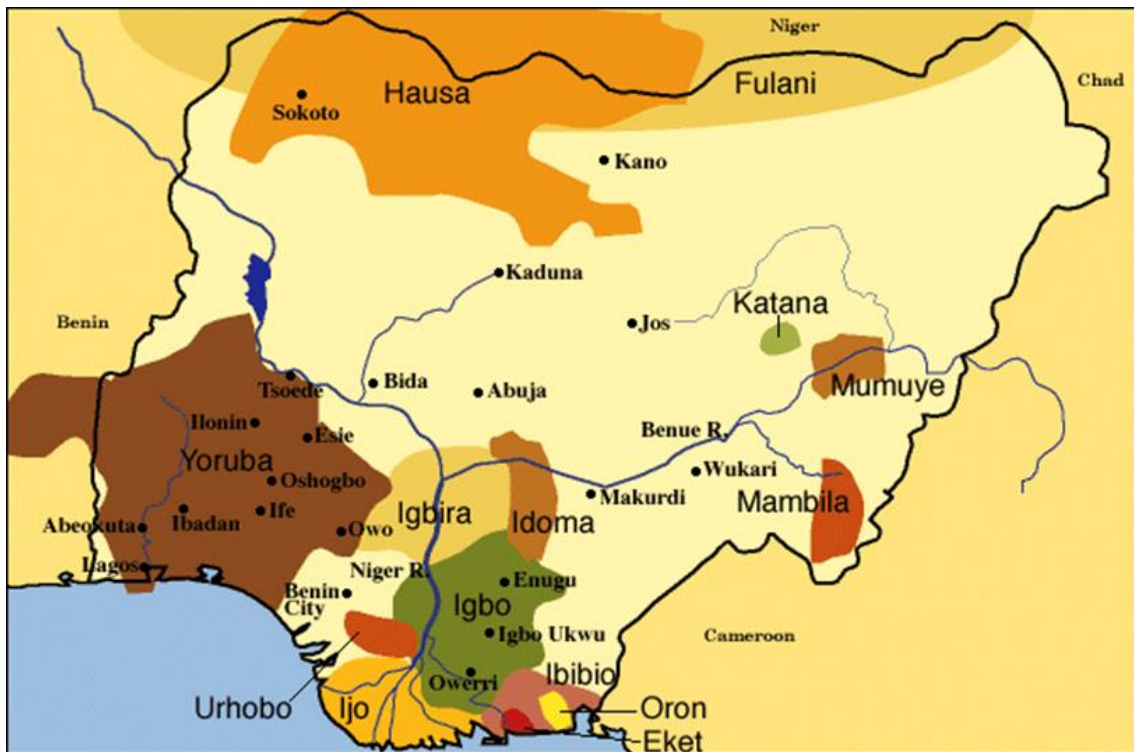
2.3. The Geographical Location of The Igboland

It is important to talk about where the Igbos are located because the rehabilitation of older people is viewed differently in various cultures of Igboland. Rehabilitation of older Igbo people can also be influenced by socio-cultural, political, and economic factors related to where they are located (Ajomale 2007). The sense of the Igbo cultural arrangement for rehabilitation of older people is not the same as that of other ethnic groups in Black Africa (sub-Saharan African) (Ajomale 2007). It is also not the same arrangement as that generally found in the Western world, where problems associated with an ageing population, care and rehabilitation, are part of the major concerns of the society (Bond et al. 1999). In the developing world, for example in areas like Kerala of India and in Nigeria, ageing in society and rehabilitation of older people are given less attention (WHO 2015). It is important to note that social and environmental factors contribute to the shaping of the rehabilitation of older people in various communities (WHO, 2015).

Discussing the historical origin of the Igbos, Nwachukwu–Udaku (2011) noted that it is difficult to pinpoint the historical origin of the Igbo Nigerian West Africans because there are diverse accounts to their history. It is commonly surmised in generalised historical accounts that the Igbos lack a

common historical origin because their history is interrupted with diverse explanations (Nwachukwu- Udaku 2011). Each community, clan, or family traces their origin to their forefathers without properly ascertaining the source of their heritage. They rely, therefore, on the evidence of oral history traditions, which is not always consistent (Uchendu 1965; Nwachukwu-Udaku 2011). However, one basic fact in these histories is that the Igbos, as a community, span many centuries. Also, Igbo refers to an ethnic group native to the modern day south-central and south-eastern Nigeria, in West Africa. They currently make up around 18% of the country. With its extension over 5 of the 36 states, the Igbo ethnic group is considered one of the three largest groups amongst the 250 ethnic groups in Nigeria. The other two main ethnic groups are the Hausa and Yoruba. According to the Nigeria census in 2006, the population of the Igbo is estimated at 16,384,029, with approximately 6 million who are believed to belong to a worldwide diaspora. Figure 1 shows the location of the major ethnic groups in Nigeria, including the Igbo communities.

Figure 1. Major ethnic groups in Nigeria



Igbo people have a strong sense of community. Their strong community spirit promotes unity, health, spirituality, and is concerned about the good of both young and old, the sick and healthy (Nwachukwu-Udaku 2011). The Igbo sense of community brings the Igbos together and encourages creativity, progress, and procreation. Also, it enhances communication, education, and collaboration, while upholding respect and dignity of the elderly (Onwubiko 2012).

The above discussed socio-cultural, geographical, and environmental situations of the Igbo people give some light to why older Igbo people are attached to their community, the Igbo nation. These cultural truths in the socio-anthropological reality of the Igbo have significant implications for the ghara igbanwe of the older Igbo people. That is why participation in social activities provides mental support and satisfaction, which makes the older Igbo feel a sense of belonging, acceptance, and respect. Also, it helps the older Igbo enjoy high-quality lives (Okoye 2013).

2.4. Economic Activity of The Igbo

Like many other societies in the world, agriculture is the main source of the Igbo people's economy. The chief crop, yam, is mainly cultivated by the men while other crops, such as cassava, cocoyam, melon, maize, melon, and other vegetables are cultivated by the women. Through this, they make money so they can support their families. Another source of income flor the Igbos is trading. While the women engage in small scale trading, the men moved into the management in the trading business. Each town in Igbo has market days and places where social interactions, moral behaviours, and environmental maintenance is encouraged. Trading was originally by barter, from barter to the use of cowries and later by currency. British colonialism broadened the level of trading in Igboland. Some crops, such as palm oil (produced from one of the most valued trees in Igboland) were being exported to Britain for their local industries. Together with farming and trading, the Igbos engaged in "blacksmithing, cloth weaving, taping, fowling, fishing, and animal husbandry" (Nwachukwu-Udaku 2011, p. 25).

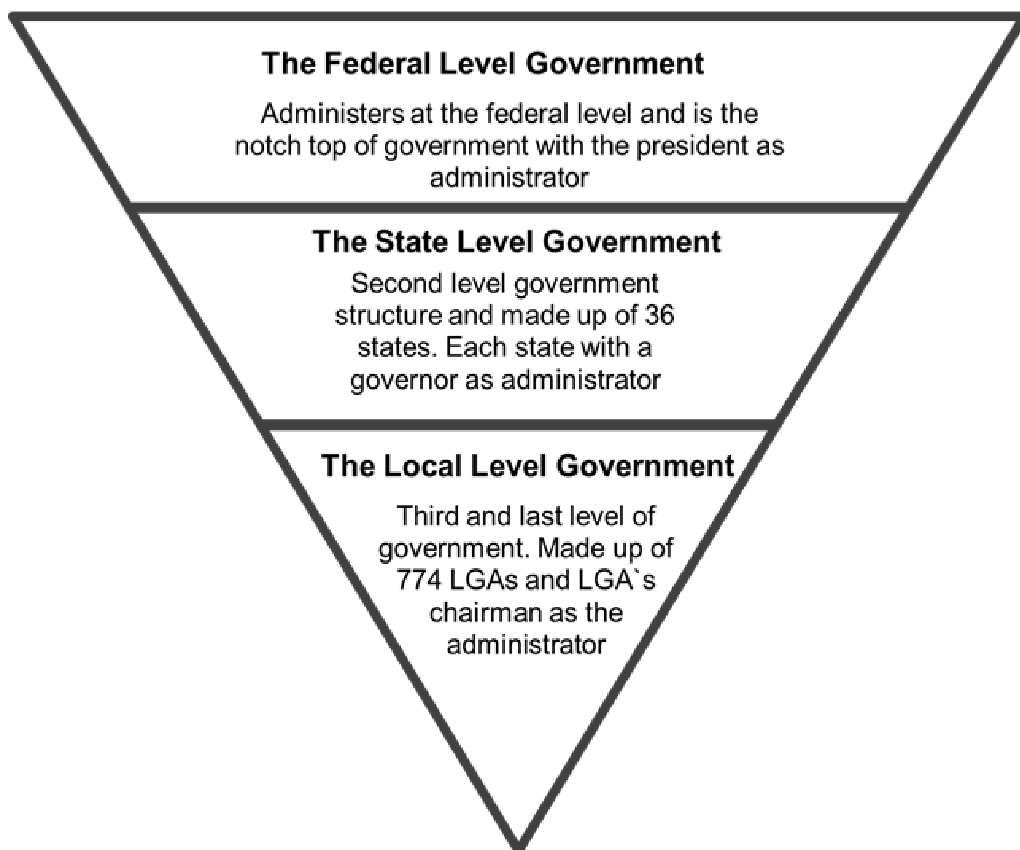
The Igbo nation traditional political system includes all groups — men, women, and children — and all agnate groups. The arrival of Western culture through British colonialism, as well as the effect of Christian missionaries, initiated a notable change in the political life of the Igbo. Nwachukwu-Udaku (2011) noted that one of the initial activities of the colonial master was the amalgamation of the different nations or ethnic groups in 1914 which resulted in what is known today as Nigeria.

Falola (1999) indicates that this amalgamation, instead of bringing about a coherent integration and unity to the different nations, brought about disunity, as ethnic groups continued to project differences in their governing power and cultures. This disunity has affected the three major ethnic groups in Nigeria: the Hausa in the north, the Yoruba in the west, and the Igbos in the east. Rather than working together as one united nation, these ethnic groups are often interested in their own welfare. This disunity among ethnic groups impacts on Nigerian politics and development.

2.5. Nigerian Politics and Ethnicity

This section will abstractly describe Nigerian politics as determined by the major ethnic groups in Nigeria. Government policy has had a marked effect on the major ethnic groups, the Yoruba, the Hausa, and the Igbo, and their communities in Nigeria. The nature of the influence of government policy and the degree to which it affects these distinct peoples, however, varies to a considerable extent. Below is a hierarchical structure of government in Nigeria featuring from the federal level of government to the local government areas (LGA).

Figure 2. The hierarchical structure of government in Nigeria



In the discussion that follows, the relative impact of the policy is examined, exploring, in particular, the acute marginalisation of the Igbo in comparison to the other major ethnic communities, the Hausa and the Yoruba. The following sections on the impact of the 3 major ethnic groups on the ghara igbanwe of older Igbo people, explore the traditional system of government by rulers of these

3 groups and how their traditional patterns of leadership reflect on Nigeria's federal government and its policies, in relation to the development of the Igbo communities.

2.5.1. Impact of The Yoruba

The Yoruba are located in the western part of the lower Nigeria. Unlike the Igbos, the Yorubas are said to operate an "original, monarchical, hierarchical and stratified" (Nwachukwu-Udaku 2011, p. 39) political system. The Yoruba have a semi-centralised and monarchical system with the Oba (King) as the head, then, his council. This kingship system is accepted and respected by the Yoruba. Unlike the Hausa-Fulani, the Oba of Yoruba can be removed and replaced. The Yoruba enjoy a more natural and geographical situation when compared to the other ethnic groups. Their Lagos seaport places them at an advantage of easier communication with the outside world. Their early encounter with the Western world gave them an opportunity to receive more Western education than any other part of Nigeria.

2.5.2. Impact of The Hausa

The Hausa are the most populous ethnic group in Nigeria and are located in the northern region of the country. The Hausas have become mixed with the Fulani group. This mixture has given them an increased ethnic population proportion that reflects on the larger role they play in the political situation in Nigeria, today. Historically, the system of government was feudalism, with monarchs as rulers. The king was called Emir, or Sultan. The Hausa-Fulani leadership system makes the leader irreplaceable, a notion that has arguably affected the Nigerian political situation until present. This leadership system encourages dominion over the less privileged, thereby increasing continued dependence of the lower-class people on the leader. This system of monarchism encourages homogeneity and political compromise among the members of the emirate in present-day Nigeria.

2.5.3. Impact of The Igbo

My exploration of the Igbo social and political structures revealed that there is an absence of a higher political and social leadership among the Igbo basic community. What really exists is the clan level of authority. The Igbos have no king whose duty it would be to unify and organise the

population and look after social welfare and rule the community. The absence of such leaders and rulers makes it difficult for the Igbos to organise a central political leadership and has led to them being marginalised. Unlike the Hausa traditional communities where their king rules and cannot be removed or moved, the Igbos uphold an egalitarian society, where everyone has freedom of speech (Uchendu 1965). The traditional Igbo community does not welcome an imposed authority. The lack of centralised political leadership and authority at this local level places the Igbos at a disadvantageous position when compared with the other ethnic groups like the Hausa and Yoruba, where centralised rulers organise their life and politics. The absence of a centralized leadership amongst the Igbos contributes to limiting their access to important information at the government levels (Uchendu 1965).

From the above abstract positioning of the three different ethnic groups in Nigeria, it is evident that their political orientations are quite different. While the Igbo political orientation continues to seek an understanding of who the Igbos are, that of the Yoruba continue to explore how to move forward or to be on top of the social structure. The Hausa-Fulani system emphasises more on who the people should follow in order to occupy the highest political position in the country. Having described the Igbos, their geographical location, their socio-economic situation, and their system of government in comparison with that of the other major ethnic groups in Nigeria, one is inclined to conclude that the Igbo traditional political system impacts negatively on their power within the federal government, reducing the economic power of the Igbo communities and as stated earlier, economic power affects the ghara igbanwe of the older people.

2.6. Ghara Igbanwe

Rehabilitation is the restoration of the whole or part of functional deficits (Davis and Chesbro 2003); it is a vital element in the care of older people. The human being is a holistic being, which is part of its whole environment. It is thus necessary to demonstrate this whole being in any analysis concerning rehabilitation. In this research, rehabilitation is understood as the Igbo word for it, ghara

igbanwe. Ghara igbanwe loosely refers to rehabilitation which takes the connectedness of the social, physical, mental, psychological, environmental, spiritual, and cultural aspects of the person into consideration. However, there is limited Igbo literature about ghara igbanwe as it is so ingrained in the Igbo cultural practices that it is assumed to be synonymous with rehabilitation.

Rehabilitation, in the general use of the word, is designed to improve the intrinsic value and dignity of an individual (Buchini et al. 2014). It refers to the process of restoring one's life back to being meaningful and satisfying (Buchini et al. 2014). To achieve this, health and social care practitioners restore functional deficits, reduce the effects of disability, improve bodily functions, and improve inclusion within the community (Crocker et al. 2013; WHO 2012; Ma et al. 2014; McCorkell et al. 2015). Rehabilitation serves to reintegrate older people into the family and society such that they are able to fulfil their social roles in society.

When the term rehabilitation is applied in the Igbo context, its meaning differs due to the cultural nuances. Rehabilitation aims to "maximise the [person's] roles fulfilment and independence in his or her environment" (RCN 2007, p. 5). Older Igbo people play a different role in the Igbo society as compared to the western world as established earlier in this chapter. Igbos are community-oriented people, where older people are viewed as a member of their family which in turn fit within the larger Igbo community (Uchendu 1965). Ghara igbanwe of Igbo older people should, therefore, include social, physical, physiological, mental, psychological, and spiritual rehabilitation, to allow them to fulfil their roles as expected by the Igbo community (Nwoga 1984).

In the Igbo community, ghara igbanwe encourages a prosperous relationship with natural and spiritual members of the community. In the book Person and Human Dignity, Onwubiko (2012) presents the spirit world from the Igbo perspective. According to Onwubiko (2012), there is an interaction between the world of the living and the world of the dead, which makes it possible to conceive the Igbo lineage as uninterrupted. Therefore, an Igbo person sees himself as united with his ancestors after death and therefore able to continue his relationship with both living and

deceased community members. These factors have been shown to complement each other and contribute to an improved quality of life for the elderly (Onwubiko 2012).

For instance, a fragile or sick older person, in principle, automatically receives support and help from any member of the Igbo community — not as charity, but as an obligation of the community to help. Although this seems to happen often, it might not always be the case. Broadly, the rehabilitation needs of the older Igbo have been served by the community. However, there is a necessity to explore the rehabilitation needs of the older Igbo in the present emerging changing social patterns. Community-based services are known to impact positively on the lives of the family members of the elderly. Such services enable caregivers to lead normal lives by relieving them of care giving stress and reducing absenteeism from work (Gitlin et al. 2006).

Okoye (2013) explores community-based care and care giving for homebound elderly people in Nigeria. Her study identified that in Nigeria, the specialised institutions regulating the activities of care providers are not consistently available, and even if they were, very few older Nigerian people and their relatives would willingly utilise them. According to the study, this is prevalent among the Igbos of Nigeria where the beliefs are that their family members are duty bound to take care of their older ones (Okoye 2013). For instance, among the Igbo people of Nigeria, it is customary for an older person to place a curse on their children and any other relative who plans to move the older person to a care facility or institutionalised care (Okoye 2013). This is a consequence of the Igbo belief in supernatural forces and the cultural demand to age in their communities (Nwoye 2011). According to Izekwe (2015), the Igbos see their children as insurance for old age. An Igbo couple that is not blessed with children is likely to mourn for the present as well as for the future. The elderly people view elderly homes in the negative light, believing that if they are sent there it means that they are perceived as outsiders, or that they are suffering from some disease that their children do not want to catch. They believe that as they made sacrifices to take care of their children in the past, they are therefore entitled to be cared for by their children as they age. Though taking

care of the elderly can be strenuous, most children agree that it is a debt they should pay off because their parents once took care of them in their youth (Izekwe 2015).

This perspective of rehabilitation is based on the assertion that each individual has the natural worth and have the right to be an authority in her own health care (Gender 1998). The individual is viewed not only as a unique person but as a complete and valued being. The idea of rehabilitation of older people as an important aspect of geriatric care seems to be confusing to the general nursing system of care. Rehabilitation of the older people denotes the undertakings that lead to the reinstatement of the holism of an individual older person (RCN 2000).

Older people are not considered degenerated, and without purpose; rather, they continue to grow, adapt, and learn from their experiences, and pass wisdom onto the younger generation. Pope John Paul II (1999) adds,

> *Elderly people help us to see human affairs with greater wisdom because life's vicissitudes have brought them knowledge and maturity. They are the guardians of our collective memory, and thus the privileged interpreters of that body of ideals and common values which support and guide life in society. To exclude the elderly is in a sense to deny the past, in which the present is firmly rooted, in the name of modernity without memory. Precisely because of their mature experience, the elderly are able to offer young people precious advice and guidance. (Pope John Paul II 1999, p. 7)*

The Igbo older people play a similar role in the family and Igbo society as described by Pope John Paul II above. Nonetheless, there is a dearth in the literature in relation to how this role influences their rehabilitation needs. The next chapter explores rehabilitation in greater detail.

2.6.1. Differences Between Holistic Care and Ghara Igbanwe

Holistic care describes an approach based on the perception and integration of the of a person`s whole being (i.e. body, mind and spirit) of care to the individual. It implies a consideration of the complete person, that is, the physical, psychological, social and spiritual in the in the management, prevention and care of diseases. Holistic approach views the different states that make up a human

being as important in the process of care. It can be used on individuals in all settings (WHO 2011). Whether it is cure, care or rehabilitation, all seek to restore normalcy, or support individuals, or groups who have or are experiencing ill health, loss of dignity, autonomy, functional abilities, social connections.

The holistic understanding of health and ghara igbanwe has its foundation in Igbo anthropology (Nwachukwu-Udaku 2011), as not isolated, but connected with others. Health among the Igbo is harmonious coordination, connectedness and interaction of the complete human person within the individual's accepted cultural and social contexts (Nwachukwu-Udaku 2011).

While holistic care approach concentrates on care, *ghara igbanwe* is an Igbo description of a rehabilitation process that involves a holistic approach in its process, but focuses more on achieving healthy ageing of individual older persons through supporting and maintaining the functional abilities, and promoting autonomy, independence and respect which help keep the older individual in a youthful status and enhancing radiant health and wellbeing in older age (WHO 2015). Ghara igbanwe also involves promoting ageing in the ancestral environment. The key differences between holistic care and ghara igbanwe are outlined below.

- Holistic care is mostly carried out by health and social care professional where as ghara igbanwe, is a culturally arranged process that is practised mostly by the family members or agnate group of the individual older Igbo person.
- A holistic approach can be used on individuals in all settings (WHO 2011). Ghara igbanwe, however, describes rehabilitation of older people in Igbo. This process is carried out within the Igbo and cultural and social contexts.
- In holistic care, caregivers earn their wages. In the Igbo nation, ghara igbanwe of the older ones, the family members are responsible for all cost involved. Instead of earning wages, the family members are seen as the insurances for their older people; they care and pay for all things required for the rehabilitation of their older people. They believe

that their payment comes as blessings that they receive from the elderly for performing such activities.

- Though the term rehabilitation is a general description of the concept of restoration of lost capabilities (Webster's Encyclopaedia Dictionary 1996). Its meaning in the Igbo culture ghara igbanwe involves the cultural belief specific to the Igbo nation.
- Holistic approach involves physical, mental psychological and spiritual care of the individual and not only older people. Caregivers can respect the spiritual belief of the client without completely accepting this belief. Ghara igbanwe is practised following the Igbo traditional ways; the caregiver not only respect but understands and beliefs in the cultural and spiritual benefits that are endowed on a caregiver for caring out rehabilitation of an elderly person.

2.7. Conclusion

This chapter has discussed the historical, cultural, political, and economic background of the Igbo people and how these impact on their ghara igbanwe. It argues that the ghara igbanwe of older people is a holistic process that entails the consideration of the older person's physical, emotional, social, and spiritual well-being. Scholars have argued that such rehabilitative care encourages a prosperous relationship with natural and supernatural members of the community (Umphred et al. 2013; McCorkell et al. 2015). The chapter has discussed who the Igbo are in terms of their religion, culture, and geography, and has highlighted the Igbo worldview as one that is not static, but dynamic in nature. This implies that the Igbo worldview values communalism, togetherness, unity, respect, and dignity in the lives and experiences of both the young and old. It has also brought to light the roles and contributions of the Nigerian government and that of non-government organisations with respect to the met and unmet ghara igbanwe needs of the older Nigerian people. It has also contextualised the Igbo people in terms of other existing populations in West Africa, showing that they have been marginalised by the Nigerian government.

The chapter demonstrates that the ghara igbanwe needs of older people in Nigeria are not adequately provided for by government and families (Ayodeji and Adebayo 2015; Okoye 2013). It has discussed the ghara igbanwe of the older Igbo as that which meets the holism of care within the Igbo interpretation and application of their reality and culture. This chapter has also revealed that the developing ghara igbanwe programs at the home of the older adults in Nigeria can be difficult to implement because this usually entails the children within the household participating in giving care, who themselves are still growing and developing (Okoye 2013).

Apart from this economic reality, it is believed that the lack of care, love, and attention the older people receive may be attributed to a lack of awareness and insensitive government attitudes towards them (Ajomale 2007; Azevedo 2017). Despite these challenges, however, ghara igbanwe of the older population is still undoubtedly necessary and important (Azevedo 2017). As it stands, limited studies (Okoye 2013; Faronbi and Olaogun 2017; Vincent-Onabajo and Adamu 2016) have focused on the ghara igbanwe needs of the older population in Nigeria from these perspectives.

Chapter 3. Literature Review

As stated earlier, the aim of this study is to find out the perceptions of older Igbo people and their caregivers on the rehabilitation of older people. The thesis examines their views against the backdrop of the concept of ageing in place in the Igbo cultural context. To do this, I explored relevant literature on the rehabilitation of older people in the fields of health and social care using a narrative literature review method. This is done in two parts. In the first part, I present an overview of the literature, types of literature, literature search and the search strategy; the second part critically examines the literature in relation to the rehabilitation of older Igbo people.

3.1. Overview of Literature Review

In general, conducting a literature review is often considered an important step in health and social science research to procure information that is fundamental in the development of clinical practices and policies (Charmaz 2006; Hart 2008). Literature review provides an overview of published and unpublished work that helps to generate answers to fundamental questions about the current theoretical or policy issues and debates related to the research topic, as well as providing information and problems on the current state of knowledge of these issues (Hart 2008). It is often deemed essential in research because it aids in the understanding of the topic area, the nature of the work already done, who has researched it, what methods were used, and what the major problems and concerns are (Charmaz 2006; Hart 2008). Another benefit of a literature review is that "it ensures the researchability of a topic before the 'proper' research commences" (Hart 2008, p. 13).

Among the various types of literature review are narrative/traditional, systematic, meta-analysis, and meta-synthesis (Hart 2008). Broadly, the type of literature review conducted depends on the topic and the ontological and methodological selection criteria. The advantages and disadvantages of the use of these are discussed in the following subsection. As will be discussed in this chapter,

strict adherence to the themes and concepts emerging from the literature review is not always desirable because the nature of specific research areas and topics sometimes demands that data be considered on its own terms (Glaser and Strauss 1967). However, a literature review can also be useful to guide themes and concepts for the emerging theory as well as guide the researcher (Charmaz 2006).

3.1.1. Types of Literature Review

A narrative literature review summarises and appraises a body of literature. It attempts to draw conclusions on a topic and identifies gaps in a body of knowledge, requiring a broad research question. This type of literature review is typically selective in the material it uses, although the criteria for selecting specific sources for review are often not systematic, but intuitively judged. While this type of review is useful in gathering and synthesising literature, the primary purpose of narrative review is to provide the reader with a comprehensive basis for understanding current knowledge on a specific topic, unfolding gaps in the research, helping to formulate and define research questions, and highlighting the significance of new research (Cronin et al. 2008). Also, a narrative review can inspire research ideas through the exploration of literature, helping me determine or define research questions or hypotheses.

A narrative literature review differs from other types of review such as a systematic review, a meta-analysis review, and a meta-synthesis review. For example, an important difference between a narrative approach and a systematic approach is the search methods and criteria for selection. A systematic review has a more rigorous, well-defined, and precise system for the inclusion and exclusion of literature; it is more comprehensive and uses systematic methods to evaluate and synthesise findings of the study (Parahoo 2006; Cronin et al. 2008). Meta-analysis is a type of systematic review that involves the statistical analysis of quantitative data to integrate findings (Cronin et al. 2008). It differs from meta-synthesis, which concerns the qualitative appraisal and synthesis of multiple qualitative, non-statistical studies towards the generation of novel interpretations (Polit and Beck 2013; Cronin et al. 2008). I chose the narrative review method as

the nature of rehabilitation is understood differently in Igbo, hence, it is important to allow emerging ideas to shape the review process so as to capture a clearer picture of the topic of interest. Additionally, CGT, the methodology of this research, was another driver behind this decision.

3.1.2. CGT and The Narrative Literature Review Method

Though CGT is used as the methodology of this study, its ability to give birth to theory makes it relevant to briefly discuss it in the literature review section. In this subsection, it is argued that the present use of CGT methodology is aided by a narrative review because it permits the free guidance of literature without the strict systematic selection and appraisal criteria. As noted, in certain topic areas, a traditional literature review is sometimes not considered appropriate because data must be interpreted freely, without contamination from a body of literature (Glaser and Strauss 1967). CGT is a method of building theory from data where the theory is grounded in the emerging data itself.

The main principles of a GT methodology are to “ignore the literature” (Glaser and Strauss 1967 p. 45) so not to interfere with the emergence of categories, avoid “contamination” (Glaser 2002 p. 31) to avoid influences on the discovery of a theory and allow the emergence or construction through an analysis based on observation using an intermitted analysis of literature (Strauss and Corbin 1990). It encourages interaction and incorporation of the researcher’s views, ensures “groundedness” so that the data itself dictates theory (Charmaz 1990, p. 1162) and uses “reflexive strategies” to enable the researcher to critically engage with the data (Charmaz 2014; Ramalho et al. 2015).

The principles of construction and reflexive strategies are more particularly associated with the CGT version of GT by Charmaz (2006). The GT developed by Glaser and Strauss (1967) and Strauss and Corbin (1990) contend that the researcher should not interfere with the emergence or discovery of data (Ramalho et al. 2015), and thus a literature review should not guide the construction of theory.

However, in CGT, the literature review carried out on a subject area before data collection and analysis can help the researcher to conceptualise the research within the existing information (Gibbs 2008; Creswell 2012). It can also aid the formulation of questions, data collection, and ultimately theory building. In CGT, the researcher's view is essential, and the theory generated is integral; its groundedness is intrinsically related to the researcher (Charmaz 1990). For this reason, CGT often benefits from a narrative literature review, although not always. A systematic review can also be appropriate because CGT uses specific hypotheses to define categories and theories.

As discussed, since a CGT methodology incorporates the views of the researcher, the narrative literature review is arguably most appropriate for the present work. This choice depends on the information available, the nature of the investigation being made, the specific standpoint of the topic, and the specific location of the research. For example, how ghara igbanwe is viewed and practised specifically in the Nigerian context. Thus, there must be a focus on the literature of the Igbo Nigerian culture. Also, in the present research, it is necessary for me to show an understanding of the concepts of rehabilitation of older people in general, i.e. how it is valued and practised in Western culture and in other cultures around the world.

Knowledge of West African and Nigerian people are required through selecting and reviewing available documents relating to ghara igbanwe of the older Igbo people. The narrative literature review is important for the examination of the Igbo culture and their ghara igbanwe, covering all known, available, or relevant studies on the research topic and guiding data analysis. Indeed, following the requirements of CGT, a narrative literature review also permits the examination of current literature on ghara igbanwe of older people and related concepts such as autonomy, paternalism and the concept of ageing in place, guiding the formulation of questions for data analysis. Thus, the literature informs me, as the researcher and as a member of the Igbo community, about how to investigate the perception of older Igbo people regarding their ghara igbanwe.

3.1.3. Literature Search Strategy

As my initial understanding of ghara igbanwe was that the term is loosely translated to rehabilitation, I have used rehabilitation as a key term in my literature search, in an attempt to develop and understand about ghara igbanwe.

After seeking help from a subject librarian from Cardiff University, I developed my literature search strategy. The literature search was performed using a three-phase process comprising an initial and broader search in Table 1, a more narrowed down search using keywords identified from the earlier search in Table 2, and the final selection of the most relevant literature.

Table 1. The first round of search

Databases searched	CINAHL, Google scholar, Trip Pro, Cochrane library, Joanna Briggs Institute EBP Database, E-thesis Online Service, Proquest dissertations and thesis		
Search terms	Igbo	Rehabilitate*	elderly
	Nigeria*	care	aged
	Combined with “or”	Combined with “or”	Combined with “or”

In the first phase, I searched for peer-reviewed journal articles as well as books, using several databases. This comprised an initial search in CINAHL and Pub-med, performed to manually identify relevant keywords. I found from this initial search, that owing to the multidimensional understandings of rehabilitation (Cloninger et al. 2014) a broader search would be required.

Table 2. The second round of search

Databases searched	British Nursing Index, CINAHL, OVID Emcare, Medline (OVID), Scopus, Web of Science		
Search terms	Igbo	Rehabilitate*	gerontology
	Nigeria*	care	Older adult*
	Igboland	Nursing care	Older people
		healthcare	elderly

		Health care	Older person
		Holistic care	Geriatric*
		Holistic rehabilitation	ageing
		Caregiver*	aged
		Elderly care	Frail elderly
		Paternalism	Ageing in place
		Autonomy	
	Combined with “or”	Combined with “or”	Combined with “or”

In the second phase, a broader search was conducted using terms manually selected in the first phase. Keywords were controlled and checked with the dictionary for correct vocabulary. Truncations, synonyms, and phrases were considered, such as “rehabilitation”, “older Nigerian people”, “care”, and “older adults”. This means that themes were optimised to search in ProQuest, Google Scholar, CINAHL Complete, Cochrane Library, Joanna Briggs Institute of Evidence-Based Practices, ProQuest Nursing, and Allied Health Source was conducted. These databases were specifically chosen because they focused on healthcare journals and articles. Using these databases, similar concepts related to the purpose of this thesis were found, such as “rehabilitation”, “older adults”, “rehabilitation in Africa”, “rehabilitation of older adults in Igbo Nigeria”, “Nigerian healthcare”, “gerontology”, “nursing care and rehabilitation”, “definitions of rehabilitation”, “autonomy”, “paternalism” and “ageing in place”.

In the third phase, I searched these databases again using the terms and keywords found in the database searches in the second phase, considering truncations and synonyms. The search words were generalised and reduced and used in combination and individually. Book reviews and other materials outside the thematic scope were also removed. Materials included in the review were mostly published within the last five years, starting from 2013. However, some earlier studies and seminal works were included when necessary to detail past findings. As a result, a more comprehensive foundation is created. In addition, a subsequent manual search in the context of

relevant studies and their references highlighted additional articles that were assessed and included. The search string can be found in Appendix A.

3.1.3.1. Inclusion and Exclusion Criteria

Peer-reviewed journal articles are sourced for this literature review. All peer-reviewed articles had to meet the criteria indicated below. Newsletters, reports, conference papers, government documents, fact sheets, and other materials do not meet this criterion, so are not included. The majority of materials covered were published within the last five years. Earlier literature was still included if it can provide foundational understanding of the theme.

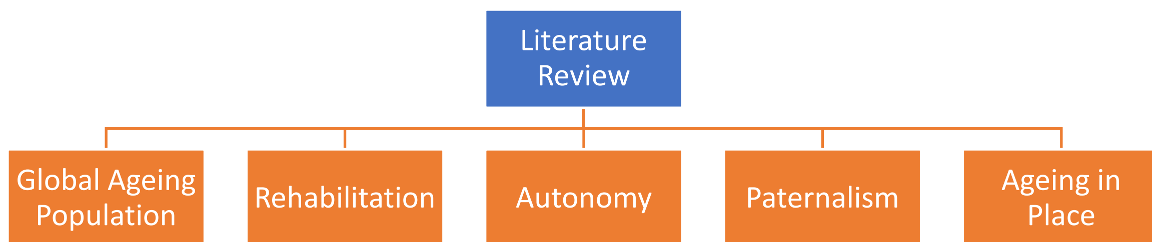
The literature review focuses on evidence of rehabilitation care of older people, with functional or reduced functional deficits due to frailty and disease that accompany old age (McCorkell et al. 2015). Other types of rehabilitation, such as rehabilitation of youths and children were not included. Rehabilitation that has to do with relocation and reintegration of groups of people who experience war, or have lost their habitats due to natural catastrophes, are also not included.

The review engages specifically with the issues of rehabilitation care needs of the older Igbo Nigerian people. It considers literature on the met and unmet needs of the older Igbo people and the factors influencing their complex rehabilitation care problems; and importantly, the older people's perception of what these needs are. It reviews the challenges facing the effectiveness and efficiencies of the Igbo Nigerian traditional system of rehabilitation care of the older people and the value accredited to this system. For the purpose of achieving broader information on the topic, the initial search comprises qualitative, quantitative, and mixed-method studies. There were no studies found on this topic in the medium of the Igbo language, so only research in English and German languages was included.

3.2. Review of Literature on Rehabilitation of Older People

The following sections present a review of the related literature. The purpose is to examine the wider literature on rehabilitation issues in Western and non-Western contexts and relevant literature on older Igbo people's perspectives and needs regarding rehabilitation.

Figure 3. Key themes from the literature review



This literature review chapter includes analysis of the relevant conducted research on rehabilitation, ageing in place, and the principle of autonomy in relation to the care of older people. For each of these key terms, a critical discussion of the relevant literature is presented, with a focus on identifying and addressing inconsistencies presented by previous research. Materials were reviewed and critically analysed. A critical appraisal can bridge the gap between research and practice in healthcare (Royse et al. 2015). Critical appraisal emphasises independent thinking and questioning of tradition (Royse et al. 2015). A synthesis of past research and the present topic is carried out throughout. In the next few sections, I explore relevant conducted research on rehabilitation in general, examining the Nigerian national perspectives on rehabilitation, with the general concepts and principles that relate to rehabilitation.

3.2.1. Global Issues of An Ageing Population

This section discusses the background of the plight of older people globally and in Nigeria. Recent trends have shown that the number of older people is growing and yet most of their needs are not met according to the United Nations (UN) (2015). Among the 7.3 billion people around the world measured in 2015, around 8.5% (617.1 million people) comprise of older people (aged 65 and

above) (UN 2015). According to UN world population projections (UN 2015), by 2030, the number of older people is projected to reach 1 billion, which is 12% of the world population. The nature of growing older and the subsequent frailty of old age demands an efficient and well-organised system for the rehabilitation needs of this population (McCorkell et al. 2015), particularly in the underdeveloped regions of Africa, such as Nigeria. Meeting the myriad needs of the older population can be problematic (Brown and Bond 2016). There is a sense that the ageing population is not perceived as a positive reflection of societal sophistication and advancement, but rather as a problem that must be addressed. Health policy-makers and providers can be observed labelling or framing this population as a "problem" and a "burden" (Brown and Bond 2016, p. 20). The WHO (2015) also perceives this population as a problem and a burden but acknowledge that such labels can inadvertently lead to discrimination. The older population is stereotyped as weak, sickly, and dysfunctional, thereby framing them as a population that can deplete the nation's resources without contributing to their growth (Brown and Bond 2016).

According to Brown and Bond (2016), this can lead to the assumption during policy development that investing in rehabilitation facilities for older people can drain economic sources. This is a significant problem because, as it currently stands, the ageing population groups are already experiencing lower-quality rehabilitation, particularly in developing regions (Dewar and Nolan 2013). If the perception is that investment in rehabilitation is wasted, the quality of rehabilitation services cannot be improved to meet the needs of this population. At the same time, health practitioners, service planners, and providers can face inadequate resources and motivation to fulfil their duties to serve older adults in need of rehabilitation (Dewar and Nolan 2013; McCorkell et al. 2015). The global rise in the older population can be attributed to two major interrelated factors (Beard and Bloom 2015; Brown and Bond 2016). Firstly, the ageing population is a product of the decrease in childbearing (Beard and Bloom 2015; Brown and Bond 2016). Secondly, advancements in technology and healthcare facilities have helped to increase the life expectancy of some

countries, including the United Kingdom (UK) and United States (Salomon et al. 2013; Chatterji et al. 2015), allowing people to live much longer.

These factors are, of course, interrelated, and can take place simultaneously in a population. For example, in China, as a result of the one-child policy introduced by Deng Xiaoping in 1979, and medicine advancements that allowed for longevity, China experienced rapid ageing population growth (Hesketh et al. 2015; Feng et al. 2016). In the UK, life expectancy has risen by 20 years or more in recent times (Salomon et al. 2013; Chatterji et al. 2015). This is impacted by a reduction in child mortality, which reflects progress in medical and healthcare preventive and curative abilities and technologies (Salomon et al. 2013; Chatterji et al. 2015). While it is worth applauding the advancements in healthcare technology for its contribution to improving human longevity, old age is now increasingly viewed as a social problem and economic burden in many societies (Brown and Bond 2016).

The same trends and attitudes can be observed across Europe (Aiyar et al. 2016). The number of older people is expected to dramatically increase across Europe in the following years due to the factors described above. This is regarded as a problem because it has been calculated that in EU communities, very few people of working age to care for older people (Aiyar et al. 2016). Some studies claim that continuous immigration to the EU might be a solution to an ageing population but conclude that the demographic shrinking and ageing can lead to economic, social, and cultural disruptions that might only be partially resolved by migration (Ceobanu and Koropeckyj-Cox 2013; Saczuk 2013).

The growing awareness of the complex needs of older people (Dewing and Dijk 2016), combined with the urge to promote independence (Easton 1999), has led to an increased focus on elderly rehabilitation (Baer et al. 2016). The WHO (2015) indicates that more than 600 million people are aged 65 years and older worldwide. This population is expected to double by the year 2025, with a target of one billion estimated to be reached by 2050 (Chatterji et al. 2015; WHO 2015). The highest

increase in the population of older people will be recorded in developing areas of the world (He et al. 2016). If the ageing population does increase as expected, there will a greater demand for the rehabilitation of older people. The nature of growing old, the fragility of old age, and other associated impacts of impairment, disability, and handicap require deeper rehabilitative attention (WHO 2015; Brown and Bond 2016). The problem is that the rehabilitation of older people is not given adequate attention to ensure they can meet their needs. In addition, rehabilitation and support services have not grown at the same rate as the growth of the ageing population, leaving the elderly rehabilitation needs unmet (He et al. 2016).

Nigeria is experiencing these issues in a more acute way than the rest of the world. It is experiencing a rapid increase in the older population, whose needs are not being adequately addressed (Douglass 2015). Just like the developed countries, Nigeria should aim to employ more resources into identifying and meeting the rehabilitation needs of the growing older population. At present, the rehabilitation programs in Nigeria are inadequate (Faronbi and Olaogun 2017; Okoye 2013; Vincent-Onabajo and Adamu 2016). Okoye (2013) argues that community-based rehabilitation and care programmes would be more effective for the older population in Nigeria, as institutional rehabilitation currently practised in the country is inadequate. Institutional rehabilitation is observed to lead to distress among this population in Nigeria. Okoye (2013) suggests that a community focus would result in less disruption and distress for the older individual who is accustomed to a community-oriented lifestyle. Community-based support for the elderly might also be more practical considering the difficulties in accessing resources that many people in rural areas commonly experience (Okoye 2013).

3.2.2. Rehabilitation and The Ageing Population

Until now, the pace of ageing has not been consistent across the world (He et al. 2016). One unique feature of the ageing global population is that of its uneven growth around the world, such as its rapid increase in developing countries as compared to developed countries. As recorded by He et al. (2016), the majority of the developed countries located in Europe, such as Italy, Greece,

Germany, Portugal, Finland, and Bulgaria, have aged continuously for decades, with even growth for over a century. A third of the world's older population, as well as more than 50% of the world's over-85s, can be found in the developed nations. The aged population is expected to increase in both the developed and developing countries over this century. By 2050, almost 67% of the world's older population will be from Asia. Africa, although projected to still have a young population by 2050, will have an older demographic that makeup around 7% of its total population. Thus, Africa's 150.5 million older population is anticipated to quadruple (600.2 million). In sum, this means that the ageing trend is not only observed in the developed regions but around the globe (He et al. 2016).

The rapid population ageing, coupled with its accompanying challenges, raises concern with respect to the efficacy of rehabilitation (Carone and Costello 2006; He et al. 2016). Among these concerns is identifying the rehabilitation needs of the older population, which is the focus of the present work.

3.2.2.1. Global Perspectives on Rehabilitation

While longevity seems a positive attribute of a population, a result of advances in medicine, technology, and politics — and is no longer a rarity — the corresponding global ageing population has led to new challenges in rehabilitation (Carone and Costello 2006). A question might be raised about whether older people living longer actually have good health and social conditions. A further concern is how long they can be expected to live healthily and comfortably. Another question that raises global concern is what chronic diseases the older people are expected to live with and how long they can live independently without constant familial or institutional support. Also, a pressing problem is their dwindling financial capacity at retirement age. If there is a retirement age of 65, this means the economic resources of a population are reduced, regardless of whether the state has funds for them. A concern is thus whether the state has enough economic resources to last their lifetimes, and whether the older population living longer can afford to pay the maintenance for their health. These are problems that the world must find answers for, although the problem is

particularly acute in the developing countries, where the rate of population growth of older people is projected to increase in the next decades, and whose healthcare systems may not be adequately prepared to meet their needs.

In 1982, the UN General Assembly (1982) Meeting in Vienna adopted a set of rules and principles that address the rehabilitation needs of older people. The meeting recommended that all member states should incorporate these rules and principles in their programs for older adults. This directive is in recognition of the fact that as people get older, they may become more susceptible to age-related illness and disabilities (Bennett and Flaherty-Robb 2003). As the number of people surviving into old age continues to rise (UN 2002), there is an urgent need to increase the level of effort being directed towards the task of rehabilitation and habilitation (Azevedo 2017). The government, policy makers, and families must be encouraged to meet the healthcare needs of older adults. Azevedo (2017) studied the healthcare situation in Africa after the second generation of leaders assumed power in the region, replacing those who have inherited their respective colonial states, after becoming independent in the 60s and 70s.

Compared to this new generation of leaders, the first group of leaders had been more committed to eliminating ethnic divisions and creating new nations. These leaders were dedicated to providing free and adequate education and healthcare for all citizens, promoting the social philosophy known as African socialism. This second generation of leaders seems not to share the same sentiments because of their geographical settings and socio-cultural trappings. Indeed, in general, the quality and quantity of rehabilitation services are influenced by culture and physical environments (Barbato and D’Avanzo 2016; WHO 2015). However, the current rehabilitation literature focuses on Western socio-cultural contexts and may not be applicable to a country such as Nigeria. This is perhaps a shortcoming in some of the literature reviewed in this study. It is possible that rehabilitation of the elderly Igbo people in Nigeria will exhibit significant differences depending on

context, in opposition to Western-based rehabilitation, in which the needs of the older population are very similar in different countries.

3.2.2.2. Goals of Rehabilitation

While dictionary definitions of the word, rehabilitation have some connection to its usage in health and social care, its application in the field is more complex. In the field of health and social care, the definitions of rehabilitation depend on the context and application of the term (Barbato and D'Avanzo 2016). For example, Carter and Lubinsky (2015) define rehabilitation as a process involving a multidisciplinary team of physiotherapists, occupational therapists, psychologists, and speech and language therapists (Carter and Lubinsky 2015) who work together to manage disabilities.

On the other hand, Buchini et al. (2014) described rehabilitation as a concern for the respect and restoration of the intrinsic value of the individual. For Buchini et al. (2014), rehabilitation should not only treat physical health problems but also restore the effective functioning skills of people with disabilities or the elderly (Buchini et al. 2014). Although there are follow-up definitions of rehabilitation, the above definitions might provide a deep understanding of its meaning for different people. The idea of rehabilitation of older people as an important aspect of geriatric care seems to be confusing to the general nursing community. The RCN posits that "it may be more helpful to provide a description of the role of rehabilitation" (RCN 2007, p. 5). It went on to describe rehabilitation with these words:

> *Rehabilitation should aim to maximise the [person's] roles fulfilment and independence in his or her environment, all within the limitations imposed by the underlying pathology and impairment and availability of resources. This helps the person to make the best adaptation possible to any difference between the roles achieved and the roles desired (RCN 2007, p. 5).*

From this description, rehabilitation ought to cover every domain of the individual's life including his or her physical, emotional, mental and spiritual life (RCN, 2009). Rehabilitation, in this sense, is similar to the Igbo term for it, *ghara igbanwe*.

While definitions of rehabilitation vary, rehabilitation of older people is often said to have more specific goals. Understanding the goals of rehabilitation is essential for a proper analysis of the views of the older Igbo people about their rehabilitation. According to Buchini et al. (2014), rehabilitation is designed to improve the intrinsic value and dignity of an individual. Rehabilitation is the commitment to restore life back to become meaningful as well as satisfying (Buchini et al. 2014, p. 140). Rehabilitation, therefore, aims for older people to function and reintegrate into family and society, with the capacity to meet the responsibilities of that society. This is why the combined activity is a major aspect of rehabilitation (Bott and Kramer 2016; Buchini et al. 2014; Huckans et al. 2013; Manor and Lipsitz 2013). As earlier stated, rehabilitation of older people should cater to the physical, emotional, mental and spiritual wellbeing of these people (RCN 2007). Basic principles guide physical rehabilitation goals, regardless of the age of participants. Rehabilitation goals are the expected outcome for each participant and the collaborative team (Ellis and Bach 2015). Such goals include maximising the quality of life by assisting individuals in adjusting to different phases of life and helping them attain the maximum degree of function and independence (Ellis and Bach 2015). The goal is to create and facilitate a plan to restore people to a normal life where they are free of abnormalities and restrictions. Although different members of a rehabilitation team can concentrate on specific areas of the patient's functioning, they often share similar overall goals for participants (Ellis and Bach 2015).

According to the WHO (2015), rehabilitation is not only the restoration of functional deficits but also mitigating the impact of disability, ranging from interventions to improving body function to more comprehensive measures designed to promote inclusion (Crocker et al. 2013; Ma et al. 2014; McCorkell et al. 2015). Rehabilitation processes involve the identification of a person's problems

and needs, outlining of rehabilitation goals, planning and implementation of outlined measures, and assessing the effects (WHO 2015). These processes provide a useful framework that delineates how to plan and implement novel policy measures for rehabilitation. However, it is limited because it does not outline a set of criteria for which rehabilitation outcomes can be measured (Campanella 2016).

Campanella (2016) asserts that rehabilitation can reduce the functional deficits of the elderly, who may be suffering from impairment, activity limitation or disability, participation restriction, or handicap. Rehabilitation is particularly concerned with the elderly's loss of function because of the ageing process and seeks to restore the damaged body and psychological attitudes. It is hoped that after rehabilitation, the person can once more be functional in the short and long term (Campanella 2016). However, Campanella (2016) focused on the perspective of rehabilitation in developed countries (Campanella 2016), and so perhaps this does not shed much light on the situation in developing regions.

However, for the purposes of the present study, Campanella's (2016) definition of the goals of rehabilitation is adopted. A detailed account of the criteria relevant to the assessment of the wellbeing of an elderly person, i.e. material environment, psychological health, etc. These criteria may be useful as markers for assessing the success and failure of policy interventions designed to improve the quality of life for the elderly Igbo people (Campanella 2016). The definition might be applicable to Nigeria because all human beings, regardless of their nations, are endowed with dignity from birth (Crocker et al. 2013). This means that society views human beings as unique, comprehensive, holistic, and integral beings who possess the ability to adapt to changes. Rehabilitation enhances the individual's intrinsic ability to adapt to changes (RCN 2000; Nwachukwu-Udaku 2011; McCorkell et al. 2015). Nwachukwu-Udaku (2011) develops this by applying a theological framework of ethics to practical questions about human values, rights, and ethical principles in Africa, with specific reference to the Igbo.

Kallhed and Mårtensson (2017) suggest that rehabilitation is not a one-man business, but rather a process that occurs through interactions between multiple individuals, such as the patient's doctors, nurses, caregivers, families, social workers, government, and policymakers. As Easton (1999) points out:

> *Rehabilitation is a lifelong process in which the [older person] works with the family, the rehabilitation team and society to achieve his or her optimum level of functioning as a holistic person, with the goals of preventing secondary complications, fostering maximum independence, maintaining dignity and promoting quality of life. (Easton 1991, p. 31)*

The daily work of creating opportunities for rehabilitation would be slow or unmet if there are no enabling possibilities or professionals to meet the social, psychological, spiritual, and economic needs of individuals.

3.2.2.3. Types of Rehabilitation

This subsection provides an overview of the literature on different types of rehabilitation in general and their benefits. General studies on rehabilitation differentiate between physical- and mental-health focused literature. Both concern health-related rehabilitation measures aimed to achieve wellness of body and spirit for patients and clients (Crocker et al. 2013; Easton 1999). Easton (1999) describes rehabilitation as a lifelong process in which the individual existed as a whole person and not just about the individual's inadequacies or disease. The definition of rehabilitation in Crocker et al. (2013) implies that it is a continual course of action, treatment, or care, or even of investments that increase the capacity of older adults to improve the quality of their lives. Thus, the conception of rehabilitation in Crocker et al. (2013) is complementary to that of Easton's (1999) because both physical and mental health is important for quality of life. By preventing disease, slowing the rate of fuctional loss, advancing the restoration of lost function, improving or restoring lost function, and maintaining current functioning, it becomes possible to maximise the quality of life (McCorkell et al., 2015).

Physical rehabilitation is concerned with the identification and recognition of individual self-care functioning deficits due to the impact of impairment, disability, and handicap on the daily lives of individuals. Cloninger et al. (2014) discussed the scope of rehabilitation and rehabilitation nursing. The researchers point out that rehabilitation is founded on the principle that all individuals have intrinsic worth and so possess the right to be authorities over the form of rehabilitation that they should take. Rehabilitation nurses and other interdisciplinary teams are there to provide education and training to supply the individual with the required knowledge to gain independence in functioning abilities (Cloninger et al. 2014). For some people, rehabilitation may occur throughout their lifespan, while others may only require a brief period. Disrupted physiology and pathology because of old age may result in difficulties with walking, which affect the social functioning of the individual such as their ability to shop, play, dance, and go in and out of the bath unaided. The duration of rehabilitation education and training that might be given for such individuals with lifelong rehabilitation needs can vary.

There are a number of studies that evaluate the benefits of physical rehabilitation. Kallhed and Mårtensson (2017) evaluate whether physical rehabilitation can aid people with chronic pain and better manage their activities in everyday life. Interviewing eight participants, Kallhed and Mårtensson were able to capture the experiences of rehabilitation. They found that rehabilitation can help people with chronic pain manage their activities better because it educates, trains, and equips the individuals with the necessary knowledge and skills to adapt to changes, increasing their ability to take care of themselves, and to attain independence (Kallhed and Mårtensson 2017). While the individual may be dependent on professionals for care in the short term, rehabilitation enhances the individual's physical functioning as much as possible. Maximum functioning may still require some occasional input from rehabilitation workers, depending on the severity of the patient's condition (Kallhed and Mårtensson 2017). There are broader implications for many individuals who may be experiencing progressive or permanent physical disability, chronic conditions, and frailty due to old age (McCorkell et al. 2015). Findings of research studies that

specifically evaluated elderly with these chronic conditions can lead to a deeper understanding of the older Igbo population's conditions.

Jackson (1984, p. 441) presents another perspective on rehabilitation, arguing that rehabilitation requires ''re-activation" (i.e. encourageing patients to be active within their surroundings), "re-socialisation" (i.e. facilitating physical or verbal contact by patients with peers, family members, and others), and "re-integration" (i.e. restoring the patient to society and regaining their status as a person). Jackson's (1984) model presents some important steps on the way to establishing rehabilitation based on the medical paradigm. However, it does not highlight rehabilitation as a collaborative process. It views rehabilitation as a "one-sided activity" in which every plan of action, such as "encouragement" and "initiating motivation", seems to come only from the rehabilitation professional or team (Campbell et al. 2016).

A number of researchers have argued that one-sided rehabilitation models reduce the disabled person to a recipient, leaving out the premise on which rehabilitation is founded, namely, that all individuals have inherent worth and a right to participate in the decision-making processes that affect their health (Campbell et al. 2016). In addition, Dewar and Nolan (2013, p. 1547) note the importance of "knowing the person" when beginning a rehabilitative process, an act that requires respecting the autonomy of the person involved. Cloninger et al. (2014) observe that in all resource settings, rehabilitation service receivers had a crucial role in supporting rehabilitation activities.

This study aims to examine the phenomenon beyond this one-sided view and explores all phases of the rehabilitation process in the older Igbo population. In this respect, this study examines the care of older Igbo people in their own setting or environment. This has a more specific meaning than the general definition of rehabilitation, which concerns health care that takes place in many settings or environments, and which is also an implicit consideration in the present study. Apart from physically focused rehabilitation, there are some rehabilitation processes that are mainly attentive to the participants' mental states. Such rehabilitation strategies involve identification

many aspects of a person's health and social care, such as physical, emotional, spiritual, cultural or financial problems or needs, as well as relating these concerns to the person's own worldview (Sink et al. 2015). Identification of problems and informed choices in rehabilitation has been emphasised as an essential step in defining rehabilitation goals, planning strategies, implementing them, and assessing the outcomes (Sink et al. 2015). As some research has noted, there are benefits to mental health-focused rehabilitation (Malinowski et al. 2015; Smith et al. 2009).

Smith et al. (2009) examine the effectiveness of an eight-week computer-based cognitive training intervention for memory and attention with American adult over-65s who have been diagnosed with cognitive impairments. The intervention uses principles of learning and brain plasticity (i.e., the ability of the brain to modify its own structure and function in response to changes in its environment). It was shown to be effective when the same adults performed better on related tasks of memory and attention compared with adults who had only received general cognitive stimulation.

Similar to Smith et al. (2009), Malinowksi et al. (2015) use technology to determine whether cognitive processes could improve in older adults during rehabilitation. These researchers differed from Smith et al. (2009) by studying these technologies through healthcare professionals who utilise these to help older patients with dementia. Malinowksi et al. (2015) determine that technology did indeed improve functions in older adults with dementia and suggest that more technologies be employed by healthcare professionals to improve rehabilitation methods and cognitive functions in older adults with dementia. On the other hand, Nouchi et al. (2016) specifically study learning therapies and whether these could influence cognitive functions in older adults. The authors attempt to find if learning theories help executive functioning in the brain and processing speed on information. They stress that not enough studies have been conducted focusing on the rehabilitation of older adults through learning therapies. They show that learning

therapies benefit older adults through “inhibition of executive functions, verbal episodic memory, focus attention, and processing speed in healthy elderly people” (Nouchi et al. 2016, p. 1).

Although the significance of rehabilitation is widely recognised, it is a concept that can be challenging to study from a cognitive standpoint (Samuel and Babu 2017). Thus, Samuel and Babu (2017) argue the process of rehabilitation would benefit from knowledge about adult learning principles. Assessing the older person's prior knowledge and experiences help to create an understanding of the individual's viewpoint (Samuel and Babu 2017). Carter and Lubinsky (2015) posit that approaching rehabilitation through knowledge processes, such as cognitive thought, could also help rehabilitate older adults with memory issues such as Alzheimer’s disease and dementia.

In this study, both physical and mental rehabilitation processes in the Igbo population is examined. Various definitions, discussed in Chapter 1, point out that rehabilitation is a process involving actions and interactions that aim to restore functional limitations. It also comprises of plans, undertakings, and actions intended to maintain the quality of life for the elderly undergoing various diseases and disorders (Holm et al. 2014; Webster and Celik 2014; Ekstam et al. 2015). In addition, an important aspect of rehabilitation is to improve and restore function as much as possible and prevent further disability of older people while ensuring the well-being of the family and friends of the individual concerned (Holm et al. 2014; Webster and Celik 2014; Ekstam et al. 2015).

According to the RCN (2007), rehabilitation has three main areas of focus,

> *enhancing and maintaining the quality of life; restoring physical, psychological and social functioning; and preventing disease and illness. (RCN 2007, p. 4)*

This approach to rehabilitation will require the involvement of various professional and non-professional bodies and disciplines, including the government, local communities, family members, nurses, occupational therapists and religious organisations, amongst others. They need to be clear about their role in rehabilitation. Since I am a nurse in rehabilitative care and this study’s focus is

on the rehabilitation of older people, I take a closer look at the role of the nurse in the rehabilitation of older people.

According to Luker and Waters (1996), a rehabilitative care nurse serves as a coordinator of various rehabilitative care teams and the manager of the nursing team. The nurse should, therefore, be concerned about the need to:

1. Motivate the older person towards self-care
2. Provide the older person with evidence on which to make informed decisions;
3. Teach the older person skills that may enhance his or her quality of life, maintain optimum functioning and prevent deterioration
4. Listen to the older person, in order to evaluate the success of the care provided from the person's point of view. (RCN 2007, p. 7)

This study is more concerned with number 4, "listening to the older people" (RCN 2009, p. 7). It is hoped that the study will also fulfil the role of providing older people with evidence on which they can make informed decisions. In rehabilitation, compared to other interventions for the elderly population, neither the nurse nor caregiver is regarded as an authority figure only, but rather as one able to offer support and expertise that will enable the person to follow his or her own pathway and gain quality of life (McCorkell et al., 2015). This leads to a discussion about the principle of autonomy.

3.2.3. Autonomy and The Rehabilitation of Older People

The Mosby's Medical, Nursing and Allied Health Dictionary (1994) describe autonomy as 'the quality of having the ability to function independently'. Autonomy is widely referred to as the capacity of an individual to be 'self- determinant' in decision-makings concerning his or her person and to make choices of decision-making without any influence of external forces (WHO 2015). It relates to values such as

> *self-rule, self-determination, freedom of will, dignity, integrity, individuality, independence, and self-knowledge (Agich 1994, p. 1).*

The ethical principle of autonomy is given the status of a key term in this thesis because my research aims to find out the perspective of older people about their rehabilitation is based on the principle of autonomy.

Autonomy in the rehabilitation context is of great importance (O' Neil 2002). The principle of autonomy emphasizes the need for caregivers to ensure that care recipients are allowed to decide the way they should be cared for. It also stresses the need for care recipients to be given the resources to, as much as possible, care for themselves. Harris (2003, p. 10) states that "respect for autonomy" and "concern for welfare" are two dimensions of respect for people. The combination of these two distinct dimensions in health, nursing and rehabilitation practices does not only help young and old people in various settings to affirm their inner freedom and depend less on external circumstances but also enhances the rights to come to their own decisions in matters concerning them (Harris 2003).

Applying this to the rehabilitative care of older people, the RCN (2007) notes that older people whose autonomy is promoted by their environments demonstrate motivations and improved engagement, in both their mental and physical functional abilities.

According to Gillon (1994), to be autonomous, one should be able to think, decide to act on the basis of reasoning. Collier (2000) based his interpretation of autonomy on the parameter of self-governance of the human will. Autonomy (self-governing) in this sense focuses on the ability of older people to form judgments and take decisions, including decisions on how they should be rehabilitated. Working contrary to the independence of older people can adversely limit their physical, emotional, mental and spiritual well-being and can result in functional deficits. On the other hand, expansiveness in autonomy dissolves not only the limitations but transforms dissatisfaction into happiness and enhances functional abilities.

Autonomy requires some degree of self-identity to represent realities and identity is related to the living environment. This implies that there is a need to consider the environment in which the concept of autonomy is used. The environment and the health conditions of individuals can impact a person's self-determination and independence; hindering the individual's ability to reason and act (Collier 2000). The nurse ought to be aware of the balance between autonomy and other factors such as paternalism.

3.2.4. Paternalism and The Rehabilitation of Older People

Paternalism relates to decisions or actions that do not take into consideration, the care recipient's views, choice or desires. Paternalism denies the care recipient of his or her right to self-determination and occurs when the care provider believes that he or she can make a better decision than the care receiver (Cherry and Jacob 2016). Paternalism can rob the vulnerable, including older people of their voice and right to self-determination; it denies them the opportunity of taking part in decision making on how they ought to be rehabilitated.

In contemporary health and social care literature, paternalism is mostly represented in a negative light – a threat to the successful delivery of care. Providers are often warned to guard against actions that are paternalistic. Paternalistic actions can be practised by governments, social workers, nurses, other health practitioners, clergy, "or anyone that assumes the image of the all-knowing in the delivery of care" (Cherry and Jacob 2016, p. 176). The effective rehabilitation of older people is, therefore, heavily reliant on effective communication in which care recipient's choice and respect for personhood are deemed just as important as the expert knowledge of care provider and sound health care advice. However, can paternalism be sometimes good for the care receiver? Is autonomy always the best? The debate on paternalism in comparison with the principle of autonomy concerns the conditions under which it is permissible to intervene in a person's affairs for the person's own good (Hanna and Grill 2018).

As Gert et al. (1997) argue, in some situations, paternalism can be acceptable especially when concerning older people who are frail and incapable of independent care. Gert et al. (1997) posit that those paternalistic actions are carried out in the best interest of the receiver. Paternalism could occur to save older people from loneliness, neglect, harm and other life-threatening situations. In the UK, as in some other Western nations, care homes are offered to the elderly when it is considered to be in their best interest, even when it is against their wishes. Can the same be applied to old people in Igbo communities? Can there be a point in which older people are no longer in a position to decide what is in their best interest when their best interest is better identified by another? For example, can there be a stage where institutional care becomes the best option in Igbo communities, even when the care recipient would choose otherwise? These are questions that this study intends to explore as part of efforts to unearth the perceptions of older Igbo people on how they wish to be rehabilitated and the implication of this for ageing in place in the Igbo cultural context.

3.2.5. Ageing in Place and The Rehabilitation of Older People

The increasing complex and multidimensional rehabilitation need of the older population has required that policy makers and professionals consider ageing in place necessary to maintain autonomy and independence of the ageing population. Iecovich (2014) examined the multifaceted meanings of ageing in place. Her study noted that despite the various notions of ageing place, the majority of older people understand the term ageing in place to mean living at home in one's community setting with little support. This implies remaining autonomous, living independently and actively involved in their family homes and surroundings (Iecovich 2014). According to lecovich (2014), older people can age well in an environment he or she accepts. Staying connected and interacting with one another within these community environments help to improve adaptive attitudes and helping older people attend optimal health and well-being (Iecovich 2014). The work of Iecovich (2014) has discussed the concepts of ageing in place and suggested that societies need to consider the different concepts of ageing in place by using both existing and innovative

conceptions of it to invent a suitable model for caring and rehabilitating the older people, considering the families of these elderly. Even though Iecovich (2014) suggested the need to care for the older people in their family or accepted living environments, she has no interview evidence from the older people themselves about their concepts of ageing in place.

A study by Wiles et al. (2011) examined the notions of older people regarding ageing in place. Their study found that older people perceive this as having access to health care facilities, maintain social relationships, having a sense of security, autonomy and living independently in their surroundings. Older people want to play a major role in decision-making concerning "where and how they age in place" (Wiles et al. 2011, p. 1). Having a decisive authority over where they live and grow old gives the older people feelings of self-fulfilment and self-expansion which they need to age happily. Though ageing in place is widely viewed as an important factor in meeting the needs of the older population (Wiles et al. 2011), its meaning and is understood differently in different cultures.

Ageing in place is defined as

> *remaining living in the community, with some of the independence, rather than in residential care (Davey et al. 2004, p. 133).*

Older people prefer to remain in their homes through life because home environment gives them the required autonomy to maintain their roles making decisions in matters concerning their lives. The work by Wiles et al. (2011) looked at older people's notions about ageing in place. This work found that older people view the concept of having control over the decision makings on the place they age and how they age. The term place is not only associated with home, but also with community and the communalism that exist within the community. It involves the family, agnate groups, friends, community members, church members, and health care supporters.

Gilleard et al. (2007) noted that ageing can decrease mobility in older people and gives them more sense of attached to their families and communities. Rather than causing isolation, advanced age

has been noted to increase attachment to communities and makes older people perceive true satisfactory ageing mean ageing in place (Iecovich 2014).

A multidimensional notion of this concept was noted by Cutchin (2003). Associating the concept with experiences of older people regarding integration within their community, it was noted that the increasing changes in social and cultural situations of a geographical area hinder the interactions and relatedness within their environments. Cutchin (2003) expanded the concept of place which comprises the environment that experiences regular changes following the emerging instabilities in their social and cultural contexts, and the behavioural changes of people within a specific area. These changes can obstruct the integration and socialisation of older people in their social contexts. This implies that socio-cultural situations of a place can influence the experiences of older people and can contribute to shaping the practice of ageing in place (Iecovich 2014).

3.2.6. Rehabilitation of Older People in the Nigerian Context

As many researchers note (Fayehun et al. 2014), if the problems facing older people are not in the form of physical, mental, and psychological illness, they arise from poverty, famine, hunger, or denial of a minimal pension which is only granted to those who have worked as civil servants in Nigeria. These problems are compounded by present economic realities and the inability of the Nigerian government to offer a genuine reform programme (Ajomale 2007). In addition, there is a need for a higher level of government intervention in providing the necessary infrastructures, which could include basic outreach community healthcare centres, financed by the government. This would help to meet the rehabilitation needs of older people in Nigeria since by cultural orientation they tend to resist being sent to retirement homes. There are many important social changes occurring alongside the ageing population, with its increased rehabilitation needs. This, together with the increasing number of older Nigerian people who may need care, suggests that the current family system model in Nigeria, although still broadly advocated, is ineffective, inadequate, and is becoming increasingly unsustainable (Fayehun et al. 2014).

Overall, the Nigerian people are often stereotyped for showing compassion and respect to older adults. However, the change in their socio-cultural background, coupled with massive urban migration and changes in family structure may have influenced the way families to treat their elderly relatives, putting them in difficult situations (Okoye 2013). This shift in the socio-cultural system can lead to various psychological and socio-cultural challenges for relatives (caregivers) and older people (Okoye 2013). This can result in frustration, which can manifest in stress, verbal aggression, exhaustion, illness, and a neglect of personal needs (Okoye 2013). All of these make the exploration of the perception of the older people on how they should be rehabilitated very timely. Significantly, there is a large gap in the research literature investigating the perception of the older Nigerian people on how they wish be rehabilitated in the present reality (Ajomale 2007; Okoye and Asa 2011; Okoye 2013; Togonu-Bickersteth and Akinyemi 2014).

Currently, what exists in the rehabilitation literature in the Nigerian context focuses on the infants, prisoners, people with AIDS, with some consideration of the elderly, but this does not include the Igbo community. There are varieties of perspectives across the spectrum of health and social care at all levels of rehabilitation settings in Nigeria (Adebajo et al. 2003; Asokhia and Agbonluae 2013; Barbato and D'Avanzo 2016; Okeke 2016). Quantitative research and descriptive statistics have been commonly used to produce an impression of the state of rehabilitation services in Nigeria (Ibekwe and Ashworth 1994), however, this research specifically explores rehabilitation of Igbo older people in Nigeria. There is a general need for greater in-depth study of rehabilitation and how it operates in this cultural context. Here, it is necessary to go beyond superficial description and develop a theoretical perspective of Nigerian rehabilitation, which can be achieved through involving the use of CGT (Charmaz 2014).

Rehabilitation exists in an evolving context, concerning the individuals involved, their worth as human beings, their self-acceptance in the environment, and their disposition towards living a fulfilling life (Barbato and D'Avanzo 2016; Olusanya 2004). These exist within the limitations

imposed by different degrees of functional deficit, such as impairment, disability, and handicap (WHO 2015), and with the variety of resources available (Barbato and D'Avanzo 2016). Research about rehabilitation share similar concerns for the functional abilities, dignity, and respect of the patient (Adebajo et al. 2003; Asokhia and Agbonluae 2013; Barbato and D'Avanzo 2016; Okeke 2016); these are similarly important in the specific context of the older Nigerian people (WHO 2015).

Although rehabilitation problems seem more serious in developing countries, there are only a few rehabilitation studies in developing countries, and these mainly focus on the care needs of older people in African countries, such as Nigeria, Ghana, and Cameroon (Akoria 2016; Douglass 2015). For example, Aluede and Omoera (2010) review the use of music therapy activities for healing and rehabilitation of the Esan in the Edo State of Nigeria. There is a long tradition of using music in this way to improve the quality of life of older people. Music therapy techniques, with a basis in Western models of healthcare, are also being adopted in the same regions. It is not yet clear, how the traditional and modern practices would interact, and what the implications are for older adults who use music for rehabilitative purposes.

Osho et al. (2012) investigated the relationships between intensity of physical activities, activities of daily living, bone strength, physical performance, and overall quality of life for older Nigerian people living in Lagos using a series of questionnaires administered in a cross-sectional study involving geriatric individuals. This study focuses on 394 geriatric individuals with no cognitive impairment. This cross-sectional study found that muscular strength and physical activity play a significant role in the quality of life for older Nigerian people. While this may have implications for rehabilitation, the social factors and contexts that could play a role in physiological conditions were not examined. The research did not assess the impact on quality of life over an extended period, which would be worth investigating to understand rehabilitation. Little importance was given to the services that older adults required in order to live a fulfilling life. In fact, in Nigeria, integrated

healthcare services for the older adult population are insufficient (Barbato and D'Avanzo 2016). The lack of services includes social care, housing, and transport, which directly affected the level of well-being of older adults.

It is important to understand how particular physical disabilities influence the capabilities of the elderly. Abdulraheem et al. (2011) studied the prevalence of physical disabilities amongst older rural Nigerians in a variety of regions. The participants randomly selected from the larger target population were assessed in clinics and were administered structured questionnaires in interviews. The study found that increases in age, female gender, arthritis, and symptoms of depression were strongly associated with greater limitations in participants' functioning. Additional associations were found between lower educational levels and malnutrition and more severe levels of disability. This research data suggest areas of concern that should be further studied, as well as rehabilitation interventions. However, more research could be conducted to explore the processes that underlie these relationships, such as the connection between gender and disability (Addulraheem et al. 2011). For this reason, an in-depth qualitative approach may be more useful in such a study than a quantitative survey design, because such issues can be more intuitively explored.

Uwakwe and Modebe (2007) interview older Nigerians living in their communities to survey patterns of disability and availability of care using the Zarit Burden Interview and the twelve-item General Health Questionnaire. They use semi-structured questionnaires and checklists to assess constructs such as the presence of other diseases, social functioning, and other problems faced by individuals in their everyday lives. The researchers, through the use of statistical analysis of the responses from surveys, found an increasing trend of elderly Nigerians living alone, compared to the number that traditionally lives with their children. All participants were members of at least one social group. Almost half of the sample had some physical disability, such as visual impairment or a handicap of one or more limbs, ranging from mild to severe. Many of the elderly participants were also acting as caregivers for other elderly members of the community. They stated that they

were challenged by a lack of specific training to care for the elderly, difficulty finding material resources, and caring for the incontinent. Many participants perceived their caregiver role as a burden on their lives. This highlights the difficulties that many elderly Nigerians face, as well as the related social issues that impact their physical condition.

Vincent-Onabajo et al. (2016) designed a study to examine the effects of rehabilitation on the elderly population in Nigeria. They observed that falls and fall-related injuries rank among the most common complications after a stroke, which results in high rates of morbidity and mortality. The researchers examined the proportion (and the socio-demographic and clinical characteristics) of those who fell among stroke survivors and those undergoing rehabilitation through physiotherapy facilities in specific hospitals in Nigeria. They gathered data with a researcher-designed questionnaire using the modified Rankin scale to evaluate the functional ability of the participants (Vincent-Onabajo et al. 2016). Descriptive statistics of frequencies, percentages, mean, and standard deviation were computed and presented. Using Pearson's Chi-square test, Vincent-Onabajo et al. (2016) determine that older adults generally fell within three months of having a stroke, which might have been avoided with proper rehabilitation, something the researchers claimed was lacking in Nigeria. This claim supported Okoye's (2013) contention that more options for rehabilitation services were needed in Nigeria.

3.3. Holistic Care

From the findings of my research, I have identified that ghara igbanwe, in fact, carries strong elements of holistic care of the Igbo elderly. Therefore, I have retrospectively returned to the literature to better understand the meaning of holistic care.

As people age, their care needs become increasingly complex (WHO 2015). A holistic care approach that considers the complex care needs of the older people in a co-operative way has been noted to be more efficient than the approach which only treatments disease conditions (Eklund and

Wilhelmson 2009). However, holistic care is often absent in the care of the older people (WHO 2015).

Holistic care can be provided in any setting, however, in ghara Igbanwe, the Igbo family setting serves as a close-supportive social structure, which organises care, provides and ensures holistic restoration of functional deficits, as well as meeting the individual needs, supporting and ensuring security for the older people (Okoye and Asa 2011).

3.3.1. Holism and Holistic Care

Holism within health and nursing care of the elderly is a multidisciplinary approach that allows the perspectives and contributions of different specialisms to come together to provide greater insight into the challenges of health care for the older people (Snodgrass 2009, McMillan et al. 2018). Holism means involving all components of something to make a "whole" (McMillan et al.2018).

In the field of health care, holistic care refers to a care approach that focuses on the patient's/client's entire being: his or her mind, body and soul (McMillan et al. 2018). The individual is viewed as a whole; consequently, a care approach that excludes any part of the whole human person cannot claim to have integrated a holistic approach (McMillan et al. 2018). The holistic philosophy in healthcare emerged to help healthcare professionals to understand and acknowledge the interconnectedness of the mind, body and spirit of a human being, and the need to consider the relatedness of these aspects of the human being while providing healthcare services (Hyer and Wagner 2016; McMillan et al. 2018).

A holistic view of the individual promotes the idea that the individual is an "organised whole, functioning and developing as a totality" (Bergmann 2000, p. 3). A holistic approach in health and nursing care integrates all aspects of the caring for the patient into practice, including issues of mind, body and spirit. It prioritises nursing as carers, and promotes a way of rendering care that integrates the whole of an individual (Dossey et al. 2004).

McMillan et al. (2018) suggested that this definition of holism and the understanding of the interconnectedness of the body, mind and spirit help health care practitioners better understand the "foundational concept that guides the practice of nursing, which will ultimately lead to better care for the patient" (McMillan et al. 2018, p. 5). Overall, "holism" and or "holistic" care embraces the interconnectedness of the patient's body, mind and spirit and his or her physical, cultural, social, and spiritual environment as necessary for the general well-being of a person.

3.3.2. Holism as Patient Centredness

Holistic care has a very close association with patient centeredness. Holism involves fully recognising the subjectivity of the patient in all aspects and considering all parts of the individual being including the physical, the social, the psychological, cultural and spiritual, in the provision of dignified care (Win et al. 2012).

Patient-centred care or also known as client-centred care is thought to be developed from humanism, the idea that the human being is the centre of therapeutic concerns (Rogers 1951). This was developed most notably by the psychotherapist Carl Rogers. Most of his insights, while grounded in psychological examination are also useful for nursing as well.

Rogers (1951) believed in maximising a therapeutic client's potential by focusing on offering a caring, listening presence which does not seek to interpret or sustain a dominant position, but rather to care in a non-judgemental way. There is a trust in the inherent good of sense of the client and in his or her ability to grow and develop without heavy-handed interference in the process. The emphasis is on self-discovery, openness and acceptance (Davies and Janosik 1991).

However, it can be argued that Rogers' (1951) approach to care belong to the realm of therapy and as such demand an intense, ongoing focus upon the developing relationship between client and therapist, which is simply not possible given the time constraints of nursing (Ellis 1999; Fredericks et al. 2015). While a full client-centred approach in the Rogerian sense is neither possible nor appropriate in the practically focussed relationship between nurse and patient (Ellis 1999;

Fredericks et al. 2015), useful insights from the process including respect for the client and ability to listen are of huge importance in the rehabilitation care of the older people.

As Sing (2003) notes, patient centeredness view represents a shift from viewing patients as mechanistic objects. Fredericks et al. (2015) argues that within the patient-centred care paradigm, the patient is considered to be part of the healthcare team. Other works in this field share this opinion with Sing (2003), for example, Ellis (1999) who proposed a patient-centred care model which empowers patients to contribute to their own care provision through sharing their own needs. Furthermore, this model of healthcare practice is designed to engender reflection, self-awareness, personal and professional development for the healthcare professionals (Ellis 1999).

Fredericks et al. (2015) who examined the effects of patient centred care on health outcomes concluded that patient-centred care should be evident in multiple points of the care intervention and not just employed at the start of the treatment. Additionally, patient-centred care should be evaluated and delivered over an extended period of time (Fredericks et al. 2015).

3.3.3. The Importance of Culture and Spirituality in Holistic Care Provision

This research about ghara igbanwe is particularly concerned about the importance of the Igbo culture in health and care provision for the elderly. In fact, this research has revealed a unique approach to the care of the elderly that is deeply rooted in ideas of holism, person-centred care and the Igbo beliefs and spirituality. The importance of culture in holistic care, its role and how it impacts decisions made by patients and their healthcare providers is a poorly researched area, as concluded by Fredericks' et al. (2015) systematic review.

> *Faced with many life transitions and diminishments, older adults represent an underserved population both spiritually and psychologically (Snodgrass 2009, p. 219)*

Within research about Cognitive Behavioural Therapy for older people, Snodgrass (2009) argued that older adults often face issues with spiritual and existential concerns. There is a need for

spirituality to be integrated as part of the holistic care of the elderly as it “speaks to both the particularities of aging and the spiritual concerns of older adults” (Snodgrass 2009, p. 234).

> *Spirituality is a universal aspect of personhood relating to a search for meaning and transcendence in whatever guise that may come for the individual. That it plays a key role in patients’ experience of illness and constitute important coping resources is well evidenced… However, in practice… it continues to be neglected and research in this area is still at a developmental stage (Selman et al. 2014, p. 81)*

Within the context of palliative care, Selman et al. (2014) argued that despite the importance of spirituality in healthcare practice as reinforced by UK policies, it is still poorly researched and ignored. They attributed this to the fact that holistic care models such as the biopsychosocial model give emphasis to the biological and psychological aspects of patient care while neglecting the wider issues of culture and spirituality (Selman et al. 2014). Even with the development of the biopsychosocial-spiritual model (Sulmasy 2002), spirituality is still perceived as an add-on service or a luxury in patient care (Selman et al. 2014).

Locsin (2001, p. 3) reiterates that

> *Culture-centrism and holistic care are crucial elements in the development and celebration of a meaningful and responsive health care delivery system.*

Culturally sensitive healthcare practice is an important step away from the one-size-fits-all approach to healthcare which dominated in the past (Wilson et al. 2018). While the role of culture in healthcare is well developed in nursing literature, nursing practice sadly often remain ignorant of patients’ cultural norms (Wilson et al. 2018).

3.4. Conclusion

This narrative literature review explored research surrounding the rehabilitation of older people, with a focus on the Nigerian context. The following key points were raised in this literature review and they have impacted how I have framed my research question and objectives.

1. The ageing population is a global issue (He et al. 2016). Africa's 150.5 million older population is anticipated to quadruple by 2050. This presents a problem for Africa, particularly when limited resources spent on rehabilitation is further strained by an increasing older people population (WHO 2015)
2. Apart from an ageing population, rehabilitation in Nigeria is further complicated by cultural and political factors (Okoye 2013; Ajomale 2007). The high level of institutional failures, government insensitivity, poverty, and lack of social support networks currently present in the Federation (Faronbi and Olaogun, 2017; Okoye, 2013; Vincent-Onabajo and Adamu, 2016) further exacerbate the situation.
3. Goals and types of rehabilitation in Western health care settings do not always apply to Nigeria which has its own unique rehabilitation methods as discussed in Chapter 2. In the context of this research, rehabilitation is understood as a process of restoring physical, mental, or emotional functioning to an individual through interactions with caregivers and healthcare professionals. This understanding takes into account the social context in which rehabilitation occurs and regards contextual awareness as crucial for understanding rehabilitation.
4. There is a need for research that is culturally sensitive to the Nigerian and Igbo context and accepting of the above Igbo definition of rehabilitation. Little has been done in the developing regions on the rehabilitation needs of the older Igbo people. Gaps exist in the available knowledge of the rehabilitation needs of older people in the present evolving socio-cultural and economic context in Nigeria.
5. While there is quantitative research about the issues of rehabilitation in Nigeria, there is a shortage of in-depth investigations on how rehabilitation operates and how older Nigerians understand rehabilitation. Specifically, in the Igbo Nigerian context, rehabilitation is understood differently. It is a process to keep the older people in their youthful status; inclusion, recognition, respect of autonomy and the maintenance of their cultural and

'intermediary'´ responsibility in Igbo society. More research is required to explore this meaning of rehabilitation before the rehabilitation needs of the Igbo older people can be understood

From the above literature review, ghara igbanwe of the older Igbo people has not been explored from the older Igbo people's perspective. Thus, there is a gap in knowledge on the ghara igbanwe needs of the older Igbo population in Nigeria. The current literature has only explained physical rehabilitation of the elderly in general and in Nigeria but has not shed any light on the meaning of ghara igbanwe, which is a culturally arranged process of the care of the elderly that is richer and more spiritually nuanced than physical rehabilitation.

This study intends to fill this gap by answering the following research question:

How do older Igbo people and their caregivers perceive ghara igbanwe?

And the research aims to be achieved are:

1. To understand the ghara igbanwe needs of the older people from the perspectives of Igbo older people and carers
2. To understand the concept of ageing in place in the context of the Igbo cultural landscape
3. To provide recommendations to improve the ghara igbanwe of older people in Igbo.

The next chapter shows how I have answered this research question and achieved these objectives using CGT as a methodology.

Chapter 4. Paradigm, Methodology and Method

This chapter concerns the design of this research and the justifications behind the decisions I made during this study. This discussion is presented in three sections within this chapter: research paradigm, methodology and methods. The fourth section of this chapter concerns the quality of the research, where I expand on how I have managed reflexivity and trustworthiness in my research.

I begin the discussion about the research paradigm by explaining my philosophical orientation. My epistemological and ontological stance about the world has greatly influenced how I have decided to approach this research. As a result of my philosophical orientation, I have decided to conduct this research within the constructivist research paradigm.

The constructivist paradigm guided my decisions on the methodology of the research. I open the methodological discussion by exploring qualitative research as a wider concept. Next, I discuss methodologies such ethnography and phenomenology before providing an exposition about GT. Within GT, I have selected CGT as the most appropriate for this study.

Using CGT as a methodology, I interviewed 16 Igbo elderly and carers with the aim of understanding their ghara igbanwe needs and the concept of ageing in place in the Igbo context. These interviews were audio recorded, transcribed and analysed according to the CGT tradition. In this methods section, I discuss in detail how I have selected my participants, issues surrounding their recruitment, ethical approval and how I have analysed the data generated.

The decisions made during my research were supported by my philosophical orientation, theory and research conducted by other researchers. Throughout this chapter, I reflect on how these theories have interacted and underpinned this research.

4.1. Research Paradigm

Guba and Lincoln (1994) have emphasised the need for researchers to make explicit their epistemological and ontological stance, and to show how this relates to the topic. The appropriate selection of a research paradigm is important to meet the research aims and objectives (Parahoo 2006). This selection, however, depends largely on the researcher's philosophical stance (Parahoo 2006). This concerns my beliefs and values that accompany my thoughts, reflections, actions, and interactions within the research process and research participants. Clarke (2005; 2012) corroborates these and points out that research reality arises during the interaction process between researcher and participants, including the different positions they assume within the research. Thus, being a practising Catholic nun and a member of the Igbo community have shaped my philosophical outlook, and consequently influenced how the data was understood.

4.1.1. My philosophical orientation

My philosophy in connection with this research is that I believe that reality exists, and it imposes itself on us human beings whether we believe it, accept it, or not. However, what we perceive to be real is a reality in a sense for each of us (Sartre 1943; Heidegger 1962). For instance, a human being is a reality, and when one establishes this reality, it is then carried on to the other. So, we view fellow human beings as reality. Thus, reality means a relationship with the active and emotional world. The reality that is perceived by every human being influences the individual's actions and reactions as much as the person's understandings of the surrounding world. People do not experience reality in one and the same way. One reason for this is that people’s individual differences and circumstances influence their understanding of the world around us (Charmaz 2014). Another reason is that what people wish to view as truth often clouds our abilities to perceive other things that interact with them.

Reality can be tangible or intangible. Tangible realities are objects that can be touchable or are visible. Intangible realities are things that people cannot touch but know, feel, and experience, such

as love. A person's feelings and experiences influence our actions and emotions (Sartre 1943). A notable concept that we cannot directly touch is the existence of God. The existence of God is rather felt and experienced. The human being relates to God through inner connectedness and through interaction that expresses itself in prayers, songs, meditation, reflection or the examination of conscience, reading the scripture, and other religious books, as well as through work and interaction with other creatures. All these are ways we communicate and interact with God, for those who believe in God.

Epistemology refers to a branch of philosophy that engages with finding the origin, nature, methods, and boundaries of human knowledge (Barnhart 1970). Philosophy seeks to find the meaning of everything and could be broadly termed the love of human knowledge. The search for meaning in everything around the individual directs a person towards the feeling of accountability and self-consciousness which can be expressed or narrated (Husserl 1970; Hammersley and Atkinson 1995). This accountability of the individual and their experiences is why this research considers the older Igbo participants as well as that of their relatives as necessary to generate data. Thus, epistemology can be seen not only as a philosophy of human knowledge, but also as for how one can learn and obtain knowledge (Milliken and Schreiber 2001).

Considering this research explores the Igbo people and their values, the epistemological concern in this research is about making explicit what is implicit in a culture. As reality can be tangible or intangible and my subjective-objective ontological perspective, I believe that human knowledge is best understood through an examination of human experiences. In order to understand the nature of ghara igbanwe of the older Igbo people, it is imperative that this research does so by analysing the experiences of these older Igbo people, and through that develop knowledge about it.

In addition to epistemological and ontological considerations, this research has also prompted me to explore the question of values in relation to ghara igbanwe. The human person understands himself or herself as a moral subject that is free to make moral judgments (Sartre 1943). In this

sense, as the researcher, I am free to constantly make judgments. Values such as thankfulness, respect, dignity, and care and ghara igbanwe are not just descriptive issues but are concepts that can be experienced directly or indirectly (Taylor 1987).

Taylor (1987) insists that values are part of reality. The philosophy of rehabilitation is based on the assertion that each individual has the natural worth and have the right to be an authority in her own health care (Gender 1998). The individual is viewed not only as a unique person but as valued being. Rehabilitation of the older people denotes the undertakings that lead to the reinstatement of that "holism" of an individual older person which cannot be understood except in relation to the whole (RCN 2000; Buchini et al. 2014).

Chapter 2 presents Igbo people as communal people whose society is constructed based on their relationship with each other, their agnate groups and familial ties. This connectedness is a core value of the Igbo society and therefore should also be respected and appreciated within this study.

I think that reality is not some objective truth waiting to be uncovered by positivist scientific investigations; rather, there can be multiple realities of truth and authenticity. Developing knowledge about these realities will hence require an examination of human experiences. This ontological and epistemological perspective of mine aligns with that of a constructivist. Therefore, I have adopted a constructivist approach towards this research, which eventually led to using CGT as the research methodology. Additionally, this research values its participants, the older Igbo people and their carers, not only as valued human beings but as belonging to the wider Igbo community. Thus, there is an interest in how these experiences of ghara igbanwe relate to the Igbo society as a wider construct, politically, socially and culturally. Such an appreciation of social relationships and reality is also characteristic of the constructivist approach (Guba and Lincoln 1989).

4.1.2. Research Paradigm

A research paradigm is defined as “a loose collection of logically related assumptions, concepts, or proportions that orient thinking and research” (Bogdan and Biklen 1998, p. 22). Paradigm can be described as a worldview, or the structure and philosophical assumptions, values and methods that shape one’s ideas about carrying out a Research. Filstead (1979) further defined paradigm as a “set of interrelated assumptions about the social world which provides a philosophical and conceptual framework for the organized study of that world” (Filstead 1979, p. 34). This implies that the paradigm used in any research is as a result of the researcher’s fundamental beliefs, motivations, and intent for understanding a study (2005). Because the precise nature of the description of research is influenced by the researcher’s philosophical position and placement (Creswell 2007), some researchers favour the description of paradigm basing on their own epistemological, or ontological and stance (Neuman 2000) rather than orienting on paradigms.

4.1.2.1. Constructivist paradigm

In the study about the ghara igbanwe issues of the older Igbo people of Nigeria, the constructivist paradigm is considered most appropriate. Creswell (2012) defines research paradigm as a basic set of beliefs that guides action. Polit and Beck (2013) also assert that research paradigm is basically the world view or general philosophical orientation about the real world. Creswell (2012) further noted that world view arises not just out of an individual’s background, but also out of discipline’s orientation, student’s supervisor’s inclination and previous research experiences. Each individual’s orientation or belief influences the choice of embracing quantitative, qualitative or a mixed-methods approach in their research.

The constructivist paradigm is of the premise that reality is not fixed but rather a construction of the individual participanting in the research. Guba and Lincoln (1989), asserts that what is real is an individual construct which is created by an individual’s knowledge and experiences within the real world. Thus, the reality is understood through social interaction and connection. Polit and Beck

(2013) noted that the experiences of the participants are crucial to the understanding of the phenomenon under study. As Charmaz (2014) stated,

> *The constructivist's approach acknowledges subjectivity and the researcher's involvement in the constructions and interpretation of data. (Charmaz 2014, p. 14)*

Hence, subjective interaction is seen as the primary approach to explore them. Qualitative research fits more neatly into this tradition based on the assumption that in order to make meaning of the world, human behaviour or experiences should be understood by interactions with people.

My philosophical position aligns with the constructivist paradigm. Hence, the use of a methodology underpinned by the constructivist paradigm, as it seeks to explore human experiences in their natural environments, and so possess more appropriate characteristics to meet the aims of the research. The quality of the constructivist paradigm is judged by its paradigm terms: credibility, originality, resonance, and usefulness (Charmaz 2014, p. 337). These terms will be discussed in the last section of this chapter.

4.2. Methodology

The term "methodology" is used in this dissertation to refer to "a set of theory and analysis of how research does or should proceed" (Harding 1987, p. 3). A methodology can be analogised as a recipe that describes the way to understand and proceed in a piece of research. It indicates the principles as well as the justification of a particular approach deployed in a scientific enquiry (Harding, 1987).

The aim of this research explores the perceptions of the older Igbo people and their caregivers on ghara igbanwe of the older Igbo people. It identifies the ghara igbanwe needs of the older Igbo people in the present situation in Nigeria. The participants' experiences are evaluated to enable an understanding of the complex nature of the problems in the evolving socio-cultural situation in Nigeria. The methodology of this study used to gather participants' perceptions is qualitative CGT

(Charmaz 2014). This section seeks to provide justification for the use of this methodological approach.

4.2.1. Qualitative Research

As stated previously, this study examines the perceptions of older Igbo people and their caregivers on the ghara igbanwe of older people, and the implication of this for ageing in place in the Igbo cultural context. The ghara igbanwe needs of the older Igbo Nigerian people should be understood from their viewpoints. My decision to make myself the tool used for collecting data for this study was influenced by the importance, and exploratory nature of the topic, together with my philosophical stance. These helped to identify qualitative research as an appropriate approach.

Qualitative research refers to diverse approaches which seek to explore and understand an in-depth worldview of human beings, by an application of more flexible strategies than those found in quantitative methods (Parahoo 2006). The area of investigation in this study appeals to the use of an approach that would explore, understand and capture the perceptions and actions of participants.

Qualitative research methods are designed to allow the researcher to have a comprehensive view and understanding of the research problems; the researcher relates closely with the people to understand the social and cultural contexts within which they exist and, interact and function (Polit and Beck 2013). The purpose of understanding a phenomenon from the viewpoints of the participants and the particular social contexts is mostly missed out when textual data are quantified (Lincoln et al. 2011). From the stand point of my philosophical position, this research needs to be situated in a qualitative research paradigm. Quantitative research claims reality exits independence of human view, the researcher and the researched exist independently (Guba and Lincoln 1994).

Qualitative research is founded on interpretivism (Guba and Lincoln 1994). Ontologically viewed, there exist multiple truths or realities, depending on one's construction of truth. The researcher and the research entity involve in an interactive relationship and are interactively connected so that

the results of findings are jointly created within the context of the research setting (Denzin and Lincoln 1994; Guba and Lincoln 1994). This means that qualitative research investigates things in their natural surroundings. The qualitative researcher goes to the participants' environments to be able to get the height of details about the individuals and their environments and making effort to make sense of how people interpret, and meanings people give to their personal experiences, life history or perceptions.

The interactive process involved in qualitative research invites me to reflect or contemplate on how the entire research personnel (researcher, participants, and environment) have affected the product of the research. The essence of the application of a high level of consciousness in reflexivity is to ensure that I question my own understanding and is reflexive about my own interpretation and knowledge construction towards the aim of achieving a more transparent research explanation (Pillow 2003). I discuss this in greater detail in the last section of this chapter.

The research question in this study concerns the perceptions of the older Igbo people and their relatives regarding ghara igbanwe. In the process of selecting an approach for use in this study, three main qualitative interpretative methodologies, ethnography, phenomenology, and GT, were considered. These methods are commonly employed in nursing studies, because they permit freedom in interpreting data, without using fixed hypotheses. GT is used to generate a substantive theory of fundamental social and socio-psychological developments experienced by groups or people who share a common problem (Bryant and Charmaz 2007). According to Stern (1994), GT can be argued to be phenomenological because it can be used to study the worldviews of the persons or groups under study. Ethnography, however, generally takes a focussed view of a shared cultural group, rather than being a systematic review of issues (Hammersley and Atkinson 1995). Baker et al. (1998) indicate that researchers employing ethnography, phenomenological and GT methods share some common views and beliefs. These approaches are commensurate with views that consider knowledge as evolving and tentative, generating findings that are a result of

interaction between researcher and participants, and which seek to answer research questions that inform practice (Heidegger 1962; Hammersley and Atkinson 1995).

4.2.2. Ethnography

Ethnography is a study of culture, which focuses on seeking to learn from people. Ethnography is the study of patterns of values, beliefs, behaviour, and language that binds a culture-sharing group (Hammersley and Atkinson 1995). Fieldwork is one aspect of ethnography in which researchers engage in a rigorous process of observing the daily activities of participants (Creswell 2015). The main distinguishing features of ethnography compared to other qualitative research methods concerns its focus on the cultural perspective, rather than on the research mechanisms (Creswell 2015).

This research focuses on the perspectives of ghara igbanwe from the viewpoints of the older Igbo people of Nigeria and their relatives, employing a qualitative research method that will gather data which answers the research question. However, it is not essential to use observation tools, given that the concern here is not that of an observer's ethnographic presentation where observation is essential. Also, this study is concerned with the shared needs of the older Igbo people, and this requires participants to narrate their opinions and experiences in their own words and in great detail.

4.2.3. Phenomenology

Phenomenology is the study of consciousness and how individuals express direct experiences. It concerns the subjective study of people's experiences and how they think about something, rather than being concerned with accounts of the external world, and data collected in the field (Husserl 1970). Therefore, it is arguably ill-equipped to address social problems of ghara igbanwe that are faced collectively by Igbo Nigerian adults, and which focuses on the contributions of the shared drivers of ghara igbanwe problems. Here again, one can say that phenomenology lacks the essential ingredients, namely an approach that examines the shared cultural understanding about ghara

igbanwe that will aptly present the participants' perceptions of their life experiences, and the capacity that will create a necessary interactive process between my participant and me.

4.2.4. Grounded Theory

GT is a qualitative approach to research inquiry. This mode of approach begins with an inductive approach which enables the researcher to be open to emerging data from interactions between the researcher and the researched (Glaser and Strauss 1967).

> *Grounded theory methods consist of systematic, yet flexible guidelines for collecting and analysing qualitative data to construct theories from data themselves. (Charmaz 2014, p. 1)*

GT allows a comprehensive exploration to unveil how people view, experience, manage, control and perhaps contribute to the situations around them (Charmaz 2006). Since the initiation of Glaser and Strauss (1967), the method has developed into three versions (Birks and Mills2011) namely: traditional or classical GT (Glaser and Strauss 1967), evolving GT (Strauss 1987) and CGT. While classical and evolving GT were suitable for this study CGT was selected as the methodology because it was most appropriate for this study considering my philosophical orientation, the paradigm and the context of this study.

4.2.4.1. Classical Grounded Theory

Classical GT is a methodology which seeks to construct a theory about crucial matters in peoples' lives (Glaser and Strauss 1967; Glaser 1978; Strauss and Corbin 1998). Thus, the process of data collection involved here is inductive in nature (Morse, 2001). In this sense, the researcher has no pre-conceived knowledge to prove or disprove. What the researcher and participants deem as important emerges from their narratives while they talk about areas they have in common with the researcher. Here the researcher analyses data through constant comparison. GT is a methodology which inductively builds theory from evidence, in line with Harding (1987), building a link between symbolic interactions between participants and the researcher and the data generated.

A qualitative GT approach allows a participatory and interpretative activity that has the ability to make explicit what is implicit in the traditional ghara igbanwe systems of a given culture. The constant comparative method as an approach in handling data is specifically emphasised in the use of GT (Smith 2015). Through the use of a constant comparative method, GT goes further than the description and seeks a means to generate a theory, which is grounded in data through the investigation of individual experiences. This method engages the researcher in an interactive relationship with participants (Charmaz 2014). Through this interactive relation, the theory can be generated using a systematic and unambiguous coding and analytic process.

4.2.4.2. Evolving Grounded Theory

Evolving GT distinguishes its belief from that of classical GT. This version of GT was developed by Strauss (1987) in collaboration with Corbin (1990). Strauss and Corbin (1994) reject the existence of a pre-existing reality. They believe that 'truth is enacted' (Strauss and Corbin 1994, p. 279). This is a relativist ontology that resists moving along with classical grounded theorists' subscription to the discovery of truth that emerges from data representative of a 'reality' (Mills et al. 2006, p. 1).

4.2.4.3. Constructivist Grounded Theory

CGT was an inception of Charmaz (2000). This approach has an ontological relativist and epistemological subjectivist character which reshapes the relationship between researcher and participants in the research engagement, presenting the researcher as a co-author. Charmaz’s (2014) version of GT applies its strategies within a constructivist paradigm and with it also rejects the views of emergence and objectivity. Charmaz (2014) suggests that researchers should not overlook the researcher's self as it is brought into the study process. According to Charmaz (2014),

> *Researchers can use grounded theory strategies without endorsing mid-century assumptions of an objective external reality, a passive, neutral observer, or detached, narrow empiricism. If instead, we start with the assumptions that social reality is multiple, processual, and constructed, then we must take the researcher's position, privileges, perspective, and interactions into account as an inherent part of the research reality. It too is a construct. (Charmaz 2014, p. 13)*

This implies that, as researchers, our perceptions of truth influence what we think we can know about reality. So, to give explanations regarding the choice for this research, the research question, together with its ontological and epistemological position, it is necessary that I strike a balance. I need to explain how I brought myself into the entire research process, as a researcher and person and this will be discussed in the last section of this chapter.

Charmaz (2006; 2014) differentiates between this conception in the research world of GT approaches by use of the term “constructivist”, which also signals the difference between the conventional social constructivism advocated in the early 1980s and 1990s. Charmaz (2014) aligned her position with the influences of social constructivists, such as Vygotsky (1962) and Lincoln (2013), who have stressed the impact that the social context has on interactions, the exchange of ideas, and interpretive understandings. CGT provides a way to move this method further into accounts of social construction. Considering the communal spirit of the Igbo, their world view can only be understood through an interactive relationship (Uchendu 1965) such as that which is advocated in a constructivist approach.

CGT rejects the notion that a single reality exists and advocates the existence of multiple realities (Charmaz 2006). Thus, the social construction of reality is a process where people continuously create, through an interactive communication in actions and words a shared reality that is experienced as objectively factual but subjectively meaningful (Schreiber and Stern 2001; Charmaz 2006). For the constructivist, the social world is not simply a given, not natural and even not revealed, but is made up by people (Charmaz 2006). The social world of the Igbo nation is presumably made up by the society within which they are embedded. Therefore, CGT is perhaps suited to analysing aspects of the lives of the Igbo with respect to the ghara igbanwe of older people because of its potential to elicit what is happening and what is acceptable in this society (Charmaz 2006).

Older Igbo people, like many other groups, experience constructions as reality. They do not think that their constructions of reality are fabrications, which reflect their thoughts about their experiences and the circumstances surrounding them. Mostly, their families and relatives support their ideas whether contradictory to their health or not.

The value of CGT in this context is that it offers a methodology that allows for multiple perspectives and takes the role of the researcher into account when considering the production of knowledge. This is relevant for contexts where the researcher is involved in the social phenomenon being studied. In the present study, I am also a nurse and a social worker and a member of the Igbo community.

CGT can enhance the health professionals' knowledge about alternative ways of understanding older peoples' beliefs and actions, as opposed to what is obtainable under clinical conditions. Consequently, health professionals can improve their understanding of how older people define their worlds through this interaction. People construct reality through their own understanding and interaction (Charmaz 2014). Unlike a scientist, who is afraid of error and does not incorporate ideas that have no immediate, necessary and sufficient solution, the researcher can entertain a number of equally plausible realities. This research investigates the social contexts of ghara igbanwe needs of the older Igbo people and aims to find these various realities using CGT.

Having explored the differences and commonalities in different qualitative approaches, their diversity of focus, the process of data collection, and the different techniques they use to collect data (Charmaz 2006; Parahoo 2016), CGT was selected as the methodology for this research. This research aims to explore social and healthcare processes over time while providing theoretical insight that is practically applicable (Charmaz 2006).

Additionally, Charmaz’s (2014) CGT is a common research methodology in psychology, health professions, and education. A CGT approach was selected also because it aims to explore social and healthcare processes over time while providing theoretical insight that is practically applicable

(Charmaz 2006). Ghara igbanwe issues of older people have multiple facets, such as cultural, political, and economic factors, social context, and environmental and personal health, which are difficult to discuss in isolation. 'Constructivist' in Charmaz's (2006; 2014) version of GT implies that my own beliefs and social background influence my construction and interpretation of participant's views and actions (Bryant and Charmaz 2007).

The CGT approach to data analysis unfolds what is implicit in the understanding of the ghara igbanwe issues of the older Igbo people through the interaction between my participant and I. CGT includes a systematic, non-rigid, and constant comparative approach toward the elicitation and analysis of data (Charmaz, 2014). The constructivist approach has the capacity to illuminate the emerging ongoing social process at different stages, helping to generate a theory that is grounded and systematically derived from data (Charmaz 2006).

CGT enables the researcher to explore the experience of individuals by entering the lives of participants from the inside — from their own perspectives, and thus illuminating otherwise "unobtainable views" (Charmaz 2006, p. 24). Hussein et al. (2014) maintain that the use of GT, in general, as a method of enquiry in nursing research could be challenging because researchers may find it difficult to take reflexive positions and remain involved while interacting with data. This is because data are constantly subjective and subject to cross-examination until a clear theory emerges (Charmaz, 2006). Specifically, in CGT, the reflexive engagement of the researcher is not automatic because it requires a continuous process of introspection. Annells (1997a) cautioned researchers about using GT approaches, advising them to remain careful and avoid their overzealous use. According to Annells (1997b), GT approaches, in general, can take a long time to refine related theory. Furthermore, Myers (2009) suggests that GT methods could generate theories that arose at a lower level of description and have multiple limitations. By contrast, Charmaz (2014) argues that by adopting CGT methods one can control and manage data collection while constructing new knowledge.

The CGT approach utilises interview tools to reveal what underlines the quality of life, respect, dignity, and personality, through a subjective interpretation of the participant's reality (Charmaz 2014). This study is focused on identifying the complex health and social ghara igbanwe needs of the older Igbo person in a Nigerian social context that involves a shared activity between the individual, family, community, and multi-disciplinary practitioners. This process involves understanding the whole person and acknowledging that each person is a unique individual with distinct beliefs, lifestyles, and cultures (McCorkell et al. 2015).

The exploratory and interpretative expression of CGT methodology makes it the most appropriate type of GT for gaining insight into the Igbo perspective of the ghara igbanwe needs of older Igbo people, particularly in terms of the evolving Nigerian socio-cultural context. Studies by Tyrrell et al. (2012), Poteat et al. (2013), Ryan (2013) and Pihlaja et al. (2015) highlight the unique form of knowledge construction that can be generated through the use of CGT. Ryan (2013) describes the process of uncovering the "hidden voices" of a marginalised group — male nurses in this case — through using Charmaz's (2014, p. 20) analytical approach to enable thematising theory based on data acquired through a focus group. This suggests that this approach is particularly relevant for this study because it focuses on a somewhat marginalised group in Nigeria — the older Igbo people. Pihlaja et al. (2015) state that in their study on the views that nursery personnel had on children with challenging behaviours, Charmaz's (2014) constructivist approach was essential in enabling them to adopt a reflexive approach in data analysis. Pihlaja et al. (2015) found that the situational drivers of the Igbo peoples' problems are uncovered through attention to the participants' responses.

4.3. Method

Upon deciding on using CGT, I designed a research that allows me to achieve the aims of my research. With that in mind, 16 Igbo older people and carers were interviewed until theoretical

saturation was achieved. These participants of my study were theoretically sampled and the data they produced was analysed using CGT.

4.3.1. Recruitment

The population of study are those aged 65 years and older who were living at home and in the environment and also caregivers (children and relatives or hired carers) of the older adults. Participants were recruited from the five states of the Igbo-speaking area of Nigeria using an inclusion and exclusion criteria. Theoretical sampling was used, and the recruitment of research participants stopped when theoretical saturation was achieved.

4.3.1.1. Inclusion and Exclusion Criteria

The table below shows the inclusion and exclusion criteria of the participants in this study.

Table 3. Inclusion and exclusion criteria

Inclusion Criteria	Exclusion Criteria
1. Elderly Igbo over 65 years old receiving care, or children/relatives/caregivers under 65 years old with care-giving experiences	1. Not available at the time of data collection 2. Non-Igbo or English speaking 3. Disoriented older people 4. People under 65 years old receiving care 5. Children/relative/caregivers under 65 years old without care-giving experiences

12 of my participants were older Igbo people 65 years old and above had ghara igbanwe issues and were members of the Igbo community. It was important to involve only the Igbo people who have experienced, or who are experiencing ghara igbanwe, because, these people are in a better position to narrate the type and quality of ghara igbanwe or services they receive. In addition, it was also necessary the researcher ensured that data is generated from the Igbo on whom this research focuses. it was crucial that all included participants expressed their readiness to re-examine the

research topic, reflect on it and make conscious decisions to disclose their experiences regarding the ghara igbanwe they receive and or ghara igbanwe they give in the case of the caregivers.

The participants had a minimal level of spoken English. Bearing in mind my limitation in understanding all the different Igbo dialects that are spoken amongst the Igbo people, it was necessary to involve all those who could speak English to enable a better understanding of my participant's narratives.

The 4 participants were informal caregivers/relatives of the older people were aged 60 and below and could speak the English language. Based on the caring experiences made by these caregivers, it was deemed necessary to include them as participants because of their ability to make explicit their caring experiences, and the difficulties involved, and how these difficulties influence the quality of care they give to older people they are caring for.

4.3.1.2. Theoretical Sampling

Charmaz (2006) discusses the practice of theoretical sampling one appropriate sampling processes of GT which denotes the recursive recognition and collection of prospective data sources that enhance the investigation of concept, promoting continuity of theoretical growth. Theoretical sampling involves the sampling process that keeps the researcher in a constant comparative movement which enables sampling to evolve whilst data is being collected (Charmaz 2006).

Dissimilar to purposive sampling which involves the description of population's characteristics to determine inclusion and exclusion criteria (Pope and Mays 2008), theoretical sampling does not involve a predetermined purpose (Charmaz 2006) or have the knowledge of the characteristics of the population. For example, in purposive sampling, researchers select the participant sampling criteria before they start the research. Theoretical sampling, however, occurs as the data collection phase progresses.

After the researcher identifies the research topic and question, a small number of participants are identified to interview based on set criteria (much like purposive sampling). This is where the

sampling methods diverge; following these initial interviews in a GT study the researcher will analyse and based on the findings further participants are identified. Whilst these may be people who can confirm what has already been found the researcher will also seek out participants who can disconfirm the previous data findings. Thus, data collection is more focused, and the analytic abstraction of theory increased through clarification and recognition of gaps need explanation (Charmaz 2014). Sampling is, therefore, more directed by coexisting analysis aiming to reach theoretical saturation (Charmaz 2006).

Due to the need to develop a theory in this study, theoretical sampling was deemed more appropriate than purposive sampling as it added the possibility of rigor to any theory generation. It also added structure to the data collection and analysis stages.

A technique that can be used in theoretical sampling is theoretical saturation, which is the point in data collection at which the researcher discontinues further sampling because categories and their properties are considered satisfactorily dense and no longer generating new directions (Charmaz 2006; 2014). In the initial stage of the data gathering, I investigated and made decisions with regard to the individuals and/or groups who have first-hand knowledge or information about the area or topic (Gerrish and Lacey 2010, p. 156). With this process, concepts and ideas are developed further during which a researcher consistently compares data with data, codes with codes and categories with category until data saturation is achieved (Charmaz 2014).

4.3.1.3. Recruitment Strategy

To ensure adequate coverage of the South East region of Nigeria where the Igbo tribe is predominant, participants were selected from across the five states in this region. Igboland covers 5 of the 36 states of the Federal Republic of Nigeria, including Anambra, Imo, Enugu, Abia, and Ebonyi.

Invitation letters and consent forms were sent to participants via email in both English and in their native language, which is the Igbo language. This was followed by a reminder email a fortnight

before the interview. For people that were not able to access emails, notification was sent to the village heads (gatekeepers). In total, sixteen participants were interviewed over the course of the study. In the first phase I sought to meet with eight to ten people from across a range of Igbo states. Following these initial eight interviews I expanded the sample to 12 to confirm or refute my preliminary findings. A final addition of another four participants confirmed previous findings and I felt I had achieved saturation.

The table below shows the demographic details of the participants of this study.

Table 4. Demographic information of participants

Pseudonym	Gender	Age	Marital Status	Profession	Carer/elderly	State
John	Male	55	Married	Retired Lawyer	Carer	Imo
Juliana	Female	65	Married	Different basic jobs	Elderly	Imo
Anthony	Male	69	Married	Previously Farm Keeper	Elderly	Imo
Patricia	Female	74	Widow	Trader	Elderly	Anambra
Mary	Female	78	Married	Former Teacher; Trader	Elderly	Abia
Laurence	Male	68	Married	Farmer	Elderly	Ebonyi
Vincent	Male	45	Married	Taxi driver	Carer	Imo
Monica	Female	76	Widow	Trader	Elderly	Enugu
Josephine	Female	76	Widow	Trader	Elderly	Anambra
Caroline	Female	80	Widow	Farmer and Trader	Elderly	Enugu
Joseph	Male	70	Married	Retired Civil Servant	Elderly	Abia
Maria	Female	40	Widow	Teacher	Carer	Anambra
Anne	Female	42	Married	Nurse	Carer	Ebonyi
Georg	Male	66	Married	Businessman	Elderly	Enugu
Patrick	Male	85	Married	Retired civil servant	Elderly	Imo
Cecilia	Female	66	Widow	Retired teacher	Elderly	Abia

4.3.2. Gaining Access to The Research Participants

Gaining access to the research participants for this study gave me some concern. This was based on that fact that this research setting was in the Igbo part of Nigeria while I live in Europe. It was necessary that I discussed with the Igbo local leaders out of whom two chiefs were appointed from the Igbo community to enable me to access to the Igbo social community participants. These negotiations with these chiefs minimised my barriers to access and ensured a rapport with my participants (Denzin and Lincoln 1994). In this study, gatekeepers refer the two local chiefs and Igbo indigenes who were selected to arbitrate my access to the Igbo people as the potential research participants (Saunders 2006).

The two chiefs who acted as gatekeepers were selected through an informal application. These gatekeepers were familiar with the people in the different states in Igboland and could negotiate access to the different communities in Igbo area and to the potential participants who were located in the different states in Igbo land. As I did not reside in Nigeria, the gatekeepers communicated to the participants about my arrival travel schedule from Europe for this research purpose.

The selected gatekeepers negotiated the initial contact with the participants. Consent forms and the explanation of the research aims, and objectives had been sent to the participants through the gatekeepers. One issue in this research was gaining access to participants. After I gained access from gatekeepers, participants felt free and confident to participate fully in the research process.

When I arrived in Nigeria in October 2015, the participants were contacted by telephone and oral explanation of the research aims was given to supplement to the information pack distributed by the gatekeepers, bearing consent forms (Appendix B), and participant information sheet (Appendix C). Once the initial contact had been established and the participants had expressed interest in the study, the researcher asked the participants, to sign and return the consent forms to the researcher.

For some convenience and security purposes, a man was appointed to assist me with travelling to my participants by assuming the role of a driver and pathfinder throughout the three-week period

of research. It was necessary to have a driver or pathfinder during the research period in Nigeria because of the difficulty to navigate the roads that led to my participant's private homes. However, it is possible that both the driver, by virtue of his position of power, may have influenced the interview results. I mitigated this risk ensuring that the individual interview with the participants was conducted in privacy.

4.3.3. Ethical Considerations

Cardiff University School of Healthcare Sciences approved this research (Appendix D) and formal ethical permission to conduct this interview was granted by the Imo State Government Hospital Ethical Board (Appendix E) and by the representative of the traditional rulers in Igbo-land, Nigeria (Appendix F). The participants were fully informed about the Implications for participating in this study and the outline of the purpose of the study was made known to the potential participant prior to the data collection stage. Due to some physical frailty and mental changes that accompany old age (McPhee et al. 2016), the older people constitute a vulnerable group who may find it difficult to understand and assimilate all the information made available to them and thus may fail to give adequate consent (Parahoo 2006). For the purpose of this study, all my participants were mentally fit and could give both verbal and written consent.

All voluntary participants for this study were given enough time and as much information as possible about the research aims and purposes to enable them to decide, respecting their wishes and giving them dignity and integrity at all times (RCN 2007; WHO 2015).

Following my instructions, the gatekeepers made the very earliest telephone contact with the respondents, gave the initial information and explanation about the study. The researcher informed all participants about the nature of this study. Respect for individuals and maintenance of human dignity are very much valued in Igbo culture (Onwubiko 2013). Particular attention was paid to cultural norms. For example, greeting the participants according to the folkways, and acknowledging respect to different Igbo kings and chiefs with different titles like: 'Igwe', 'Eze',

‘Chief’, ‘Ichie’, ‘Nze’, and for the women, ‘Lolo’. Abiding by the ethical norms was to avoid the possibility of going against both ethical and moral conduct according to the norms set by the Igbo Nigerian West African people. It was also very important I kept to the ethical norms of the Igbo Nigerian nation because ethics and norms support the aims and objectives of research and encourage trust, dignity, transparency and respect (Resnik 2007). My ability to behave according to the Igbo norms helped me secure rapport with participants, gained societal support, and encouraged the public responsibility evoked by this research.

In this study, total voluntary participation and the rights of participants to withdraw without prejudice at any stage of the study was emphasised (Waltz et al. 1999). The obtained signed consent was checked again to confirm participation and participants were reminded about their rights to withdraw participation at any point during the interview process. The functions of the audio recorder were explained, and authorisation was obtained to record interviews. Participants were assured that their identities would not be known as the result of the study. Participants were also assured that the interviews would not contribute any danger to their lives.

Participants were given the assurance that their confidentiality would be protected, and the findings would be reported anonymously. Interviews were done individually in each participant’s chosen environment. Therefore, to guarantee anonymity, pseudonyms were used. The real identities of names attached to these pseudonyms were written in a separate file. All hard and soft copies of the research data were kept in a securely locked drawer in a cabinet or password protected folder to which only I had access.

4.3.4. Data collection

The data collection began after ethical approval was granted by the university and from the federal Ministry of Health ethics committee in Nigeria. Charmaz’s (2014) CGT methodology guided the process of data generation.

Semi-structured interviews were the main data collection tool that was used in the study. The CGT methodology, in which data is gathered through interviews, provides an interactive bond between the researcher and the participants (Charmaz 2014). Semi-structured interview creates interactional freedom and interactive reflexive progression engageing both researcher and participants (Glaser 1978; Charmaz 2009).

4 male and 8 female older Igbo participants (over 65 years old) were interviewed. In addition, 4 caregivers (under 60 years old) were interviewed that were available and eligible to impart their caregiving experience. This ratio of older people to caregivers reflects the fact that most of the older people interviewed have descendants or informal caregivers who were either living in the cities or abroad but paid regular visits or sent money for their maintenance that took care of the older Igbo participants. As such, there is a discrepancy between the number of older people and the number of caregivers. The interviews were conducted at the participant's homes and only in English or in the native Igbo language of the participant.

The interview questions were exploratory in nature and participants' accounts about the ghara igbanwe of older adults. Questions were to explore the participants' perceptions and/or experiences with regards to ghara igbanwe, such as the needs of older people. An overview of the interview questions is presented in Appendix G. I transcribed the interviews verbatim and as I am a native and I am fluent in the languages used including English, an interpreter or translator was not needed. It is worth noting that transcription is an important part of CGT methodology and Charmaz (2014) advocates adopting a more organic, denaturalised transcription style, since its focus on interpreting meanings and perceptions (Charmaz 2014; Oliver et al. 2005).

4.3.4.1. Interview Process

The participants were 65 years old and above for the older people, and 60 years old and below for the caregivers. All 16 participants were Igbo people. I again informed the community '*Eze*' (king) about the commencement of the interviews. The interview questions were rechecked and accepted

by the ruler. Participants were asked to choose the date, time and location of the interview, in line with the CGT guidelines of data collection (Charmaz 2006; Creswell 2007).

There was no pilot study carried out to check the suitability of the interview questions owing to difficulties in geographic, temporal, and economic factors such as cost. Also, it was difficult to gain access to older Igbo Nigerian people from my country of residence. Procuring the financial means to travel from Europe to Nigeria to do a pilot study was unfeasible. Instead of conducting a pilot study, questions were sent to be reviewed informally by Igbo Nigerians who understood the traditional Nigerian ghara igbanwe system, and who understood the focus of the research questions. These helped to confirm the appropriateness of the questions used.

15 participants preferred the interview conducted privately in their own domestic environments (i.e., family homes). Out of these 15 participants, 2 wished to have their family members or companions around as passive observers. Only 1 participant preferred that the interview is conducted in a different private place, in a private room in a nearby hospital setting.

The interviews lasted between 1 and 2 hours per participant. An expert in audio recording, a recording engineer, was employed to check and confirm the functioning of the digital recorder while the researcher prepared and readied the other provision supplies (pens, batteries, and a notebook for memo-writing). The engineer ensured the functioning of the recorder and left before the interviews began.

Participants were informed before the audio recorder was switched on, and I asked participants for permission again before starting the recording. My participants narrated elaborate experiences with ghara igbanwe. During the interview, my participants had their own individual emotional expressions and answers to the questions asked. I listened carefully and ensured that the questions were asked slowly, one-by-one, which enabled my participants to talk more and answer to all questions. Very often, after exchanging greetings with the participants and beginning with a basic general inquiry like: “How are you?” An opening invitation was initiated: “Should we talk about your

experiences of ghara igbanwe you receive at this stage in your life?''. Usually, the participant then began to disclose his or her past and present experiences, as well as worries and deep concerns about the ghara igbanwe problems facing him or her and the entire family.

In this study, the use of a semi-structured nature of the interview created a relaxed atmosphere, helping to reduce any tension felt by participants and the researcher. This relaxed atmosphere was added to by the private nature of the interviews, a rule only exempted in the event that the elder in question wanted a companion present to ease their comfort with the interview. The nature of the interview questions and the flexible manner the questions were asked elicited responses and narratives, and, through the emerging points, participants were able to both explain their own perspective but also to complain, express concern, and contribute suggestions regarding improving the ghara igbanwe of elderly Igbo people.

To avoid distractions, after assessing the individual respondent's selected interview sites, the functioning of the recorder was tested, and participants agreed with the location of the recording instrument. In some cases, they preferred to have it in the middle, or in other cases sitting on the side of them, depending on the suitability of the environment. We also agreed that the recording engineer would switch the recorder on as soon as a sign was given. The engineer would then leave the room to ensure that the presence of the recording did not unduly influence participants. Participants were asked to confirm that they felt comfortable with the presence of the recorder after the engineer had left the room.

Although some participants may, at the start, be conscious of recording during interactions (Rubin and Rubin 1995), in this case, the participants quickly overlooked the presence of the recorder and interacted freely. It was necessary to have this time duration recording which enabled effective reviewing of the recording during the transcription and allowing additional listening opportunities. In addition to recording, some verbal and observational key points were written down during and after the interview for analysis. This affected the context and content of the interview

conversations and the circumstances surrounding the interactions. Charmaz (2014) suggests that researchers not only record interviews but also make discrete written notes that can quickly help them to look back at vital statements which enable them to determine how to frame additional follow-up questions.

The list of questions provided a guideline which enabled me to ensure that the interview had covered the fundamental issues involved in considering ghara igbanwe. I adopted a less authoritative position and an interactive relationship with the participants. This relationship ensured free interaction between my participant and me. During the interview, I keenly observed the participants' non-verbal communication, as well as listening to what they said. I also tried to ensure that the participants felt at ease by encourageing them to proceed using words of the Igbo language, e.g., "*ana m ahota*", "*kowakwuerem*", "*n'ekwu*", which translate as "I understand", "tell me more", and "go ahead", respectively. I also frequently paraphrased what the participant said for clarification and confirmation. This clarification enabled increased credibility and trustworthiness of the study.

4.3.5. Data Analysis

The transcripts of these 16 interviews were analysed using the guidelines of CGT methodology as advocated by Charmaz (2014). Nvivo 10, was used to organise the data because it facilitates the discovery of new insights and allows one to ask questions about the data in an efficient way (Castleberry 2014).

The analysis processes include the method of coding refinement; the process of developing codes, categories and theories. CGT methodology positions the researcher not only as a co-constructor of data but also as an interpreter, possessing the ability to represent the research participant's narratives and experiences as to renovate social practices (Charmaz 2003a).

Following the tenets of CGT, by applying a constant comparative method of analysis, I moved the participants' narratives into a more conceptual point of theory. I gave initial codes to my

participants' transcript to describe the data they have generated. A more abstract focus code was then given to represent sections of the transcripts that are of interest. Related focus codes were then grouped into categories. The common idea that ran through these focus codes and categories then gave rise to the theoretical code.

The process of taking memos started from the data collection phase and extended into the analysis phase. These memos helped me better understand my participant's data and aided in the development of the focus code and theoretical code (Charmaz 2006; 2014).

4.3.5.1. Relationship Between The Participants and Myself

The relationship of trust between the participants and I enhanced the trustworthiness and credibility of data (Charmaz 2006; Dunne 2011; Giles et al. 2014). The constant comparative method helped me think reflectively about the data. Interactive relationships between us did not come solely from one individual. Rather, they developed during the conversation, when both parties focused on a collaborative interaction style that flows towards the ideas and understanding of the participants.

The transparency in the style and approach of my conversation enhanced the ability of the participants to discuss openly and freely. Feedback from participants during the interview demonstrates that a trusting relationship was a progressive process based on mutual interaction. Given that the study involved narratives about traditional ghara igbanwe system and experiences of older people in a developing area and touches personal, ethical and cultural sensitivities, flexibility and rapport allowed an interactive elucidation of information which finally enhanced the process of developing "theoretical direction" of the study during analysis (Charmaz 2014, p. 90), hence improving the validity of data collected. This broadly egalitarian approach between my participant and I was carefully managed in order to avoid influence and bias.

4.3.5.2. Constant Comparative Analysis

The use of constant comparative comparison is an essential basic technique for researchers in GT to establish analytic dissimilarities while sorting data (Glaser and Strauss 1967). Through constant comparison, the volume of data is sorted, and constantly compared at each level.

Constant comparison requires the researcher to continuously compare each data to the other to find similarities and differences (Glaser and Strauss 1967). I compared interview statements and incidences with other interviews to better understand what I am studying (Charmaz 2014).

Throughout the coding process in this work, I returned to data repeatedly and expressed words of the older Igbo people and their caregivers using prior data and analysis to judge new data and analysis. Incidents were compared to other incidents to establish similarities and difference. This assisted my returning back to memos on my fieldwork during the process of comparison. This iterative process of data analysis for this research was continuous at all levels and across various stages of analysis until the theory was developed.

The constant comparison of data reveals that while the majority of the older Igbo people and their caregivers expressed ageing gracefully in their ancestral heritage homes as their paramount ghara igbanwe needs following the Igbo cultural values, very few others found ageing in older people's residential and nursing homes as a possible alternative for older Igbo who is childless. The notion of ghara igbanwe of the older Igbo people was broadly unveiled as inseparable from the cultural values of the Igbo people.

4.3.5.3. Memo Writing

I wrote memos during the interviews and throughout my analysis. Memos are analytic tools of GT and CGT methods, involving writing down thoughts, feelings, and questions that arise in the analytic process (Ramalho et al. 2015). They recorded my attempts to understand the thoughts, feelings, body language, non-verbal communication, and motivations of my participants. These memos helped me better understand my data during data analysis.

Memo writing is an essential phase in GT between data collection and drafting and is where researchers break to analyse their thoughts and ideas about their codes and to proof their understandings about data and development of emerging categories (Charmaz 2006). Throughout the process of this work, memo writing helped me to explore, capture and record my analytical thoughts and ideas. The sorting of memos enabled me to look for similarities, connections and differences within the data and the ordering of the codes and categories as they developed. Moreover, I was able to reflect on what I saw during the research, re-visit and refine the participant's account of their perceptions and experiences, my activities in relation research inquiry and generation of the theoretical model for this study.

As Charmaz (2014) states:

> *Memo writing encourages you to stop, focus, take your codes and data apart, compare them, and define links between them. Stop and catch meanings and actions. Get them down on paper and into computer files (Charmaz 2014, p. 164).*

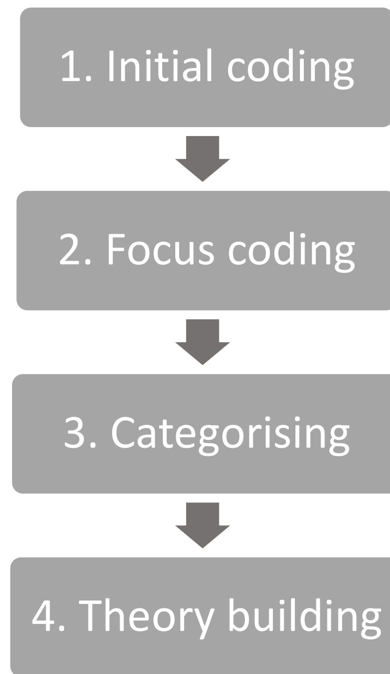
In line with Charmaz (2014), Research memos were recorded and used as a guideline which moved me to stop and unveil, not only my engagement with the research the endeavours, with levels of emerging categories and to examine the actions of the older Igbo people and their caregivers who made up the research participants. An example of a memo is located in Appendix H.

4.3.5.4. Coding

The purpose of coding is to gain insight and find patterns in the data and build theory grounded in data (Charmaz 2014). Coding is used to extract the content of interview data, to learn how individuals make sense of their life experiences and act on them (Charmaz 2006). As the core process in CGT methodology, coding brings out the conceptual abstraction of data and reintegrates it as theory (Holton 2011). There are different types of coding techniques in a GT study: initial or open coding, focused coding, and theoretical coding (Holton 2011). The first step in data analysis is the preparation of the collected data to make it easy for analysis. The various levels of coding are thus required as an important part of the process of developing the GT.

The data analysis proceeded in a way consistent with a CGT approach. It utilised conceptual memos which capture the researcher's ideas about the theory that is emerging (Charmaz 2014).

Figure 4. Stages of analysis (Charmaz 2014)



With reference to the figure above, the stages in CGT Considered were:

1. Initial codes were first given to participants' quotes to describe their content.
2. Focus codes were derived from some initial codes or from the transcript to capture ideas that were salient.
3. Similar focus codes concepts were clustered to form categories
4. The theory was formed by understanding how these focus codes and categories related to each other.

4.3.5.4.1. Initial Coding

Coding is regarded as the most basic as well as the most fundamental process in data analysis in GT methodology (Johnson 2008). According to Charmaz (2014)

> *Coding is the pivotal link between collected data and developing an emergent theory to explain these data. Through initial coding, the researcher takes data apart and defines what is happening in the data and begin to grapple with what it means (Charmaz 2014, p. 113).*

In the initial coding step, data broken was down and analysed to identify the initial phenomena. Constant comparison of initial data bulk permitted early category formation and recognition of features which are exact to an individual interview. The use of Nvivo 10 helped to produce extracts from the bulk of data and the content reduced to expressions and descriptions of the participants. Line-by-line coding of data transcripts after bracketing narratives into a block of experiences enhanced the further reading of how these participant's expressions emerged.

The engagement with the process of line-by-line coding helped me to break up the text, thereby making the transcript amenable to interpretation in new ways that helped test my assumptions (Charmaz 2006). Line-by-line coding enabled me to revise and study the "fragments of data; words, lines, segments and incidents closely for their analytic import" (Charmaz 2014, p. 109).

My aim with initial coding was to first describe the data in a broader line-by-line approach that developed the data to initial categories. Using this step, I examined each of the transcripts from the participant's interviews and narratives word-by-word, and line-by-line. This approach provoked a closer view of the data and the beginning of the formation of abstract ideas (Charmaz 2006). The initial coding helped in the analysis of data from the basis, based on the participant's statements and behaviours. It helped to limit the possibility of superimposing my own preconceived idea of ghara igbanwe on the data (Charmaz 2006).

Narratives were given labels and contracted against similar information. Attitudes and opinions towards developments of old people's home as alternative rehabilitation to care in the homes were significantly viewed against within the narratives. My returning to the original sources of data helped to address the initial assumptions made from the coding process (Charmaz 2006). Revisiting the data also encouraged some interpretations of the older people and their caregiver's narratives, allowing new codes that include more meaning (Charmaz 2006).

Most initial codes describe what the participant is expressing. For example, when describing their ghara igbanwe preferences, participants mentioned "ageing outside our homes … is not our

culture", "we cared for our own elders". These initial codes reduced the data into smaller parts. The implementation of a constant comparative method allowed me to give similar data to the same initial codes, making it easier to organise my data. I compiled my initial codes to aid in the next step of the coding process, focus coding.

4.3.5.4.2. Focused Coding

Following initial coding is the more abstract form of coding, termed focused or selective coding (Charmaz 2014). Focused coding is the process of integrating and refining the theory being developed (Scott and Howell 2008). It "uses the most significant or frequent initial codes to sort, synthesize, integrate, and organize large amounts of data" (Charmaz 2014, p. 113).

The phase of focused coding analysis gave a more interpretive description of the ghara igbanwe experiences of the of the older Igbo people. After the initial coding phase of a total of the 16 interview transcripts, I proceeded to check and compare each initial code with my memos. Using my compiled list of initial codes and my memos, I sought to return to my transcript to give sections of data a more interpretive and abstract focus code. These focus codes are more conceptual and more focused than the largely descriptive initial codes (Charmaz 2014). Some of these focused codes were derived from initial codes while some were new codes that captured the meaning of the initial codes and the section of the transcript.

When doing the focus coding, I went over the interviews, narratives, behaviours and actions of my participants and compared what each participant about the ghara igbanwe experiences of older Igbo people and their caregivers, and their understanding of their situation. For example, I compared what each participant said in relation to "our government should help us". The refining of such initial codes like "our government should help us" was found to have had the more theoretical reach or link more abstractly and directly with the developing theory. Focused code unveiled the adaptive ways or processes that the older Igbo and their caregivers used to manage their ghara igbanwe experiences and difficulties.

4.3.5.4.3. Categorising and Theoretical Coding

When focus codes share the same or similar characteristics, they can be pulled together to form categories which are more abstract and can be interlinked to form the basis for a theory (Charmaz 2006). Using the frequency of occurrence of categories in interview transcripts can be a useful way of ascertaining their importance for the interviewees (Charmaz 2006). It summarises what is happening in the data and pulls the other categories together to form an explanatory whole.

During the focus coding process, it became obvious that some focus codes shared commonalities. This prompted the process of clustering related focus codes into categories. The categories serve two purposes, for the organisation and for me to better understand how the focus codes related to each other. For example, within the category of political factors sit the following focus codes

- Corruption
- Lack of infrastructure
- Lack of utilities
- Lack of healthcare provision
- Lack of financial support

A comprehensive diagram depicting all the categories and their respective focus codes can be found in the next chapter.

All through the focused coding stage, I incorporated the initial codes into a more consistent and conceptual form, describing the problems surrounding the individual and collective ghara igbanwe experiences of the older Igbo people and their caregivers. The narratives include the participant's experiences and problems related to their need to be given ghara igbanwe support within their ancestral homes. I saw that the issues raised by my participants can be sorted into 3 closely related categories:

1. Political factors

2. Socio-economic factors

3. Cultural factors

Within these 3 categories, there is a common idea. Elderly as an intermediary was a concept that is affected by all the 3 categories and vice versa. These issues in the political, socio-economic and cultural factors are problems that can be resolved simply by acknowledging and accepting that the older Igbos are intermediaries between the dead and the living members of their families and communities, and therefore require societal support to age in places of the ancestral homes. This thus emerged as the theoretical code from the analysis process and is the original contribution of this thesis.

Theoretical coding is the most abstract form of coding which "do not only conceptualise how substantive codes are related but also moves the analytic story in a theoretical direction" (Charmaz 2014, p. 150). Theoretical codes promoted the consistent and "comprehensive" analysis of the data (Charmaz 2014).

During theoretical coding, I looked for relationships between focus codes by hand-sorting the memos.

It has been suggested by Charmaz (2006; 2014) that the criteria for choosing a theoretical code should include the following:

- It must appear frequently as a central concept which can be related to other focus codes in a logical and consistent way
- The theoretical code should be sufficiently abstract and able to explain variation as well as the main point made by the data
- It also should be able to explain contradictory or alternative cases

- A theoretical code must appear frequently in the data (Charmaz 2014) meaning that within all or almost all cases, there are indicators pointing to that concept (Charmaz 2014).

4.4. Quality of Research

In the qualitative research process, the subjective stance of a researcher entangles in the lives and the worldview of the researched (Atkinson 1992; Denzin 1997). This is because healthcare and social care researchers are connected to the social world they study (Denzin and Lincoln 1994). Consequently, the person of a researcher is revealed in his/her written production. As Denzin and Lincoln (1994) note,

> *[re]presentation… is always self-presentation… the other's presence is directly connected to the writer's self-presence in the text (Denzin and Lincoln 1994, p. 503)*

Researchers are advised to discuss themselves as researchers within the research. This implies that the research talks about how his/her own experiences, values, actions, decisions, status, privileges have controlled and influenced his/her research interests, the manner the research was carried out, and approach with which the findings are represented (Mruck and Breuer 2003).

The trustworthiness of a CGT study is also measured by the credibility, originality, resonance and usefulness of the research (Charmaz 2014). This section considers the factors that contribute to the quality of the research, namely reflexivity and the trustworthiness of the data and research process.

4.4.1. Reflexivity

Reflexivity is "An examination of the filters and lenses through which you see the world" (Mansfield 2006). Reflexivity is an important step in quantitative research. In exploring the perceptions of the older Igbo people and their carers' regarding ghara igbanwe of the older Igbo population, re-thinking about the positions of both the researcher and the researched within the study process is very vital due to:

1. The increasing importance of older people in a rapidly ageing world

2. The growth in the ghara igbanwe demands of this social group.
3. Older people could be seen as one vulnerable group, requiring care, support and ghara igbanwe.

For these reasons, this research demands a conscious re-examination on the different steps I took as a researcher, my actions and interactional status, and the nature of the relationship I kept with the older Igbo people and their carers who were my participants. I am not yet 65 years old, but I have experienced the care of older relatives, and I am currently working in a geriatric and acute and rehabilitation hospital where I interact with and manage the continued home rehabilitation of older people after hospital discharge.

As such, I have some experience and knowledge about the ghara igbanwe issues of the older people, thus, I understand, and share to a certain level the experiences of both the older Igbo people and their cares. Therefore, critical reflexivity was necessary to understand the amount and type of influence I had in the research process as a researcher, and whether and how I managed and accounted for the event of the research (Clarke 2005).

In line with the CGT approach, I engaged subjectively with the idea and previous practices that made some degree of flexibility and transparency possible (Charmaz 2006) throughout this research process. Moreover, the process of reflexivity improved my ability to be creative and to maintain transparency to the data under study.

Reflexivity helped me to reject not just quantitative methods, but also other dimensions of qualitative, and to opt for CGT (Charmaz 1990) instead of classical GT (Glaser and Strauss 1967) and evolving GT (Strauss and Corbin 1998). Reflexivity was necessary to account for the 'self' I brought to the research setting, what I did, what I saw, how my data collection and analysis are generated from shared experiences and my interaction with participants and various sources of data (Charmaz 2014).

In view of this, I was able to begin to understand the importance of my own values, perceptions, attitudes, experiences and knowledge within the understanding of this study on ghara igbanwe of the older people from the onset. It implied my taking a conscientious critical and reflection and re-examination on my own worldview and lived experiences. As indicated in the previous chapter, a better knowledge of a person should begin with who that person is before discussing issues around that person. The questions about who I am, what shaped my research question, why I used CGT approach, what the form of interactions with participants was, and how these impact on my research were included in my course of reflexivity (Charmaz 2006; 2014). As a researcher, my own worldview, cultural and social background, religious belief, and professional interests are reorganised as I brought to the research, not just these, but also my gender and experiences, added to my views of the older people, their status as the aged, their carers (formal and informal), ghara igbanwe, and conducting a study on ghara igbanwe need of the older Igbo population.

Throughout the process of this research, and in line with Charmaz's (2006) approach, I acknowledged and reflected on the knowledge gathered from previous literature in this area of study, and how the knowledge postulations might impact upon my role as a co-constructor with participants and the process involved.

My research was a semi-structured interview based, and through me, data was collected and analysed. This research recognises that an interview is an active interaction between me and my participants, and the study is focused on the older Igbo people and their caregivers.

The choice of this research method mirrored my alignment with qualitative research methods which claim that there are multiple truths (Denzin and Lincoln 1994) and that individuals, including older Igbo people and their caregivers, can actively construct their realities (Denzin and Lincoln 1994). By undertaking this research, I have not only revealed my personal and professional interest in the health and well-being of the older Igbo population, but also my concern for the caregivers.

Having been born an Igbo and coupled with my personal and professional experiences as a nurse and medical social worker particularly in a geriatric acute and ghara igbanwe hospital settings, I share some similarities and familiarities with the older Igbo people and their caregivers. The degree of familiarity with the cultural and social environments of the Igbo participants raised a risk presuming, neglecting, or even of taking things for the granted characteristic of the experiences of the older people and their caregivers. My being an Igbo by origin, an experienced nurse and midwife in Nigeria, and my experience as a medical social worker in a geriatric acute and rehabilitation hospital in Germany reveal I understand these theories of rehabilitation of the older people and the modern practices, not only in the Western world but also theories of rehabilitation of the older Igbo Nigerian West African nation.

My experience as an informal caregiver to my own late parents and some other older relatives provided me with an affluent perspective about *ghara igbanwe*, in the Igbo context. In the process of this research, I could view the older Igbo participants experiencing ghara igbanwe problems, and the difficulties faced by their caregivers with the similar lens with which I viewed my late parents as they experienced ghara igbanwe difficulties, with me as their caregiver. My being conscious and open of these viewpoints and not supposing that the participants would share my view was vital. These viewpoints, therefore, helped to provide some light used to investigate the perceptions of the older Igbo and the caregivers of the older people. Reflexivity in this research included being aware of the danger and implication of misrepresenting the data to suit the researcher's own interest (Clarke 2005). My experiences, opinions, actions, interactions with the older Igbo and their caregivers, as well as how I approached data collection and analysis were documented in my research memos found in my reflexive journal.

My social role as a nun had great bearing on the quality of the data I have collected. I believed that it had a positive influence on my participants, for example, they were very open and honest about their experiences as they felt that I have arrived on behalf of God to understand the situation. They

noted that I would be in a good position to intervene at the state level to raise concerns about their suffering and the plight of the elderly. My participants also noted that the fact that I have arrived from Germany to interview them showed that I was sincere in wanting to know more about their experiences. They also felt that I was bringing a foreign perspective to help alleviate the situation in Nigeria.

I also reflected on the fact that my gatekeepers potentially could have influenced the selection of my participants as well. However, within this study, there were no signs of such influence as nothing was noted during or outside the interview that suggested it. As such, while I acknowledge that the gatekeepers could have affected the selection of my participants for this study, this has not been noted to be an issue based on my knowledge.

In the process of this work, I have critically and consciously reflected on ghara igbanwe and the perceptions of older Igbo and their caregivers. To illustrate my interest in the health and well-being of the older Igbo and their caregivers, I have made effort to present the various older Igbo and their caregiver's perceptions from the information generated by these participants themselves. Moreover, I have demonstrated respect and confidentiality at all stages.

4.4.2. Trustworthiness of The Research

Credibility, originality, resonance, and usefulness are the four criteria for ensuring trustworthiness of data in GT (Guba and Lincoln 1994). Credibility concerns the intuitive accuracy of the sampling, collection, and recording of data, resulting in GT that is reliable (Charmaz 2014, p. 337). Originality, similar to credibility, concerns also the consistency of the data, meaning the results could be repeated. Resonance is a safeguard against bias in the work, so that the process of theory generation is neutral, i.e., shaped both by the participants and researcher. Usefulness concerns the extent of applicability of work to different contexts. These criteria are expanded below.

While trustworthiness is an important consideration in research design, methodology, and findings, it is particularly significant for sampling, collection, and recording data. The application NVivo 10

ensured the data analysis was dependable, that the data was consistently categorised. Through the use of an audio recorder, the researcher ensured that data analysed was faithful to the original interview, and thus credible. Memos and written notes were used to check the overall consistency of the data generated, having a detailed written record which guards against the possible reflexive bias of the researcher emerging in the data. Member checks were also undertaken. This is when interpretations, analysis, and data are checked between participants for consistency. This also was important for data saturation. Transcription of the recordings also increased the trustworthiness of the data analysis, permitting the researcher to carefully analyse codes and categories. To determine further credibility (Charmaz 2006) suggests that adequate familiarity with data is necessary to permit deeper insight into the participants' experiences of the phenomenon under study. The narratives of the participants should be clear using constant comparative analysis and the researcher's presence should not be neglected. This ensures that the theoretical presentation is transparently attained.

4.4.2.1. Credibility

Credibility is a criterion to assess the quality of a qualitative research Charmaz (2006). Credibility establishes the extent to which the finding of qualitative research portrays its claims of authenticity and reliability in the interpretation of data derived from the participant's statements and incidents within the sphere of the research. To determine credibility and demonstrate transparent attainment of theoretical rendering, the communicative approaches of the researcher and the participants, what happened during the research process and data was scrutinized and represented should be made explicit during the constant comparison of incidents and statements as advocated by Charmaz (2014).

In this study, credibility was upheld through the provision of the methodological approach used, the demography and outline of these participants were provided. Throughout the theoretical and practical section of this research, the analysis was connected and linked back to the communicated and behavioural expression of the older Igbo people and their caregivers. This was to ensure that

theory was ground on the experiences of the older Igbo people and their caregivers. The use of verbatim quotes in the writing of this thesis also contributed to the credibility of the study.

4.4.2.2. Originality

Originality for Charmaz (2014) involves the evaluation of the freshness of research categories, as well as the inventiveness of new insights within a substantive field of knowledge, and if any useful analytical concepts are generated.

Chapter 3 revealed that little research has been done on the area of ghara igbanwe of the older Igbo people. Moreover, the concepts of rehabilitation of older people and the different definitions of rehabilitation that exist are often used interchangeably with other terms and represent the viewpoints of the western world. This is raising some concern as ghara igbanwe is necessary to enhance the radiant health and well-being of the older people and improve quality of life.

This thesis provides a fresh and new understanding of ghara igbanwe of the older people from the perceptions of the older people and their caregivers.

Some original insights within these studies have in the theoretical development of this work:

Firstly, the Igbo people are unique in nature, culture and behaviour.

Secondly, the term ghara igbanwe in the Igbo culture means more than just cure and care as found in health and social care areas. It is the re-keeping of the older Igbo people in their youthful status through inclusion, social connections, respect for dignity and autonomy, as well as respect for cultural values. This unveils that the older Igbo people and their caregivers found meaning in interactive connectedness based on their social and cultural needs.

Thirdly, the older Igbo people and their caregivers do not understand ghara igbanwe of the older person apart from that which takes place in their ancestral heritage homes. This suggests that the older Igbo people and their caregiver's interpretations of ghara igbanwe are very vital for building an understanding of ghara igbanwe.

Fourthly, the older Igbo people live two lives: in the spirit world and in the world of the living. They are the intermediaries between their ancestors and the living members of their families and communities. Understanding the meaning of ghara igbanwe from the perspectives of the older people Igbo people and their caregivers is important if the ghara igbanwe model is to be accepted and the goals met.

The findings of this research are of notable importance considering the shortage of research in this area.

4.4.2.3. Resonance

Resonance refers to how "categories portray the usefulness of the studied experiences" (Charmaz 2014, p. 337). It includes the researcher's efforts and actions to communicate the findings to the researched in order to test the opinions of those regarding the accuracy of the findings and to discover the underground social routes responsible for their behaviours (Charmaz 2006; 2014).

Resonance tests how well the theoretical development can make sense the participants and the social group for which the study was focused (Strauss and Corbin 1998). In this study, the resonance of the findings was tested by conveying the raw data in the reproduction, and member checking. By the process of member checking, a conclusion of the final findings was sent back to two older Igbo and one caregiver to find out if the CGT makes sense to them and offers deeper insight into their experiences. These participants were easily accessible and their ability to understand the theory made them appropriate to review the GT. All those used for member checking affirmed the findings of this research as a comprehensive representation of the reality of ghara igbanwe experiences of the older Igbo and their caregivers. More still, the resonance of the findings of this work has been tested by making it accessible to a larger audience (Charmaz 2014).

4.4.2.4. Usefulness

According to Charmaz (2014, p. 338) "a strong combination of originality and credibility increases resonance and usefulness and the subsequent value of a contribution". Usefulness is an assessment of the practical implication of the findings and how to take the findings of this research to serve a

wider purpose. To appraise the usefulness of the findings of this study, the practical implication and recommendations for further studies are addressed in the concluding chapter. This research is useful because it helps the Nigerian society and health system including gerontology and nursing education understand the ghara igbanwe needs of the elderly. It also helps families understand the need of the elderly they care for. Ultimately this research benefits the elderly by educating others about how to better care for them.

4.5. Conclusion

I am a constructivist in my personal philosophy and this influence my thinking and choice of paradigm for this research. This chapter described how fieldwork, comprising data sampling, collection, and recording, was carried out using a semi-structured interview technique, examining ghara igbanwe needs in a group of sixteen participants from the older Igbo people of Nigeria. It also gave an overview of how ethical practice was maintained during these processes. In terms of sampling, this chapter showed how theoretical saturation was integral because it permitted appropriate data to be collected to a level where no further information is required. Another important interview tool was the use of various forms of self (i.e., the self, the self as the interviewer, and the self as viewed), which provided a way to engage in various ways with the participants. For data collection, this chapter discussed the process by which the sample was chosen, how the interviews were conducted, research protocols, in addition to the use of gatekeepers and additional staff such as a recording engineer.

The materials and instrumentation used in the interview process included the use of semi-structured interview technique to permit greater engagement of the participants, and memo taking, to have written ideas to understand the thoughts, feelings, body language, non-verbal communication, and motivations of participants. The relationship between the researcher and participants was argued to be integral to the generation of data. The importance of a good interview style and rapport during the interview process was discussed. The process by which data was

recorded was also scrutinised. The chapter examined how the data recording process permitted the grounding of theory, in accordance with a GT and CGT methodology. However, the stance of the present work follows Charmaz (2006; 2014) where the use of handwritten notes and memo taking can be used in conjunction with audio recordings. This permitted recording all facets of the interview experience, such as non-verbal communication, body language, motivation, abstract ideas, and the participants' emotional states.

This chapter also provides an overview of how the interviews were transcribed following a CGT methodology. Audio recording and memos were used in addition to written notes to enable accurate data collection. The process of abstraction towards the grounding of the theory was carried out using a process of coding refinement. The various levels of coding used were: open, focused, and theoretical coding, which permitted theory to be inductively generated from data.

The coding and concept development process were outlined, showing how codes were developed into concepts, which were in turn developed into categories, in line with GT and CGT methodologies. The trustworthiness of the study was appraised using concepts of credibility, originality, Resonance, and usefulness espoused in Charmaz (2014), particularly with respect to the sampling, collection, and recording of data examined above.

Chapter 5. Findings

5.1. Introduction

While Chapter 4 dealt with the process of my analysis, this chapter presents the findings of this research using my participant's quotes only. These findings will only be discussed with reference to the wider literature in the later chapters. This chapter first opens with an overview of the findings then proceed to describe each category and the respective focus codes under each category. Finally, I show how each category: political, cultural and socio-economic, relates to each other, resulting in the emergence of the theoretical code and theory: elderly as intermediaries between the living and their ancestors. I will discuss this theory in the next chapter with reference to my participant quotes and the wider literature. This chapter is supported by verbatim quotes from all the 16 participants of this study to add to the credibility of this research. I will present a selection of quotes which reflect the views of the participants and show how they are similar and different from each other. Pseudonyms have also been used to protect the identity of my participants. Demographic details of participants can be found in Table 4 in Chapter 4.

5.2. Overview of Findings

To reiterate, the research question was: how do older people and their caregivers perceive ghara igbanwe in the context of the Igbo cultural environment? The aims of the research were:

1. To understand the ghara igbanwe needs of the older people from the perspectives of Igbo older people and carers
2. To understand the concept of ageing in place in the context of the Igbo cultural landscape
3. To provide recommendations to improve the ghara igbanwe of older people in Igbo.

From the interviews that were conducted during the study, it was found that the current state of ghara igbanwe of older Igbo people can be understood from 3 main perspectives: political, socio-

economic and cultural, which are my categories in my CGT. These ghara igbanwe issues are interrelated to each other and are specific to the political, socio-economic and cultural landscape of Igbo, Nigeria.

Within these perspectives is a common idea that the elderly Igbo people should be respected as intermediaries between the living and their ancestors. This was identified as the theoretical code according to Charmaz (2014).

In the sections below, I show how the initial codes, focus codes and categories are related and the participants that have contributed to each focus code and category. A full list of initial codes can be found in Appendix I.

The table below shows the initial codes that contributed to each focus code in the political, socio-economic and cultural categories. The same list is further broken down into each category in Appendix J. Appendix K shows an example of how the initial codes relate to the focus code "migration" and the category "socio-economic".

Table 5. Initial codes focus codes and categories

Initial Codes	**Focus Codes**	**Categories**
No electricity	Lack of utilities	Political
Poor access to information due to no electricity		
Clean water		
Dehydration		
Poor transportation	Lack of infrastructure	
Lack of roads		
Lack of shelter		
Poor access to healthcare		
Barriers to mobility		
Lack of markets		
Barriers to information		

Initial Codes	Focus Codes	Categories
Poor hospital facilities	Lack of healthcare provision	
Poor healthcare standards		
Shortage of hospitals		
Lack of qualified healthcare professionals in rural areas		
Poor access to hospitals		
No pension for elderly	Lack of financial support	
poverty		
Lack of income		
No government support		
Lack of jobs for younger generation		
Pension withheld	Corruption	
Lack of financial support		
Government taking money meant for citizens		
Inability to afford healthcare	Lack of jobs	Socio-economic
Forcing younger to migrate		
Absence of younger people		
Access to healthcare		
Lack of jobs in rural areas		
Unemployment of youth		
Criminal activities		
Lack of educational facilities in rural areas	Lack of education	
Forcing younger to migrate		
Low standards of education		
No knowledge of new education systems		
Lack of electricity		
Lack of education for carers on ghara igbanwe		
Lack of education for elderly about their ghara igbanwe		
No quality education thus migration	Migration	
No adequate job opportunities		
Need better life		

Initial Codes	Focus Codes	Categories
Need better employment		
Absence of younger generation		
Lack of support for elderly at home		
Poor economic situation		
Poor health situation		
Care challenged by migration	Young caring for elderly	Cultural
Elderly abandoned at home		
Expect blessing from parents		
Valued Igbo culture		
Rely on children for care		
Government to support children to care for parents		
Children as insurances		
Elderly concerned about childlessness		
Old people's home as last resort		
Receive ghara igbanwe support at home		
Children migrate to get resources		
Young get food for elderly		
Burden of ghara igbanwe on relatives		
Impact on quality of care		
Fear about the migration		
Fear about the future		
Elderly turn to community for support		
Communal life for security		
Wish to live and die at home		
Elderly caring for themselves		
Elderly separated from the young		
Need to stay with the family		
Age in Igbo ancestral homes	Ageing in place	
Elderly reject care homes		
Disagree with alternative homes for elderly		

Initial Codes	Focus Codes	Categories
Refusing strange environment		
Respect the culture		
Play social role		
Culturally appropriate		
Government support for ghara igbanwe at home		
Cultural practice		
Unacceptable to send elderly away		
Elderly as pillars of family		
Elderly supported to be independent at home		
Elderly need social environment		
Reject western style of ghara igbanwe		
Living together in a community		
Die and buried in ancestral lands	Dying in place	
Cultural belief to die in Igboland		
Burying elderly at home		
Maintain relationship with ancestors		
Lack of respect by government		
Reject institutionalised care	Rejection of care homes	
Not welcomed in Igbo context		
Living and dying at home		
Ghara igbanwe best method for Igbo		
Remain at home		
Ghara igbanwe at home		
Not permitted by culture		
Care homes as last resort		
For the mentally ill		
Better understanding of alternative homes required		
Care homes provide better healthcare		
Building of healthcare centres instead		
Support for informal caregivers needed		

Initial Codes	Focus Codes	Categories
Lack of respect for Igbo elderly	Disrespecting the aged	
Lack of ghara igbanwe support by government		
Disappointment in government		
Government nonchalant to the Igbo culture		
Government nonchalant to the ghara igbanwe needs		

According to my participants, the lack of utilities such as electricity and clean water increases the risk of physical and mental ill-health, leading to functional deficits and diseases. The lack of infrastructures such as the lack of transport and roads limit the mobility of the older Igbo people to access healthcare services and social interaction within the communities. The shortage of healthcare facilities and poor standards of care available also means that even if the older Igbo people have the means to afford healthcare, they are still not receiving quality healthcare which affects impacts their ghara igbanwe. Poverty and the lack of financial support from the governments mean that the elderly are not able to afford daily needs and medical support which affects their functional abilities. Some participants blame this lack of financial support on possible corruption within the government. The provision of utilities, healthcare, financial support and infrastructure is perceived to be the government's responsibility. Therefore, the lack in these provision by the government is considered a political problem that is affecting the ghara igbanwe of the older Igbo people.

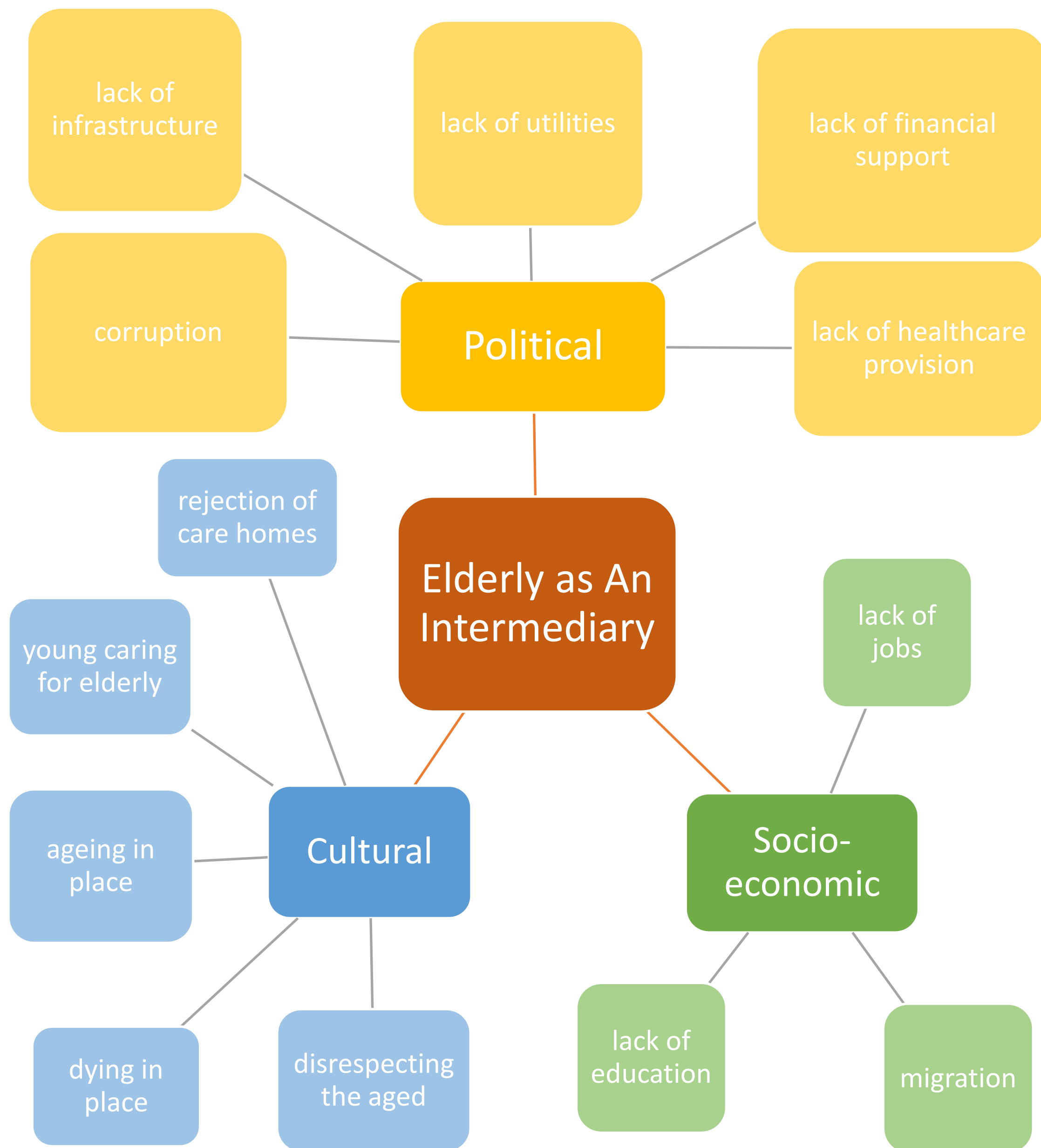
There are little jobs in the country especially the rural areas and this has resulted in some younger people turning to criminal activities due to the lack of money, according to my participants. This causes insecurity for the elderly Igbo people because they are often victims of these crimes. The insecurity causes psychological, emotional, physical and financial problems for the elderly and their ghara igbanwe. The participants noted that the lack of quality education in Igbo for the youth has led to a lack of knowledge about the ghara igbanwe of the elderly leading to an inability to manage

the behaviours and the needs of the elderly. The lack of education for the elderly themselves leads to some ignorance about their own ghara igbanwe problems and the drivers involved. The lack of quality education and jobs in the rural regions in Igbo result in the migration of the youth to urban areas or overseas for a better life and the financial resources to support the elderly and their ghara igbanwe needs. The absence of the younger generation also means that they are not physically present to support the ghara igbanwe of the elderly. These problems contribute to the socio-economic issues that influence the ghara igbanwe of the older Igbo people.

The participants stated that, in the Igbo culture, the care of the elderly is viewed as the responsibility of the young. On the other hand, the rearing of the younger generation is the responsibility of the parents. For this reason, the young are seen as insurances for the aged. They provide financial support, food and shelter for the ghara igbanwe of the elderly. Ageing and dying in the ancestral homes are culturally valued by the elderly and the younger generation. The elderly play intermediary roles between the living members of their families and communities and their ancestors. Because of this, ghara igbanwe in the ancestral homes is valued, despite the poverty, political and socio-economic problems. Care homes are viewed as isolating the aged, a disintegration of the family connectedness and a separation of the elderly from their ancestors. Therefore, care homes or institutionalised care and other similar settings are considered unacceptable in the Igbo culture. The lack of a culturally sensitive approach to the ghara igbanwe of the elderly by the government is seen as a form of disrespect for the older Igbo people. By not being sensitive to the cultural practices of the Igbo people and their method of ghara igbanwe, the government fails to provide for their ghara igbanwe needs.

The figure below shows the relationship between the focus codes, categories and theoretical code that led to this finding.

Figure 5. Summary of the relationship between focus codes, categories and theoretical code



The following explains the diagram above which was derived from the quotes from my participants. Politically, there is general neglect and lack of support from the government for the ghara igbanwe of the Igbo elderly. The lack of resources particularly for pensions, utilities and healthcare resulted in older Igbo people being unable to care for themselves. This is exacerbated by corruption, poor infrastructure and barriers to information.

These political issues have a socio-economic impact as well. The poor education and jobs result in migration of the younger generation to urban cities within and outside Nigeria. This mass exodus resulted in a lack of caregivers who are traditionally the younger generation.

My participants have noted that within the Igbo culture, there is an expectation that the younger generation take care of the elderly and older Igbo people are reliant on their help. In addition, there is the cultural practice to return to one's ancestral home to age and die. Due to the absence of the younger generation in these areas, the Igbo elderly are experiencing difficulties in finding support for themselves. There is a lack of respect for this cultural practice by the government.

The theoretical code that emerged from the interviews was that the elderly Igbo people serve as an intermediary between the living and ancestors in Igbo society. Politically, there is a lack of respect for this cultural practice. Culturally this practice is the reason behind the elderly wanting to age and die in their ancestral homes. Socially, the younger generation respect this role that the Igbo people play, however, while they would like to receive the blessings of the elderly by taking care of them, they are unable to do so due to the lack of jobs and education.

5.3. Political Issues

The table below shows the focus codes that have been clustered within this category and the participants that contributed to these focus codes. In this table, "OP" stands for an older person and "CG" stands for caregiver.

Table 6. Political issues and its contributing focus codes

Focus codes	Participants
Lack of financial support	Juliana (OP), Anthony (OP), Maria (CG), Vincent (CG), Mary (OP), Patricia (OP), Cecilia (OP), Caroline (OP)
Lack of healthcare provision	John (CG), Cecilia (OP), Laurence (OP), Patrick (OP), Caroline (OP), Juliana (OP)
Lack of utilities	Patrick (OP), Caroline (OP)

Lack of infrastructure	Caroline (OP), Patricia (OP), Georg (OP), Maria (CG), Anne (CG)
Corruption	Anne (CG), Monica (OP), Joseph (OP)

5.3.1. Lack of Financial Support

Half of the older people participants and 2 caregiver participants noted there is a general lack of financial support for the ghara igbanwe of older Igbo people. This lack of support conflicts with the cultural practice where the responsibility of taking care of the elderly rests on the younger generation. This focus code covers several inadequacies in government support, particularly the lack of financial support for the rehabilitative care of the elderly. The lack of other forms of support by the government such as jobs for the younger generations is also mentioned but will be elaborated upon as a focus code on their own later.

Juliana stated that the Nigerian government is not doing their part in supporting their citizens, especially older people.

> *"The Nigerian government has refused to come to our aid. My husband and I are sick. There is no money for hospital treatment." [Juliana, older person]*

Anthony added that the local government is not present in their lives. He shared how the government is not able to engage with the facts that their children have no jobs, and this created problems not only for the caregivers but also the elderly. This is because, in the Igbo culture, children are regarded as insurances for their older ones. He confirmed that their faith in God has been their only help and that the government does not appear to understand this issue and hence he is unable to support their families:

> *"The local government said I should ask my children for my needs. Bad country! Bad government! Our government give us no support, only our children can help us. The government has no job for our children, so it is very difficult to get money to go to the hospital for treatment. We go to prayer house and to the native doctor whenever we are sick. We believe in God and the prayers work." [Anthony, older person]*

Patricia expressed that she had given up on expecting any help from the local government. She added that she does not expect any help from the government, as they do not care about older people. She indicated that even though her husband worked as a civil servant before he died, she does not receive any widow's pension and that she does not expect any government help. She reasons that this was because, she was not married to the government, but to her late husband. Therefore, her ghara igbanwe was supported by her immediate family. She expressed sympathy for the older people who have no children to provide them with their required ghara igbanwe needs. When she was asked if she receives any help from the government she replied,

> *"Na ebee!!!? (From where?) I am not married to the government oooo!! So, I do not expect any help from the government! Yes! I no marry government! Does the government know me? No!! And so do not care. Every help is from my relatives. No government has regard for the elderly. No support for widows. I pity all those who have no children, God help them ooooo!!! Na them suffer more pass others." [Patricia, older person]*

Mary believed that current culture is being challenged because of the lack of support from the government. Both the children and older people cannot maintain the value of their culture because of the lack of opportunities that the government should be providing them.

> *"There is no hope that the government will remember us especially those of us who taught in the northern Nigeria and coming to the South east to receive our pension. I am happy in my house here and will no longer migrate to the township. My husband and I hope to receive every rehabilitation (ghara igbanwe) care and help we need from our children here in my house till we die. Nee anyi na nna anyi (our parents) were no government workers. So, they did not receive any pension, they live in a mud house, but they were happy and we cared for them till they died. We did not wait on the government. If we can get little support from the government to help care for ourselves, we will be happy." [Mary, older person]*

Vincent is a caregiver. He said that his parents are suffering and that no one is present to help him support himself and his family and added that they can only rely on themselves and their abilities to provide for the older people.

"I am happy that I am in the village to care for my aged parents …. If I do not stay at home, nobody will do that for me. We have no good social system that includes care of the aged. No! Nothing from anybody! No support, no pension." [Vincent, caregiver]

Meanwhile, Maria, another caregiver, shared how they have tried to ask for the help of the government after her husband's death but have received nothing. She explained that her children are living in urban areas with their nuclear families but do not have jobs and no ghara igbanwe is being provided. She expressed disappointment at the amount of money she and her children received from the LGA, after her husband's death.

"Nothing!! Me, and my children went to the head teacher and to the local government for help. Nobody did anything. Nobody answered us. The teachers' association came for his burial and gave us an envelope with 5,000 naira (10.00 dollars), our local government headquarters' representative gave us 10,000 naira (20.00 dollars). That was all we received on his behalf. I go every month to the government headquarters to ask for help, but nothing is done. No!!! All of them are in the town. Some are married, and some are not yet married. Me, I don't want to go to live in the township, I want to live in my house here. Even for my children in the township, no job! No care, nobody care for me. I get no help from government." [Maria, caregiver]

Finally, Cecilia, an older person, indicated that the government does not understand the needs of the older Igbos. Their needs have not been provided for hence the traditional practice of being cared for by the younger generation is being challenged, as the younger generation are left with no choice but to move to the urban areas in order to support their parents and families.

"We need rehabilitation (ghara igbanwe), need healthcare services and we need social support from our local governments, because our federal government has failed us. The worst of it all is that nobody tell us what is driving what, and who is driving who … We have no recognition from our society." [Cecilia, older person]

My participants understood their needs as health and social care support which enables live quality old age within their social contexts. Overall, 2 older people participants agreed that is not easy to give the aged ghara igbanwe care if there is no financial aid. The caregivers find themselves in a

stressful situation because the needs and demands of the aged people are not identified and understood. Caroline shared the following opinion:

> *"If the government can help our families to care for their older people, everything will be okay." [Caroline, older person]*

While Patricia noted the following:

> *"Our government does not show respect to the poor aged people. We have nothing to be proud of our government." [Patricia, older person]*

The lack of financial support from the government resulted in the participants losing confidence in the government. They perceived this lack of support as a form of disrespect of the aged and by extension, disrespect of the Igbo culture. This is further explored later in this chapter.

According to the participants, even though the older people and their caregivers have struggled to manage the ghara igbanwe needs of the older people without financial support from the government, the lack of concern shown by the Nigerian government over the ghara igbanwe issues of the older Igbo people is viewed and share broadly by the participants as a major problem heightens the increase in the complex ghara igbanwe needs of the older Igbo people.

5.3.2. Lack of Healthcare Provision

The participants have noted that there are inadequate health services provided in these rural areas in Igbo, Nigeria, where the concentration of the elderly is higher. Even when there are hospitals available, older people are unable to pay for it. This lack of healthcare provision was stated by 5 older people and 1 caregiver participants.

Caroline complained about how she is afraid that her family may force her to move to the city as the local government still has not acted upon the care and support needed by the elderly of the community. She even stated how the elders are already dying because of the lack of ghara igbanwe in terms of financial and medical support from the government.

"We have no community health care centre here around. Every year we appeal to the local government head to build a community health care centre for us. Me, I am afraid that my children would be forced to take me to the town when I can no longer do little things for myself because there is no body at home to rehabilitate me or care intensively for me. My daughter-in-laws would do that, but they are all civil servants in the towns and cannot stay in the village with me. We have no rehabilitation (ghara igbanwe) support here and no good functioning health centres." [Caroline, older person]

Meanwhile, Juliana echoed that hospitals and medical centres are needed for the older people to be taken cared of adequately,

"We need good hospitals and functioning health centres around since many of us have no cars to travel to the township for medical checks." [Juliana, older person]

Patrick added that even when there are health services available, the lack of financial support prevents older people from accessing these services.

"Many aged people here in this town cannot go to the hospital because of poverty." [Patrick, older person]

Laurence shared the difficulty of having access to the medical and health needs. He described his most recent experience with his wife's ill health below.

"Last week my wife fell very sick. There was no money to take her to the hospital, so I had to go to the native doctors to get some herbs for her. Though she is better today, but she cannot stand on her own. She is still having fever attack and we have no money. Tomorrow, we shall go to a patent medicine shop to buy malaria tablet for her. I guess she is having malaria, but this is only a guess. I think her case is complicated according to the native doctor." [Laurence, older person]

Older people turn to native doctors who are not qualified in western medicine. Alternatively, they self-medicate, or recover on their own in the absence of medical support or the finances to afford health services.

John, a caregiver, explained that the culture is being challenged because of the low quality of medical support being provided. He believed that this should be supported by the church as well.

> *"Furthermore, the district healthcare professionals should not only go around giving children immunization injections, they should be provided equipment to enable them to take care of the older people in their respective homes. The church should also help to make this possible." [John, caregiver]*

Cecilia complained that there is indeed a lack of a proper medical facility that can support and check on the medical conditions of the older people. She expressed that there are many aged people are currently suffering due to the lack of support and medical provision. She also attested that the traditional ghara igbanwe method is good but needs some optimisation due to the present changes in the social and economic situation in Nigeria. She made it clear that it is necessary to talk to the older people concerning their ghara igbanwe issues as this would encourage the older people to discuss their problems. She stated:

> *"The Igbo traditional care method is adequate if there is support from family and government. The problem here is that the rehabilitation (ghara igbanwe) of the aged is only a family problem in Igbo land, and the children are not available to give care to the aged in the villages. One problem is that there is no one to talk on the behalf of the older people. Our problems are not made open to the public. There are no medical facilities to check the health condition of the aged when they are sick. Many aged people are suffering. There no electric, light, some have aged no water to drink." [Cecilia, older person]*

According to my participants, healthcare is a complex issue in Igboland. While there is a general lack of health services available, the elderly and their caregivers face the additional issue of the ability to afford it. Rampant poverty in these ancestral homes, which tend to be rural areas, makes it difficult for caregivers to provide the ghara igbanwe that the older generation needs, and the elderly find it difficult to cope with diseases and afflictions of old age resulting them in being unable to fulfil their cultural roles.

5.3.3. Lack of Utilities

Utilities are also lacking in these poorer regions of Igboland. Basic needs such as water and electricity are not met in these regions. This was stated by 2 older people participants.

Caroline noted,

> *"All the aged people here are dying due to lack of things that support our lives. There are no community healthcare centres, no hospitals, no water, no good road, and no electricity. People die of hunger. It is only from a Catholic Priest at Enugu that the poorest of the poor around this area receive some help." [Caroline, older person]*

Caroline furthered the concern of the previous participants where she expressed her fear of being forced by her family to move to the city. She complained about how the government is not fair and with the lack of support, they are unable to live their lives comfortably:

> *"Till now, we have no positive answer all because our community did not vote for him during election. So, he leaves us to suffer. My children plan to take me away from this village, but I want to stay here. We have no water bough holes, no electricity connection. We manage our lives here ourselves. Our government is not fair with us. We need our own people at the headquarters if not we will keep suffering." [Caroline, older person]*

She saw that the Igbo people are not sufficiently represented at the higher levels of the government hence their suffering persists.

Patrick shared that the government does not value and respect the aged Igbos. With the lack of government presence, many older people are left unsupported and uncared for. He further added that he and his wife would have suffered if they had no children to assist them by providing their ghara igbanwe needs like taking them to the hospital, providing financial support, providing food, transport and assisting them to participate in cultural activities. He also expressed that the situation is dire, seeing as there are many older people begging along the streets and at church entrances.

> *"Our government does not show respect to the poor aged people. We have nothing to be proud of our government. If we did not have children, we would have suffered badly. Some*

aged people have nobody to help them, they have no shelter, no money and no social help comes from the local government areas … No light, no water, no health centre. Thanks be to God that we have our markets and churches. Nowadays, many elderly people beg for money and for food. That is a very bad sign for the society. Yes! It is a very bad sign!" [Patrick, older person]

The participants have noted that the lack of basic utilities is an issue in Igboland. Coupled with the problem of poverty, people turn to churches or other family members for help or resort to begging. Without the basic utilities, the elderly are unable to satisfy their daily needs, maintain hygiene, cook food, resulting in ill health, diseases, dehydration, affecting their physical and mental abilities, leading to functional deficits in activities of daily life. Their quality of life and ghara igbanwe is negatively impacted.

5.3.4. Lack of infrastructure

The older people participants Caroline, Georg and Patricia discussed that infrastructure is an unmet ghara igbanwe need that needs urgent attention. The caregivers Maria and Anne added that specified that another hindrance to adequate ghara igbanwe is lack of means of transportation and roads. The participants described how difficult it is to travel to a nearby hospital to get medical treatment.

"It takes about 3 hours to get to the hospital. Our roads are very bad our car is bad. My children are not around to drive me to the hospital." [Caroline, older person]

"We have no good roads, no good and safe transport system, no communication centres, and we not allowed to talk about such living inadequacies. There are no infrastructure to promote our well-being! ... The government can build and equip some healthcare centres near to us and help us have access to them. To make good roads, repair our houses, provide good transport and build good hospitals…" [Patricia, older person]

"Because of our bad transport system and bad roads, our elderly people find it difficult to visit their physicians for health care. The lack of important basic things like like transport, good roads, and medical facilities are problem to us." [Georg, older person]

"There no government support, there are no good roads and transport facilities to make movement easy." [Maria, caregiver]

"We need good roads, hospital, markets, health centres, good transport possibilities." [Anne, caregiver]

The challenges the older Igbo people and their carers experienced regarding lack of government support in building healthcare and transportation infrastructure in Igbo rural areas made them conclude that the insensitivity of the government is the major contributory factor to the problems concerning non-identification of the ghara igbanwe needs of the older Igbo people.

The lack of transportation and roads limits the ability of older people to maintain contact with relatives within rural areas and in the cities. They are also unable to access healthcare facilities or travel to markets to buy food and clothes. This affects their health and social circle which are important to their ghara igbanwe.

5.3.5. Corruption

An important issue was raised by some participants were that corruption within the government is part of the reason for the lack of financial support for the elderly. This was noted by 2 older people and 1 caregiver participants noted this. This focus code was most evident in Anne's interview.

Anne, a caregiver, accused the government of pocketing the pension money belonging to her father-in-law.

"I am not waiting on our corrupt government that has withheld the pension due for my father-in-law … Our elderly need their pensions paid. Our government has withheld the common money for themselves… I believe this county has some problems. Corruption everywhere! Very shameful." [Anne, caregiver]

Anne believes that corruption has resulted in a lack of financial support for the ghara igbanwe of the elderly. This thus places further strain on the caregivers to raise finances on their own to take care of the elderly.

A similar point was raised by Monica.

> *"Who is withholding the rest of the money due for my late husband? Is it not our corrupt government? ... We go every month to the government headquarters to ask for help, but nothing is done" [Monica, older person]*

Monica notes that the pension that was due was pocketed due to corruption, a similar accusation to Anne. In addition, the lack of government support in this matter resulted in her inability to rely on the government for aid for her ghara igbanwe.

Joseph more generally notes that the government is deceptive and making false promises to its people.

> *"Government have been making empty promises to and deceiving us, Corruption has taken over this country." [Joseph, older person]*

Corruption is a problem raised in this research. While the lack of government support is perhaps caused by corruption, the participants above have lost confidence in the government due to the deception and false promises. Corruption prevents the elderly and their carers from being able to financially afford the ghara igbanwe needs of the older Igbo people.

The participants shared that the impact of the general lack of government support extends beyond politics and resulted in social and cultural issues. The following 2 sections address these issues as the other categories of interest in this analysis.

5.4. Socio-economic Issues

The table below shows the focus codes that have been clustered within this category and the participants that contributed to these focus codes. In this table, "OP" stands for older person and "CG" stands for caregiver.

Table 7. Socio-economic issues and its contributing focus codes

Focus codes	Participants
Lack of jobs	Anthony (OP), Maria (CG), Vincent (CG), Laurence (OP), Anne (CG), Monica (OP)
Lack of education	John (CG), Anne (CG), Joseph (OP), Cecilia (OP), Vincent (CG)
Migration	Joseph (OP), John (CG), Anthony (OP)

5.4.1. Lack of Jobs

As stated by the participants, the lack of jobs is a major issue for the ghara igbanwe of the older Igbo population. The cultural practice is such that the younger generation provides rehabilitative support for the elderly. The lack of jobs in the area challenges the ghara igbanwe of the elderly in 2 ways. They are unable to afford health care services and the younger generation is forced to migrate to other areas to be able to afford the elderly. Their absence also means that there is no one around to support the elderly. This was noted by 3 older people and 3 caregiver participants.

Anthony believes that the lack of jobs prevents him from being able to access healthcare.

> *"The government has no job for our children, so it is very difficult to get money to go to the hospital for treatment." [Anthony, older person]*

Maria indicated that the Igbo traditional method of ghara igbanwe the older people is good, but that the young people are slowly disappearing in the rural areas because of the lack of jobs or employment offered in the rural areas. She added that the children do not have the money for themselves and so they find it difficult to support their parents even if they wanted to. She also talked about the effect of unemployment on the youth which makes them hopeless and helpless especially in supporting their older people. She expressed her fears and concern about the inability of her children to provide her future needs.

> *"Our Igbo traditional method of rehabilitation (ghara igbanwe) is very good. But the problem is that my children do not have enough money to give us. No! They look for job in the township. Me, I am afraid of the future. This is a big problem for me. I do not know who*

will take care of me in the future. Even now, my health is not good. I have no money to buy medicine." [Maria, caregiver]

Monica faces the same situation where the lack of jobs resulted in her children leaving to move to the town for jobs. There is no one around to help with her ghara igbanwe needs as her children are away and there is no support from the government.

"No o o!!! All of them are in the town. Some are married and some are not yet married. No job for my children, no care. So nobody cares for me. I get no help from my children and the government …" [Monica, older person]

This is further supported by Anne and Laurence.

"… my children are poor. They have no jobs, no money for their own needs." [Laurence, older person]

"There are no jobs for the youth." [Anne, caregiver]

The lack of jobs for the young has other social consequences as well. Vincent, a caregiver, added that both the elders and the youth are not being supported by the government. The youth turn to criminal activities because of the lack of jobs and opportunities in their country.

"Even the youth are not cared for and that's why we have terrible youth misbehaviours in this area. Stealing, killing and kidnapping is the order of the day here. They even kidnap the aged and expecting their children to pay heavy amount to free them." [Vincent, caregiver]

According to my participants, the lack of jobs adds to the problem of poverty. While the younger generation is unable to support the elderly financially and physically, some turn to criminal activities, giving rise to another social problem. Without the financial resources, the younger generation is unable to afford their own needs as well as the needs of the older people that they are responsible for. Older people are also often victims of these criminal activities which further adds to their anxiety and insecurity. The insecurity causes psychological, emotional, physical and financial problems for the elderly and their ghara igbanwe.

5.4.2. Lack of Education

Another issue as highlighted by 2 older people and 3 caregiver participants is the lack of education. The traditional method of caring for the elderly is being challenged because of the current lack of education in rural areas. The following participants shared that the young Igbos are being forced to transfer to the city because of the lack of development and low educational standard in their local villages.

Joseph identified that a lack of educational opportunities is one of the problems that drive the complex ghara igbanwe needs of the older Igbo population. He explained his fears for the future existence of Igbo social community:

> *"I am afraid that if nothing is done towards development here, the villages will one day be filled with the older persons only. This is because these days no child wants to stay in the village without good educational possibilities. For example, here in my village, every child longs to have basic knowledge about computer, but we do not have computers here, neither do we have regular electricity or even a strong generator to supply the necessary energy needed to operate computers." [Joseph, older person]*

John also shared his fears by adding that in the near future, the Igbo villages and communities in the rural areas will experience an exodus because there are no educational and job opportunities available to make younger generation remain. John suggests the following can help improve the education situation in Igbo.

> *"we need education, we need rehabilitation (ghara igbanwe) facilities, primary care facilities, job opportunities for the women to enable them work and stay in the villages… There is need for development even to the villages. Educational standard should be improved and the schools in the villages well equipped to make them and learning easy for the children… The best way to rehabilitate the older Igbo people is to provide opportunities for their children who stay in the villages to care for them. If there are educational opportunities here in the villages, the young people will even prefer to stay back in the villages because we all know our selves here and we are 'umunne na umunna' (kinsmen and women). This relationship keeps the older people happy and even improves their lives. It is*

> *very unfortunate that we do not have educational facilities and jobs around the rural areas." [John, caregiver]*

John raised that improving the education standards so as to make it more attractive for the younger generation to remain in the villages and to care for the elderly.

The poor education available can also more directly affect the care of the elderly. According to Anne,

> *"No education for the younger generation on how to manage the health situation." [Anne, caregiver]*

Anne noted that the younger generation needs to be educated on how to care for the health of the elderly. Education on health and care can improve the health situation for the older Igbo people.

Additionally, there is also a lack of education for the elderly about their ghara igbanwe in general.

> *"There is lack of education for carers, and even for the older people. The older have no information about why there are difficulties in meeting their rehabilitation (ghara igbanwe) needs." [Vincent, caregiver]*

> *"The tradition family arrangement for rehabilitation (ghara igbanwe) care for the aged can be maintained if people are made to know the problems of the elderly and how to deal with the problems. There is lack of education and information on the rehabilitation (ghara igbanwe) problems of the older people." [Cecilia, older person]*

Vincent and Cecilia noted that the lack of information about the ghara igbanwe of the elderly and it is difficult for these issues to be addressed. This is also the reason behind this research and addressing this issue is an aim for this research.

As noted by my participants, there is a lack of education for the young on how to rehabilitate their elderly and for the elderly about their own ghara igbanwe needs. Apart from the young not being able to appropriately support the ghara igbanwe needs of the older people, the older people are not aware of the reasons behind the difficulties they face in their own ghara igbanwe.

5.4.3. Migration

As discussed by 2 older person and 1 caregiver participants, the lack of jobs and quality education are major push factors that result in the mass migration of the younger population. Their absence also means that there is no one to help support the elderly.

Aside from the lack of quality education, John, a caregiver, stated that the locals are not provided with adequate job opportunities. He added that the youth is eager to migrate to the city or urban area in hopes of having a better life and employment.

> *"I would also say that we need younger people in the villages to help assist the older people. Our children are migrating because of lack of jobs." [John, caregiver]*

Anthony also discussed the need to support the young people to grow up sensibly by given them the adequate education necessary for their future lives. He stated that the lack of such opportunities.

> *"We need good healthcare, churches, government to help. If our children get support, them go stay for home to help us." [Anthony, older person]*

The lack of these support for the younger generation resulted in them moving out of the rural areas. Their absence also means that there is a lack of people to support the elderly.

> *"Things have changed in this country. Young people are no longer at home to support the aged." [Joseph, older person]*

Aside from Joseph, Vincent also voiced the same concerns.

> *"Sending money home is not enough! There must be someone at home to care for their daily needs." [Vincent, caregiver]*

Financial aid that the younger generation sends back to their elderly in rural areas is insufficient. Their physical presence is required for the ghara igbanwe of older people.

To elaborate on this point, John stated:

"Here, in our community, the young people need to be educated, grow and stand on their own. This can be possible only when they move into the western world and or at least to the urban areas. It is very unfortunate that we do not have educational facilities and jobs around the rural areas. Every youth seeks to migrate to the urban area for either educational purposes or for possibilities of getting a job so there is virtually no one to assist the older parent with their needs for this reason, the older people find themselves staying without their children and grandchildren. Now we are beginning to see that those basic facts are real, Children and grandchildren are not available." [John, caregiver]

Meanwhile, John who gives ghara igbanwe support to his older relatives in the village clarified that with this mass migration of the younger generation, the older people are now left alone and to care for themselves.

"Earlier in our Igbo Nigerian culture, we did not have the problems we are experiencing now. Children and grandchildren were always around to care for the needs of the elderly ones, but now both the children and grandchildren have all migrated to the urban areas, living no one at home to care for the elderly. For that reason, the elderly suffers; they go themselves to fetch water and firewood from many miles away from their homes." [John, caregiver]

This resulted in feelings of abandonment as the younger generation are not able to fulfil their role of caregivers as expected by the elderly. This is further explained later in this chapter.

According to my participants, the absence of the younger people in rural areas means that they are not physically present to support the ghara igbanwe needs of older people. Within the Igbo culture, there is a certain reliance on the younger generation to care for the older people. Additionally, migration also leads to the separation and disintegration of the family which is an important cultural ghara igbanwe need for the Igbo people. These are explained in the cultural category.

5.5. Cultural Issues

The table below shows the focus codes that have been clustered within this category. In this table, "OP" stands for older person and "CG" stands for caregiver.

Table 8. Cultural issues and its contributing focus codes

Focus codes	Participants
Young caring for elderly	Vincent (CG), Mary (OP), Josephine (OP), Juliana (OP), Maria (CG), Georg (OP)
Ageing in place	Patrick (OP), Patricia (OP), Mary (OP), Vincent (CG), Maria (CG), Caroline (OP)
Dying in place	John (CG), Juliana (OP), Maria (CG), Georg (OP), Caroline (OP)
Rejection of care homes	Joseph (OP), Maria (CG), Caroline (OP), Georg (OP), John (CG), Patricia (OP), Laurence (OP), Josephine (OP), Anne (CG)
Disrespecting the aged	Patrick (OP), Vincent (CG)

5.5.1. Young Caring for Elderly

As noted by 4 older people and 2 caregiver participants, it is in the Igbo tradition for the young to take care of the elderly. The elderly in turn expect this of their children and sometimes rely on their help. This is however challenged by the migration of the younger generation in search of better jobs and education. This results in feelings of abandonment in the elderly.

Vincent, a caregiver, left the urban area where he was living with his nuclear family to come back to the village to live with and give rehabilitative support to his aged parents. He said that his parents were suffering and that no one is present to help him support the older people. He also expressed that caring for his parents would help him receive parental blessings from his parents as such blessings are very much valued in the Igbo culture.

> *"I needed to come back home with my family and I am happy that I am in the village to care for my aged parents. I need their parental blessings and support even after their death. If I do not stay at home, nobody will do that for me. We have no good social system that includes care of the aged. No! Nothing from anybody! No support, no pension." [Vincent, caregiver]*

Mary relies on the support of her children for her ghara igbanwe as such is the practice of their culture.

> *"My husband and I hope to receive every ghara igbanwe care and help we need from our children here in my house till we die." [Mary, older person]*

Josephine shared that her main fear is to get older each day without having both her family and the government to support her. Unlike other participants, who have children, she expressed regrets for her inability to have children since children are viewed as insurances for the older Igbo people. She shared her concerns below.

> *"I am afraid! Nobody will take care of me when I grow very old. Their children will not care for me like they would for their own mothers. The government does not give any support to the aged people. That is my problem and my fears. If I can register myself anywhere for future care when I am very old, I will do that. But we do not have such places here around." [Josephine, older person]*

Meanwhile, Juliana shared her concerns about getting older and not receiving ghara igbanwe support from anyone. She described what she and her husband value as important for their ghara igbanwe: She also talked about how important it is for them as older people to receive ghara igbanwe while maintaining their relationship within their social environments:

> *"I am afraid that my children will not be able to care for us when we become very old. They do not live with us; they have no money and no time. Calling us on telephone does not solve our problems. We need help!! We need money; food, clothes and we need to be socially involved within our environments. We cannot be disregarded and separated from our homes because we are ageing. No! Our ancestors will revenge such act." [Juliana, older person]*

Vincent, a caregiver, stated that he has observed that many older people are being left alone at their homes by their children. This is because their children need to work far away for them to have the resources to support the needs of the elderly.

> *"We go to the farm to get some yams, cocoyams, vegetables and fruits according to their seasons. Any day we wake up from sleep, we thank God and whatever we see that day, we take. Most aged people die here due to lack of care. So many aged people die due to hunger.*

Even those who have many children die because their children are not at home to care for them. Sending money home is not enough! There must be someone at home to care for their daily needs. This is the major reason I decided to come leave the urban back and stay in the village with my parents. No other person will do that for me, no body." [Vincent, caregiver]

Some older people expressed that they felt abandoned by their relatives when they need help. The participants acknowledged that some of their relatives are handicapped because the burden of ghara igbanwe of the older ones is left on the hands of the relatives only. These feelings of abandonment affect the quality of life of older people.

Maria added that currently, there are no children left to support and care for their parents. She emphasised that older people are already suffering too much. Her narrative reveals that some children have no financial support for themselves and so cannot support their older relatives in need of any sort of ghara igbanwe. She also expressed her fears and concerns about how her ghara igbanwe needs would be met in the future:

"Our method of care is very good, but no children are not at home to help. Our children are not there to help! The children are not there to give us help! Our suffering is too much. Our government is not good. So, we no get any help from anybody. Only children when they send money." [Maria, caregiver]

Josephine expressed that she is living alone with no one to support and care for her because she has no children. She expressed regrets and lamented that she did not have children who would have cared for her if they were to be there. She discussed her thoughts and views:

"I do not have any body as my own person. I have no child and no friends. I do not rely 100% on this family because when I grow too old, I will be less helpful to them and so will be left alone to die." [Josephine, older person]

In the absence of the younger generation to care for them, the elderly turn to the community for rehabilitative support. This is important as Igbo people live in tight-knit communities and it is in their culture to rely on the community even if they are not family of relatives.

Juliana shared her ultimate wish to live and die in the comfort of her own home. Furthermore, she stated that the social support from her family, the agnate group and from the rest of the villagers have been a significant part of her life as an elderly. She indicated that such support promotes mental, physical, spiritual and psychological healing. She identified that living in the Igbo villages, with the Igbo community prevents loneliness and low spiritedness and promotes the health and well-being of the older Igbo people.

> *"We wish to live and die here in our house!! We need the company of our villagers. In our village meetings, we encourage one another, and life keeps moving. We love to live together. This is Igbo culture. Some very elder people have no houses. Respect, regard, care, social support, food, money, medical and nursing care, shelter, people, moreover, we live longer when they stay in the community. We do not live in isolation, we need one another. This is our culture. No Igbo person survives alone, 'idinotu buike' (unity is power)." [Juliana, older person]*

Georg further explained the value of the elderly in Igbo society and culture below.

> *"We are community oriented! We are kinship oriented. We like to live together! Yes, we like that. The aged people are blessings to their families and communities, they are bundles of wisdom. They are upright and have the fear of God. They protect and direct the youth. They are our connection to our fore-fathers they understand the language of the land, that of the sea, the movement of the moon and the sun. Why they be kept away from their homes? Obu Aru!! (It is taboo to take the aged Igbo to the aged homes). Old peoples' home is an imported thing for Europe. It is not our culture... My wife and I will remain with our family till the end of our lives. Our children also know what is good for us when we grow old and they will, I hope, keep to what we tell them." [Georg, older person]*

A good number of participants (4 older people and 2 caregivers) discussed that the traditional family method of the Igbo culture is challenged as the elders are being left by their children, thus, needing to care for themselves. Moreover, leaving older people alone to care for themselves separates the older generation from their social world which does not help their ghara igbanwe. The ability to stay within the family circle and to receive rehabilitative care from younger family members was a

major ghara igbanwe need as mentioned by many participants. In its absence, the older people turn to the wider community for help. While it is not in line with their expectations, relying on the community and being part of it is a way of life for the Igbo people.

5.5.2. Ageing in Place

This focus code refers to the desire of the Igbo older people to live out their old age in their ancestral homes. As indicated by 4 older people and 2 caregiver participants, there is a rejection of care homes as an option for the elderly particularly because it is not within the Igbo culture to do so. Igbo elderly want to age in their own ancestral homes and expect the younger generation to support their rehabilitation with the belief that they will receive blessings from the older generation in return. Such is the definition of ageing in place in the Igbo context.

Patrick expressed his strong disagreement with the idea of having an alternative home for the elders. He shared that he refuses to leave his home for an unknown or strange environment. For him, it is crucial to follow and respect the culture that they grew up in. In agreement to what most participants have said, he shared that the young and the old have a social role to play in the ageing process. He explained how he received his ghara igbanwe services from his younger generations, and how this is culturally, socially and religiously appropriate.

> *"I get help through my wife and my children. I have 5 children, and 24 grandchildren but only one child is at home with me... It is our culture here and we love it. It is stated in the bible, in the Ten Commandments: ''Sopuru nna gi na nne gi'' (Honour your father and your mother). I believe that, any child who does this remains a blessing to him or herself and to all who come after him or her." [Patrick, older person]*

Patricia discussed that the culture should be maintained. She explained that the elderly from her husband's family and that of her own remained in the comfort of their own homes until they passed away; this should be maintained within their culture. The Western culture to ghara igbanwe should not be adapted locally as it is against their culture and beliefs. Most of the participants have identified government support to help them receive care within their social context as one of their

major ghara igbanwe needs. Patricia has made it clear to her children not to send her to institutional care. She explained that her own parents lived and died happily within their agnate groups and social environment. She also viewed institutionalisation of care not as ghara igbanwe but a form of displacement of the older people. Recalling how she cared for her own parents, she identified what she thought were very important ghara igbanwe needs like building water supply centres, hospitals, roads, provision of transport services and repairing their living houses.

> *"My own parents did not have such things like old people's care homes. It is obodo oyibo (Western world) culture and not our Igbo culture. My children will not attempt to carry me to any such places. My house is my own care centre. If the government wants to do something for us, they help our children to help us by supporting them financially. The government can build and equip some healthcare centres near to us and help us have access to them. To make good roads, repair our houses, provide good transport and build good hospitals and community healthcare centres for us and not old people's homes." [Patricia, older person]*

Meanwhile, Mary indicated that in the Igbo culture, it is greatly unacceptable to have the elders be sent away from their own homes. For her, the older people are the pillars of the families and so belong to their homes and not nursing homes.

She believes that instead of having such ghara igbanwe homes, the government should focus on how the elders and their families can be supported for them to have the capacity to independently care for their own family members. She described ghara igbanwe needs as that what would help her live her life reasonably comfortable in her social context. This point is also highlighted by most of the participants and the ghara igbanwe needs have been mentioned above. Most of the participants recalled how they cared for their own elderly people and why the Igbo traditional method of rehabilitating their older people most acceptable. She described,

> *"In this part of the world, we have and would not want to have old people's homes. No!! We are home people and not wanderers; we belong here and want to receive rehabilitation (ghara igbanwe) here, in our homes. We need things like: medical support, shelter, our*

fames, food, money, protection, respect, and clothing. We need water, good road and health centres. We need people to shop and fetch water and even cook food and move around with us because we are now weak. We need to go for village meetings, markets and to cultural centres." [Mary, older person]

Vincent shared his views as a caregiver. He indicated that his parents are aged and will only be happy if they can be assisted to receive ghara igbanwe services that enable them to stay within their homes. He explained that his parents need their social environment to be happy. He highlighted that the rural areas, though poor, contribute to making life liveable for the older people. According to his explanation, the atmosphere of the homes of the older people supports them to survive, live joyfully and longer. He indicated that the poor social and economic situation in Nigeria helps to fuel the sufferings and increase the ghara igbanwe needs of the older people. Vincent explained,

"Here in Nigeria, we suffer to rehabilitate our old people. We suffer it all alone as the children. The money I get is not enough to care for every one of my family. Our town's 'eze' (town head) has tried on our behalf to talk to the government at the local government area headquarters here, but no one is doing anything. Even our health centre near her is empty; nothing is in it, no health facilities to take care of the older people. Any plan to build care institution for the older people will be going contrary to the Igbo culture and will be seen as an imposition, and not a strategy to solving the rehabilitation (ghara igbanwe) problems of the older Igbo people." [Vincent, caregiver]

Maria added that she also strongly disagrees in having a ghara igbanwe home for the aged. She highlighted that the Igbo people attach great value to the culture of communal living. For Maria, sending an older person to institutional care would be separating the individual from his or her family, from the community and from his or her dear ones. Like the other participants, she explained that the government should work to raise the social conditions of people and support the older Igbo with what they need to remain in their own homes in order to live longer and die peacefully when the time comes. On the question of about alternative care she said:

> *"No! We do not want oyibo (Western) style of ghara igbanwe of the aged. No! Our homes are good, we will remain here ooooo! No oyibo (Western) method. Nobody here fit live alone, we live together. The government should help us to live and die in our homes." [Maria, caregiver]*

Caroline expressed that having an alternative home for the elders should be forbidden. For her, it is her greatest wish to live and die peacefully in her own home; she also added that she would want to be buried within her own compound. As part of their culture, she indicated that Igbo people do not need much but to be respected as elders and follow the culture of living and passing away within the confines of their homes.

> *"May God forbid that! It has never been done in the area and would never come in question. Our fore-fathers will never allow such ideas to come to my children. I wish to stay here in my hose, die peacefully here and be buried here in my compound. I want to stay around in my compound whether I am alive or dead. God will grant me this request. We, the old Igbo people do not need much to be happy in our homes. I can say that our traditional way to rehabilitate the older people is very good and healthy. But nobody is there in the village to help. That is our problem. We have no government to support the aged people, only our children do." [Caroline, older person]*

Ageing in the Igbo ancestral homes is a cultural practice. This is a key motivation for the elderly to want to be rehabilitated in the rural areas within their communities. This an important ghara igbanwe need however it is currently challenged because of the migration of the younger generation and poor living conditions in the rural regions.

5.5.3. Dying in Place

As stated by 3 older people and 2 caregiver participants, in addition to ageing in place, Igbo elderly also wish to die in their ancestral lands. An example was shared by John where the value and significance of burying the elders within their homes was solidified. The participant expressed that in the Igbo culture, most of the families bury the bodies of their loved ones within their family homes and compounds. The participant explained that this is based on the same belief as the desire

to age in their ancestral homes and the rejection of care homes. The Igbos view it as distancing themselves from their late grandparents or parents if they are buried in at the cemeteries which are usually located away from their homes. As much as John did not want to discuss further, John reasoned that burying the elders at home in most Igbo areas has its implications. The participant explained that there are too many graves in some Igbo compounds that it hinders or reduces the available space for the younger generation to live in the area.

> *"In our culture, no family wishes or wants to bury the body of her dead elderly ones out of the family house. Most families have their compound filled up with graves of the older deceased members of their families here in my own village, very few families bury their elderly at the public cemeteries. They prefer to bury them at home in their compounds. This boils down to the widely notion in Igboland that burying ground mums or pas or parents outside their family compounds is a sign of throwing them away or isolating them. There are some other ideas behind burying the elderly at home which I would not want to talk about now. One disadvantage of this behaviour is that it reduces building spaces for the younger relatives who would want to build living houses in same compound." [John, caregiver]*

Juliana and Caroline also noted the same wish to live the rest of her life and die at home.

> *"We wish to live and die here in our house!" [Juliana, older person]*

> *"Igbo people do not need much, but to be respected as elders and follow the culture of living and passing away within the confines of their homes." [Caroline, older person]*

Maria also indicated that they do not accept the Western style of treating the elderly. For her, bringing back the dead bodies of the elderly from overseas to their homes and lands should be followed consciously and meticulously. Perhaps, the explanation of Monica is another interesting aspect of this investigation. She explained why Igbo people take back the dead bodies of their people to Igbo land after they have died overseas.

> *"All those our older people who die in oyibo (Western) lands should be brought back home to be buried here because they belong not in oyibo (Western) land, their great grand papas*

> *and mamas are all buried here in this Igbo. In oyibo (Western) lands, they are visitors. So, when they die and are buried in the graves in oyibo (Western) lands, they remain visitors even in the graves there... So they will not be looked at as foreigners in their graves." [Maria, caregiver]*

Finally, Georg shared that his parents are both buried at his home. For Georg this is the consolation that a child can offer their parents. The participant shared how parents as elders should not be sent away but should be cared for when they are unable to manage themselves anymore. As has been previously indicated, in Igbo culture, the respect given to the older people is not just because they are in the ageing process. The older Igbo people are respected because of their close relationship to their ancestors. An ancestor in Igbo culture is view as whose morals can be emulated. Therefore, every Igbo strives to be regarded as an ancestor in their afterlife. This belief influences the cultural attitude towards not sending the older people away to care homes in Igbo land. Georg described his experience with his Igbo family friend.

> *"Last year, one of my friends in Lagos sent his sick and aged mother to an old people home in Lagos. After the woman died, this friend became sad and started regretting putting his mother in such a home. According to what he says, his mother keeps appearing to him in a sad mood and he feels that his mother is not even happy in the grave because she died in an old people's home in Lagos." [Georg, older person]*

This concept of ageing and dying in place is a key finding in this research. These cultural beliefs underpin decisions made by the younger and older generation in relation to the ghara igbanwe of the elderly. Additionally, the lack of respect for these cultural practices by the government resulted in some resentment amongst the participants.

5.5.4. Rejection of Care Homes

My participants indicated that as a result of traditional beliefs, there is a rejection of care homes, which many participants believe to be the Western way of ghara igbanwe of the elderly. It was unacceptable for the participants because of the following reasons: refusing to leave their homes; needing the families, needing agnate groups, communities or villages for coping, emotional,

spiritual and even financial support, and keeping even with the good spirits of the ancestors whose graves are very often found within the homes and compounds of the Igbo people. The notion that old people's homes are viewed as "end stations'' for the older people is interlinked with the idea that through the use of care institutions, the older people are marginalised, distanced from their families and villages and there is no guarantee that better ghara igbanwe services are given, because the few available old people's homes in Nigeria are not equipped. The participants viewed it as a disgrace and disrespect to send the elderly away to nursing homes. There were 6 older people and 3 caregiver participants contributed to this focus code.

However as much as they would like to maintain their cultural practices of ageing and dying in place, some participants noted that they perhaps do not have a choice about the matter. 6 participants discussed future ghara igbanwe of the older Igbo in care institutions as a possible alternative in Nigeria but not in Igbo society. Some participants found the alternative to be unacceptable in Nigeria because it speaks is against the Igbo culture.

Joseph echoed that ghara igbanwe centres for older people are not welcomed. However, elders living in rural areas need much more support in terms of their religion and health needs. He shared:

> *"Yes! Such institutions are not welcomed. Welcomed are civic centres, churches, Healthcare centres, schools, hospitals, fitness places and markets. Here in our area, many people are left without care. Both the aged and the disabled are neglected by the Nigerian government. Many of these people go begging along the streets especially if they have no relatives who can support them financially. Things have changed in this country. Young people are no longer at home to support the aged. Many aged are left in the village without food, water and shelter. Many cannot afford to go to the hospital because of frailty and bad transportation system. Many aged people are developing serious psychiatric problems. I think you know this madness called ''ngwugwari' (senile dementia)' that comes with old age?" [Joseph, older person]*

Some participants expressed their deep rejection of the Western practice of ghara igbanwe of the older people where they are sent to care homes or nursing homes.

"My parents rejected the idea of nursing homes for the elderly. They told us their children, that such houses are not welcomed in Igbo context." [Maria, caregiver]

"It is my greatest wish to live and die peacefully in my home... My children are doing their best to care for me... Generally, I can say that our traditional ghara Igbanwe is the best. We remain in our homes, receive rehabilitation (ghara igbanwe) in our homes, to help us age healthy in our homes." [Caroline, older person]

Georg added that given that their culture is community and family-oriented, having an alternative method for the traditional family methods cannot substitute their ghara igbanwe needs. Moreover, this would be highly unacceptable by their culture. When asked if care homes can serve as alternative ghara igbanwe centres for the older Igbo people, he replied,

"Care homes for the aged? They are not for us!! I am not for it! And our culture does not allow that." [Georg, older person]

John stated that in their Igbo culture, sending an elderly family member away from home is considered unacceptable and a disgrace for the family. The Igbo society views this act as dishonour given that it does not follow the norms and beliefs of the culture. John added that there is a need to create awareness for the central government and as well as the local government authorities to work together in order to address the unmet ghara igbanwe needs of the older Igbo people. The support from the government as has been identified by the participants as a ghara igbanwe need that would go a long way in reducing the struggles experienced by the older people. As John explained, alternative homes for the elderly could be avoided if the government give the people some support. He said:

"For us in Igbo Nigerian culture it an abomination to send the older one to old people's home. Our older people look at such actions as if we children send them out there to die in isolation. Mmm... I would say we need younger people in the villages to help assist the older people. We need education, rehab facilities, primary care facilities, job opportunities for the women to enable them work and stay in the villages. But here is also need to begin to create awareness and to educate people about the present necessity to introduce such institutions

like old people's homes. I am afraid, the present Nigerian social situation might push us to rethink and to start wanting to import the idea of old people's homes." [John, caregiver]

Surprisingly, although the participants believed that it is against their culture, some consider this alternative care as a possibility out of necessity. It was noted that their main reason for considering the option was the need for financial and medical care or help for the elders. However, this does not mean that the participants would like to be sent to care homes. Some participants found them as a potential option for older people who do not have children or who are mentally ill, especially when one requires medical treatment and can no longer be managed at their homes. But before the introduction of such alternative care centres, John shared that the Igbo locals should begin opening the minds of the elderly people to the probability of having these alternative arrangements. He indicated that such alternative centres should be accepted for the benefit of having better medical and health support for the elders for the older mentally ill relatives. John further stated,

"Secondly, the Igbo people could begin to think enlightening the older people on the possibilities of building old people's homes where formal health professionals would be made available to care for the elderly who are not just physically, but also mentally sick." [John, caregiver]

Meanwhile, Patricia explained that she has been having a difficult time to support herself with her daily and medical needs. She explained that the call for government action could raise concerns about the numerous ghara igbanwe needs of the older people which nobody has talked about. As she said, living in an alternative home may be necessary. However, she viewed this as still unacceptable in their culture. As expressed by Patricia, the only factor that might be considered in the idea about building an alternative care centre is the possibility that the government supports and provides for the older people who might agree to go there. Patricia put her thoughts and concerns about institutional care forward,

"If I go to old people's home, who will pay? Is it the same government that does not support to live and enjoy our old age in our respective homes that would build old people's homes for us? I will not go the old people's home to live, it not our culture. But if the government supports, I will go there for some months and after I come back home." [Patricia, older person]

Laurence shared his difficult experiences in taking care of his own aged mother. Due to the financial issues in his home, he has started to think twice and considered accepting going to the homes for the elderly people. He believed that the poor social and economic situation can make one forget the cultural norms. In addition, he mentioned that the lack of government support is another factor that is hindering people from keeping and maintaining the tradition of the Igbos. Based on his experiences of poverty, and some other difficult experiences he and his family were going through, he began to develop an interest in asking for information about institutional care. He made known that his family has been suffering a lack of support for his ghara igbanwe needs. The participant highlighted that if there were such care institutions available in the area, he would prefer to be sent there to alleviate the suffering he and his family were experiencing. However, he wished to accept care in an elderly home only on the grounds that the government will support their needs. He discussed his opinion,

"Left for me, the best thing for is to go to old people's home. This is not our Igbo culture, but, our government have not made any provision for the elderly people and, my children are poor. They have no money for their own needs. Nothing comes from anywhere, no government support.... My wife is sick. She became sick after delivering her last child. So, I am the only one doing everything. My other two little children are still in the primary school and one of eye problems. In short, she is blind. My suffering is too much! Our children can no longer care for us as we cared for our parents. 'Uwa emebiele' (the world has changed negatively)." [Laurence, older person]

Josephine echoed that many elderly people are already suffering because their ghara igbanwe needs are not known. She explains that childlessness is a problem in Igbo culture and that children should be viewed as important ghara igbanwe need in the Igbo cultural context. This is also a very

important finding to be noted. The need to have children and the role children play in *ghara igbanwe* has emerged repeated in my interviews. As Josephine is childless, she indicated that it may be best for her to transfer to the alternative home as she has no one to go to, or anyone to take care of her. She shared,

> *"Many older people are suffering. They have no help. Me, I have no children. This is my greatest problem. Childlessness is a major rehabilitation (ghara igbanwe) problem here, so having children is a big rehabilitation (ghara igbanwe) need in Igbo culture. Even those who have children are suffering. The children are all away and the older people left to suffer. Nobody can do anything to help the old people. But they are happy in their homes. Me, because I have no children, I will like to go to old people's home if there is any around." [Josephine, older person]*

Maria shared that she has already suffered much in taking care of her older parents-in-law. As much as she did not express any regrets caring for her parents-in-law, she expressed that it would be necessary for the government to understand and investigate the ghara igbanwe needs of the individual older people. Maria discussed that it may be acceptable to have an alternative home for the elderly if that would help the children or caregivers to taking care of their aged parents and improve current situations and issues concerning the ghara igbanwe needs of the older people. She expressed concerns about her own health which was failing her due to the amount of work.

> *"I am happy that, the other family members will be home this weekend and we will all sit down together to discuss it. It is becoming too tedious for me to keep helping my mother and father-in-law. My health is breaking down. There is no social help to assist me in doing this." [Maria, caregiver]*

Finally, Anne discussed that it would help to invest in health care centres as this can be considered a way to reduce the sufferings of the elderly especially those with no family members to watch over or care for them.

> *"If I am left to suggest, I will say that building health care centres for the aged a providing some support to the informal carers will go a long way to reducing the sufferings of the*

aged people. The government will be wasting time to think that these aged people who suffered Biafra war will ever want to leave their homes for old people' home." [Anne, caregiver]

According to my participants, because of the Igbo cultural beliefs, the older people want to be rehabilitated in their ancestral homes, age and die at home. Care homes and other settings of institutionalised ghara igbanwe centres goes against the beliefs of the Igbo people. Therefore, there is a general rejection of these alternatives to ghara igbanwe in ancestral homes.

5.5.5. Disrespecting the Aged

Finally, 1 older person and 1 caregiver participant noted that there is a sense of disrespect of the aged and their needs by the government.

Patrick stated that the tradition or culture is being challenged because of the overall lack of respect to the elder Igbos. He talked more comprehensively about the lack of ghara igbanwe of the older people in his LGA and expressed his disappointed with the government of this area as well as his lack of understanding about the nonchalant attitude of the government towards the needs of the older people. The participants explained the lack of care for the older people as disrespect to the cultural norms of the Igbo nation. Overwhelmingly, 15 out of the 16 participants viewed the lack of government concern and support as a major ghara igbanwe need of the older people and their careers. Patrick discussed his views below.

"I think that is important to respect the aged. Many people do not respect the aged. It very bad because it not our culture to disrespect the aged, whether rich or poor, man or woman. Our government does not show respect to the poor aged people. We have nothing to be proud of our government." [Patrick, older person]

Vincent further explained what he felt was important for his aged parents. He indicated that for his parents, happiness means being around their family and friends from the community. He added that loneliness increases ghara igbanwe needs. The participant shared some unmet ghara igbanwe

needs of his elderly parents and blamed the government for their insensitivity towards the ghara igbanwe needs of the older people:

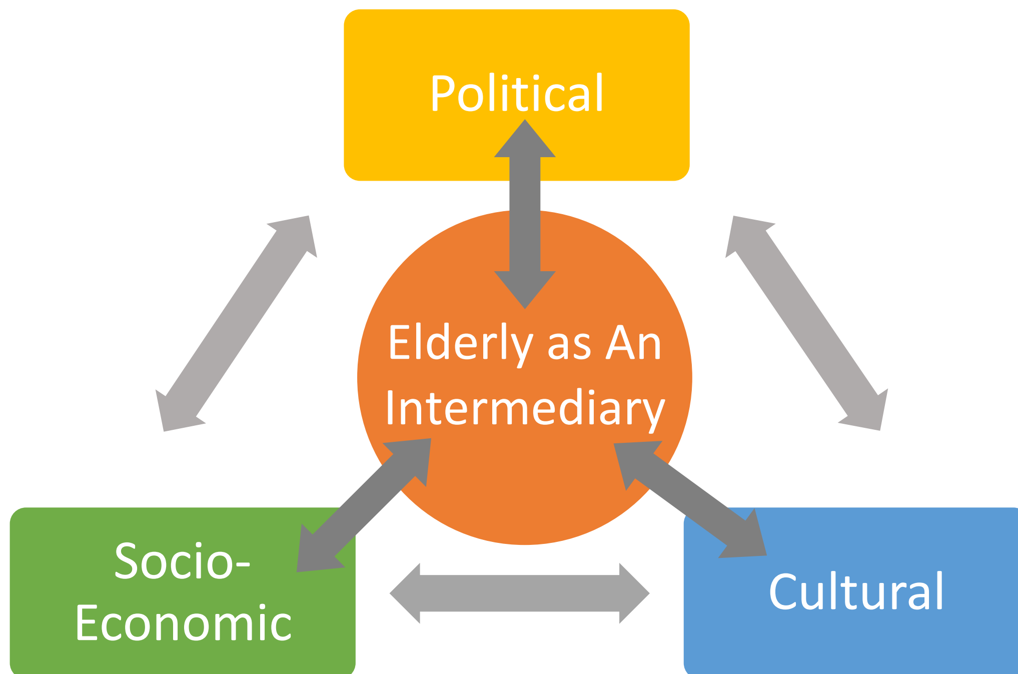
> *"I feel sometimes frustrated when I think about how to make my aged parents feel happy and less burdened. Our social system is nothing to talk about. But my parents need to stay in their homes to be happy. They are happy staying here in the village, but they need certain things to make their lives comfortable in their social circumstances. Unfortunately, such helps like: good living houses, paying them their worthy pensions to help them get some food and medical care would be of great help to the elderly. No responsible government neglects her older people. Such governmental irresponsibility is found only here in Nigeria... Without any government care meanwhile, my parents were both civil servants but receive only one month's pension in every 24 months." [Vincent, caregiver]*

These participants have noted that this lack of a culturally sensitive consideration in the ghara igbanwe of the elderly by the government is perceived by my participants as disrespecting the older Igbo people. Even though the government may have built elderly rehabilitation institutions in some areas in Nigeria, these do not address the culturally nuanced ghara igbanwe needs of the Igbo people.

5.6. The Relationship between Categories and Theoretical Code

The earlier sections have presented the findings in their respective categories. While I have identified these distinct categories, they are inseparable from each other. In fact, all these 3 categories are closely interrelated, and they influence each other. The figure below shows this complex relationship. Within this is a common idea that is shared by all the 3 categories at the same time: elderly people are intermediaries between the living and their ancestors. This is a theoretical code from this research. In this section, I will only describe how this theoretical code emerged from the categories. I will further discuss the theoretical using my participants´ quotes and with reference to the wider literature in the next chapter.

Figure 6. Relationship between categories, and between the theoretical code and categories



In this study, my participants have noted that the lack of government provisions such as pensions, utilities, transport infrastructure, healthcare, coupled with the problem of possible political corruption resulted in social issues such as rampant poverty in Igbo. In addition, the inadequacies of the government are perceived by the participants to be a lack of respect of the elderly and Igbo culture. The lack of representation of Igbo people in the federal government also means that the Igbo cultural practices are not taken into consideration of policy makers in Nigeria. In this sense, the political issues are linked to the socio-economic and cultural issues of the ghara igbanwe of Igbo elderly.

My participants have also noted that the failure of the government to provide jobs and a decent education for the younger generation resulted in the mass exodus of the younger generation to other towns and city in search of a better life. Their absence also means a lack of caregivers in rural areas to support the elderly. As much as the younger generation would like to continue the Igbo cultural practice of taking care of the elderly, the lack of jobs and education make this a great

difficulty. Hence, the socio-economic issues are related to political issues and have an impact on the cultural issues of ghara igbanwe.

The cultural practices of ghara igbanwe of the elderly in Igbo are under siege according to my participants. Political issues such as the lack of government support in general and social issues such as the mass migration of the younger generation challenge the cultural practices. Traditionally, Igbo older people rely on their young for ghara igbanwe and the young in turn receive blessings from the elderly they care for. In addition, the elderly wish to age and die in their ancestral homes. The current move by the government to develop nursing homes and care homes for the elderly is met with disdain by the Igbo elderly as it contradicts their cultural practices. Therefore, the political and social-economic issues are strongly interrelated to the cultural issues of ghara igbanwe of the elderly.

With reference to figure 6 and participant quotes shared previously, Igbo elderly as intermediaries between the living and their ancestors emerged as a theoretical code as it appears to be a problem that exists in all the 3 categories. Firstly, policies and the political situation in Nigeria does not seem to respect this intermediary role that Igbo elderly play within their families and communities. On the other hand, this lack of acknowledgement of this spiritual and social role played by the Igbo elderly is causing resentment amongst the Igbo people towards their government.

Secondly, with the elderly playing such an important role, the younger generation is expected to fill the social role of the caregiver and have the financial and physical ability to support the ghara igbanwe of the elderly. However due to their migration into the urban areas, the younger generation is unable to be physically present to support their elderly in their intermediary roles.

Lastly, this intermediary role is the reason behind the desire of the Igbo elderly to age and die in their ancestral homes hence resulting in the cultural issues raised earlier. Conversely, while the Igbo elderly reject institutionalised care, some older people and care giver participants have noted that

it is a possible last resort. However, when these elderly Igbo people are placed in these alternative settings, they are unable to fulfil their intermediary roles.

Elderly as intermediaries between the living Igbos and their ancestors is spiritual role that causes the political, socio-economic and cultural issues of ghara igbanwe as raised by my participants in this chapter. At the same time, the political, socio-economic and cultural issues of ghara igbanwe also threaten this intermediary role that the Igbo elderly play. Therefore, as it appears that this intermediary role is central to the issues of the ghara igbanwe of the Igbo elderly raised by my participants, this intermediary is the theoretical code of my findings. I will discuss this theoretical code further using my participants' quotes and how it relates to the wider literature in the next chapter.

Chapter 6. Elderly as Intermediaries and Challenges for Igbo

This chapter further discusses the findings as highlighted in Chapter 5. The first section of this chapter explains the key contribution and theoretical code of this thesis, Igbo elderly people being intermediaries between the living and their ancestors from my participant's quotes and then in relation to the wider literature on Igbo culture, Nigeria society and ghara igbanwe. This concept of the social role of that elderly people play in Igbo society has a great cultural, social and political impact.

While this research has categorised the issues of ghara igbanwe as political, socio-economic and cultural, they are closely intertwined and related to each other. Due to this complexity, there are great challenges for Igbo to resolve the issues of ghara igbanwe raised in this study. The second section of this chapter describes the complex issues in Igbo and Nigeria as a whole and how they affect the ghara igbanwe of the elderly people.

6.1. Igbo Elderly as Intermediaries

The common concept that ran throughout the political, socio-economic and cultural categories is that the Igbo elderly play a special role in the Igbo culture. This idea thus became my theoretical code for this study. The current state of affairs in the ghara igbanwe of the elderly is so because of a lack of respect for this special role that the elderly play in the Igbo society. This intermediary role is important according to my participants as it is interrelated to the political, socio-economic and cultural situation in Igbo, Nigeria. Thus, I have developed this theoretical code from my participants' perspectives expressed in the quotes below. Elderly as intermediaries between the living and their

ancestors is, therefore, the grounded theory that I have developed from the data that I have gathered from my participants.

Anthony explains this role that the elderly play below.

> *"This is because children should commit themselves and perform their duties of taking care of their parents even after they have passed away already. This is because our elders are our link to our forefathers. We owe them respect and continued upkeep till they die to join the forefathers. Our elders protect our families from all other bad spirits that are hovering around." [Anthony, older person]*

The Igbo elderly people serve as intermediaries between the living and their ancestors. In this position, they are believed to have certain abilities that benefit the younger generation.

Georg explains that the elderly people are thought to possess immense knowledge about the world which in turn serve as guidance for the younger generation,

> *"The aged people are blessings to their families and communities, they are bundles of wisdom. They are upright and have the fear of God'. They protect and direct the youth. They are our connection to our forefathers they understand the language of the land, that of the sea, the movement of the moon and the sun." [Georg, older person]*

In addition, they also provide protection from evil.

> *"Our ancestors get angry with any family that attempts sending the elderly to elderly homes, because these elderly represent the ancestors, and they connect with them to protect the families from attach of the evil spirits." [Georg, older person]*
>
> *"We cherish our elderly people. The presence of the elderly drives evil spirit away from families- The elderly mediate between our and the ancestors." [Anne, caregiver]*

The elderly people are also believed to provide blessings for the younger generation.

> *"It is stated in the bible, in the Ten Commandments: ''Sopuru nna gi na nne gi'' (Honour your father and your mother). I believe that, any child who does this remains a blessing to him or herself and to all who come after him or her." [Patricia, older person]*

The young also believe that by providing ghara igbanwe for their elderly, they receive these blessings.

> *"The parental blessing from my old mother is very important for me and and for my childern. Mama's blessing will accompany me and my children throughout our lives, that was my reason for coming back to the village to assist my mother in her rehabilitation (ghara igbanwe) needs… Our mother received the blessings from our grandparents and life went well with her. This is our rich and valued culture which is not found everywhere." [John, caregiver]*

> *"I need the blessing of my parents and my parent-in-laws. Such blessings will be transferred to my children. For that reason, I am happy given then rehabilitation (ghara igbanwe) services in their homes." [Anne, caregiver]*

> *"I needed to come back home with my family and I am happy that I am in the village to care for my aged parents. I need their parental blessings and support even after their death." [Vincent, caregiver]*

Rooted deeply in this belief, the practice of sending the elderly away to nursing homes or compelling the elderly to stay with their families in the urban areas is sacrilegious.

> *"The society views this act (sending older people to care homes) as a dishonour which it does not follow the norms and beliefs of the culture." [John, caregiver]*

> *"Why they be kept away from their homes? Obu aru! (It is taboo to take the aged Igbo to the aged homes)." [Georg, older person]*

> *"In our culture, it is greatly unacceptable to have the elders be sent away from their own homes. they belong to their homes alone, and not someplace else. Our elders act as agents between us and our ancestors. Instead of having such rehabilitation (ghara igbanwe) homes, the government should focus on how the elders and their families can be supported in order for them to have the capacity to independently care for their own family members… In this part of the world, we have no homes, and would not want to have old people's homes. No! We are home people and not wanderers; we belong here and want to receive rehabilitation (ghara igbanwe) here, in our homes. Things like medical support, shelter, our*

fames, food, money, protection, respect, clothing. We need to go for village meetings, markets." [Mary, older person]

Instead, the older people want to live and die in their ancestral home where they can play their sacred role as intermediaries between the living and their ancestors.

"We want to be in our environments to be able to intercede for the welfare of our children till we ourselves die to join the ancestral cults." [Cecilia, older person]

Elderly as intermediaries is the key idea within my findings and hence it emerged as the theoretical code, the key contribution of this thesis. It is clear that the elderly play an important role as intermediaries between the living and their ancestors. Aside from being the epitome of wisdom, they also protect the younger generation from evil spirits and provide blessings for the younger generation. This blessing is important for the younger generation as it is motivation for some to return to the rural villages to take care of the elderly. This intermediary role is challenged when the younger generation is unable to stay in the villages due to the lack of jobs, education and money. According to my participants, this belief is also the reason behind the rejection of care homes. The participants feel that politicians do not respect this belief and this belief is also under siege by poverty and other social issues. There are also signs of disintegration in the culture where the elderly feel that they perhaps have no choice but to go to care homes or leave their ancestral homes.

This concept of elderly as intermediaries between the living and their ancestors has been touched upon briefly by past writers (Onwubiko 2012; Nwachukwu-Udaku 2011; Nwoye 2011; Okoye and Asa 2011; Ajomale 2007). However, these writers have written about this idea but not developed it as a theory, especially in the context of ghara igbanwe. My contribution to new knowledge is my development of this theory using the findings from my CGT (Charmaz 2014; 2006).

For the Igbo people, the holistic notion of health has its foundation in the "Igbo Anthropology which sees the human person as integral" (Nwachukwu-Udaku 2011, p. 51). RCN (2007) highlighted that ghara igbanwe of older people can take place in any setting within any social context.

Using an insider perspective to look at the notion of care of the older Igbo, within the Igbo cultural and religious worldview, Nwoye (2011) stated:

> *Care for the aged is not institutionalized. Children are taken as the greatest insurance for old age. In this perspective, where the children succeed, they are expected to look after their aged parents. (Nwoye 2011, p. 7)*

This implies that ghara igbanwe of older Igbo is culturally not accepted in institutional care settings. The older Igbo people are cared for and rehabilitated in their ancestral families, within their communities. This view is not only traditional but also religious, because of the cultural/religious roles which the older Igbo play within their families and communities.

In Igbo culture, some older people have major spiritual roles to play. According to Uzukwu (1982),

> *Among the Igbo, a 'specialist' is one who has a privileged relationship with Chi/Chukwu, ancestors and spirits. In general all heads of families who have performed the mortuary rites of their forebears enjoy a special relationship with their fathers (ndi nna, ndi ichie-ancestors). The same close relationship is enjoyed with regard to ancestors of clans and village-groups by the heads of these units. They mediate with ancestors in favour of the community in family, village-group or clan cult (Uzukwu 1982, p. 15).*

In the Igbo world view, religion and religion and culture are closely related and some exhibit some cultural values in their way of life (Nwachukwu-Udaku 2011).

Uzukwu (1982) indicated an example of the religious roles of the older Igbo people:

> *The Igbo elder begins his day with the Morning Prayer (igo ofo: lit. Praying a/a-pray-ing by the intermediary of ofo). The centre of his prayer is life: thanksgiving to Chi/Chukwu, ancestors and the spirits for having preserved his life, the life of his family, clan etc; petition for the ongoing provision of the necessities for maintaining and increasing life; disavowal*

of having mediated on or attempted the destruction of his neighbor's life or anything fundamental to the continuity and increase of the said life; malediction directed against those who threaten his life or the life of his family (Uzukwu 1982, p.14)

This is one of the valued intermediary roles of the older Igbo. The younger Igbo generations value this religious intermediary role which their elders play between them and their ancestors. These spiritual and cultural values accompany the younger Igbo people daily activities.

Nwoye (2011) also noted:

In traditional Igbo religious worship, people pray that they may die in the soil of their birth, where their umbilical cords were buried. For this reason, Igbo civil servants who have attained the age of 70 and above prefer to go back to the village and await the journey into the ancestral world. In this way, Igbo cultural norms bind the society, and the village norm still dominates the attitudes of the people including the elites and the Christians among them (Nwoye 2011, p.7).

The Igbo view those elders who have died as still living "biographically" (Nwachukwu-Udaku 2011, p. 160), but still moving on with life within their families and communities. This is another reason why the older Igbo age in their ancestral homes and wish to be able to remain within their homes even after they die.

Nwachukwu-Udaku (2011) opined that ancestors are those elderly "good" people who have moved over to the spirit land and are being respected by their offspring. These ancestors are viewed and accepted as elder members of the family. They believe to have processed some powers which assisted them in protecting and defending their families or clan against evil ones.

In the hierarchy of the Beings, after the Supreme Being, and the deities, come the ancestors… So, the care, respect and regard given to the older Igbo is based on their and the mediator roles, connectedness, and close relationship with the ancestors (Nwachukwu-Udaku 2011, p. 194-195).

Another indicator of the mediating relationship of the older people and the ancestors stated:

Ancestors are intimately involved with the welfare of their kin-group but they are not linked in the same way to every member of that group. The linkage is structured through the elders of the kin-group, and the elders' authority is related to their close link to the ancestors. In some sense, the elders are the representatives of the ancestors and the mediators between them and the kin-group (Kopytoff 1971, p. 1)

The Igbo people view themselves closely connected with their ancestors and are therefore playing important cultural or religious mediating roles for their living and dead members of their families and clan. Therefore, they wish to age in places of their ancestral homes.

During his address in Santiago de Compostela, Pope John Paul II (2000) suggested that an individual's identity should be considered in all circumstances where individual find himself or herself as well as the persons expressions with respect to the today's changing trends.

The weakness in the political, social, and economic situation in Nigeria have brought about changes in Igbo culture such as migration of the younger people (Okoye and Asa 2011), lack of jobs (Ajomale 2007) and leaving the elderly without care (Eboiyehi 2015). It affects the cultural concept of ghara igbanwe of the older Nigerian Igbo people. Consequently, the older Igbo people and their caregivers experience ghara igbanwe difficulties in their everyday life. However, the identity and basic features of the cultural beliefs and practices have continued to exist. Among these are the intermediary roles of the elders and their notion of ageing in their families, within their ancestral environments.

Nevertheless, the emerging transformations in Igbo culture do not mean destruction or loss of Igbo identity. It only requires some societal support as well as some adaption strategies on the part of the older Igbo and their caregivers.

6.2. Ghara igbanwe, rehabilitation and holistic care

Ghara igbanwe as shown above is far richer than the western understanding of rehabilitation (WHO 2011). Ghara igbanwe is more than about restoring functional abilities or reintegrating an elderly person into his or her environment after a bout of disease or interruption. Ghara igbanwe is about

the lives of the elderly Igbo people as they play the role of intermediaries between the living and their ancestors. In this sense ghara igbanwe cannot be translated to mean rehabilitation as it would be reductionistic.

The above theory of ghara igbanwe is found to have strong elements of holistic care. Much like holistic care, ghara igbanwe describes an approach based on the perception and integration of the of a person`s whole being (i.e. body, mind and spirit) of care to the elderly (WHO 2011; McMillan et al. 2018). Ghara igbanwe implies a consideration of the elderly as a complete person, paying attention to the physical, psychological, social and spiritual condition of the elderly, alongside the management, prevention and cure of diseases (Dossey et al. 2004; WHO 2011). Holistic approach views the different states that make up a human being as important in the process of care and this is very similar to the theory of ghara igbanwe that has been developed in this research.

Igbo people value interconnectedness of all environments of the individual (Nwachukwu-Udaku 2011). In addition, Igbo people do not consider themselves as isolated, independent individuals but part of the greater Igbo community (Nwachukwu-Udaku 2011). Ghara igbanwe, when socially constructed in Igbo, would naturally be concerned with the elderly person and his or her connection to the wider Igbo community. As a result, ghara igbanwe is holistic in the sense that it influences and is influenced by the older person's spirituality, family and social environment, financial situation, basic needs, psychological state and physical health (McMillan et al. 2018). When the elderly face an issue with these elements of their lives and they are unable to fulfil their roles as intermediaries, their ghara igbanwe is therefore affected.

Despite these similarities, holistic care concentrates on care, whereas ghara igbanwe is a culturally arranged process in Igbo that involves a holistic approach. Ghara igbanwe focuses more on achieving healthy ageing of individual older persons through supporting and maintaining the functional abilities, and promoting autonomy, independence and respect to help the elderly fulfil

his or her role as an intermediary between the living and their ancestors. The following key differences between holistic care and ghara igbanwe remain:

- Holistic care is mostly carried out by health and social care professional where as ghara igbanwe, is a culturally arranged process that is practised mostly by the family members or agnate group of the individual older Igbo person.
- A holistic approach can be used on individuals in all settings (WHO 2011). Ghara igbanwe, however, is only for older people in Igbo. This process is carried out within the Igbo and cultural and social context.
- In holistic care, caregivers earn their wages. In the Igbo nation, ghara igbanwe of the elderly the family members are responsible for all cost involved. Instead of earning wages, the family members are seen as the insurances for their older people; they care and pay for all things required for ghara igbanwe of their older people. They believe that their payment comes as blessings that they receive from the elderly for performing such activities.
- Holistic approach involves physical, mental psychological and spiritual care of the individual and not only older people. Caregivers can respect the spiritual belief of the clients without completely accepting this belief. Ghara igbanwe is practised following the Igbo traditional ways; the caregiver not only respect but understands and believes in the cultural and spiritual benefits that are endowed on a caregiver for carrying out ghara igbanwe for an elderly person.

Ghara igbanwe appears to be closer to holistic care than the western understanding of rehabilitation. Both ghara igbanwe and holistic care share similarities, however as shown above, they share very distinct differences and cannot be conflated or used synonymously.

6.3. Political, Social-economic, and Cultural Situation in Nigeria

Some salient issues were raised in the findings of my research. Corruption was raised as a possible barrier to the provision of the required funding for the ghara igbanwe of Igbo elderly. In addition, it was also noted that the government is insensitive towards to ghara igbanwe needs of the elderly and giving rise to social economic and cultural problems. These thus became important issues for further investigation to better understand how this affects ghara igbanwe. Due to the interconnectedness of these issues, it is important to explore them in unity, rather than in isolation.

6.3.1. Corruption of Non-Government Organisations (NGOs)

It is perhaps unfortunate that the Nigerian government and political leaders assume that the provision of ghara igbanwe needs for the old is the sole responsibility of family members and relatives (Akpan 2013). While there is considerable attention directed at children, youth, and women in Nigeria, the dignity of older people is not given much attention by policy-makers (Ajomale 2007). Ajomale (2007) points out those effective and reliable contributions to ghara igbanwe provision for older people are delivered mostly by NGOs and faith-based organisations, such as the Catholic Church, the African Gerontological Society, and other charitable societies.

Though NGOs frequently operate with noble purposes in mind, it is not only charity or the drive to support people to enjoy health and well-being that drive them to work. Using an ethnographic case study analysis, Smith (2010) has shown that some NGOs are driven by hidden agendas, with motives that are contrary to their rhetoric. Some NGOs are involved in corruption (Smith 2010). NGOs can be a platform to mitigate the misuse of state power to enrich the elites and entrench inequality by influencing and limiting ordinary people access to the state systems (Smith 2010). In Nigeria, local NGOs are seen as both beacons of hope and change as well as bastions of corruption, through which Nigerian leaders at all levels of government and other influential people channel public funds

toward private ends (Smith 2010). Recent evidence suggests that as of 2016, fears over the levels of corruption faced in NGOs in the Nigerian context have not abated (Cragg et al. 2016).

The creation and proliferation of local NGOs at all levels of government has become a feature of successive governments through which leaders use resources, which might belong to the citizens, to enrich themselves (Smith 2010; 2012). Local NGOs in Nigeria have grown widely, but some are seen as conduits for corruption, which negates the purpose for which they were set up. The channelling of public funds meant for the provision of ghara igbanwe facilities for older people toward private ends acts as a barrier to effective ghara igbanwe (Cragg et al. 2016). Having noted this, developing a sustainable and equitable system of practice that provides services to older people to support long-term ghara igbanwe needs is not the sole responsibility of NGOs. The government has the responsibility to create an enabling environment for the NGOs to operate successfully (WHO 2015).

6.3.2. Lack of Government Support

Despite the ageing population (Oluwayemisi 2011) in Nigeria, which has the largest number of older people in Africa, governmental policy on the ghara igbanwe and care of the aged is ineffective and inconsistent (Ajomale 2007). Ajomale (2007) argues that the gap in the identification of ghara igbanwe needs of older Nigerian people has led to the frequent occurrence of abuse. According to Ajomale (2007), successive Nigerian governments have failed to establish a national policy for older people, or a social welfare package that will guarantee the quality of life for older persons and retirees (Eze 2013; Mudiare 2013). Even where programs for the elderly do exist, there are gaps in care, fragmentation of care services, and a lack of coordination between caregivers and older people. This is because there has not been any notable intervention by the government to identify what the older people need to live a quality ageing experience (Oluwabamide and Eghafona 2012). These situations attest to the fact that the government's social responsibilities to the elderly are inadequate and are in most cases non-existent. This forces the elderly to engage in menial jobs

unsuitable for their age, and occasionally they have to beg for a living (Shofoyeke and Amosun 2014).

In traditional Nigerian society, great emphasis is given to respect and dignity for older people, irrespective of family, community, and ethnic differences. Their role in uniting families and communities, settling problems, and educating the younger ones earned them this high respect (Abanyam 2013). Notwithstanding their educational status, older Nigerians signal the origins of the family heritage. According to Abanyam (2013), the basic needs of older Nigerian are provided by younger generations. Today, older people in Nigeria face age-related losses that have not been addressed in governmental policies (Ogboru 2007). Age-related losses include the physical ailments of Alzheimer's disease, arthritis, depression, dementia, and Parkinson's syndrome (Ogboru 2007). Physical frailty and social challenges increase the need for older people to depend on family members and caregivers for assistance and support (Uwakwe and Modebe 2007).

Although some of the differences that occur in older people stem from our genetic inheritance (Steves et al. 2012), a large number is due to the physical and social environments specific to individuals. Relevant variables include the home, the family, the group, the neighbourhood, and the community. These can, in varied forms and by degree, impact their health, decision-making, and behaviour (WHO 2015). In the Igbo Nigerian nation, ghara igbanwe is seen as an ongoing process that not only includes individuals but the entire community (Nwachukwu-Udaku, 2011). Healthy ageing requires comprehensive combined environmental action. Therefore, there is a need to set up programmes and services dedicated to the ghara igbanwe of older people, parallel to those available in developed countries. Due to a lack of institutional care providers and governmental support for informal caregivers (Okoye 2013), younger adults who must leave home for work are forced to hire untrained caregivers to render care services for older relatives, which sometimes leads to abuse and neglect (Cadmusa and Owoajea 2012). At times, this abuse can lead to the death of older people (Okoye and Asa 2011; Mudiare 2013). However, the abuse often

remains a concealed problem. It is usually not reported and is instead cloaked under the veil of family secrets, which suggest that the families involved paint a dishonest picture of the abuse and mistreatment that may have occurred (Okoye 2013).

According to the UN Department of Economics and the New York Special Affairs Populations Division (2005), the proportion of Nigerians over 60 years old is increasing. As the population ages, there should be an awareness of the fact that with this increase comes a rise in the prevalence of mental and physical problems associated with older people. This, however, is not the case in Nigeria, because there is little genuine effort on the part of the government in terms of policy formulation to tackle the problems associated with older people (Asagba 2005). As a result, old people, especially those with dementia, who do not have family members to care for them, live in destitution and are frequently exposed to dangers such as road accidents and kidnapping (Mudiare 2013). Due to their frailty, they can suffer or die from starvation, abuse and are occasionally buried secretly by their abductors (Mudiare 2013).

Government insensitivity and ambivalent response to the ghara igbanwe needs of the older people, in essence, support the fact that the government has no comprehensive policy for older adults (Ogwumike and Aboderin 2005; Ajomale 2007; Eze 2013). As highlighted in the demographic projections released by the UN, Nigeria will witness a substantial increase in the number and proportion of older people in the following years. In the next two decades, it is estimated that about 6% of the Nigerian population will be 60 years old and above (UN 2005). This may be attributed to a higher life expectancy bolstered by advances in medical technology (UN 2002).

Togonu-Bickersteth and Akinyemi (2014) have shown that over 84% of the older population in Nigeria live in rural areas. Hence, the present research is conducted in a rural area. Togonu-Bickersteth and Akinyemi (2014) study highlight that given the existing rural-urban disparity in the government, as well as the provision of amenities, there is an indication that the majority of the population of older people are found in areas where modern social amenities are almost non-

existent. The poor state of rural health infrastructure, coupled with the marginalisation of rural older people, is a cause of concern for some. This lack of infrastructure and marginalisation added to the fact that lgbo people have to pay to access these services, makes it difficult for them to get adequate care (Togonu-Bickersteth and Akinyemi 2014). In addition, negative and discriminatory attitudes towards older people act as a barrier to the provision of ghara igbanwe (Mudiare 2013). Considering how problematic this situation appears to be, Okoye (2013) suggests that the proportion of people surviving into old age (65 to 80 years old) will dramatically increase over the next few decades, resulting in the decimation of ghara igbanwe for older people. As research in the ghara igbanwe of the elderly suggests, it is most likely that caregivers will be overburdened because there is no notable scheme in place to cushion the effects of higher life expectancy (Okoye and Asa 2011). Consequently, older people may face a greater degree of neglect and abuse, thereby reducing the value of family and extended families (Ajomale 2007). Hence, there is some evidence highlighting the need for the Nigerian government to focus on the ghara igbanwe needs of the elderly Igbo Nigerians, otherwise, the changing socio-cultural context will not accommodate the ghara igbanwe needs of the older Igbo people.

Nigeria is a signatory to the UN General Assembly Meeting (1948) Universal Declaration of Human Rights in Paris, France, but has not incorporated the principles into its ghara igbanwe programs for the aged. The burden of care and ghara igbanwe of the older generation rests with family members, despite the provision in the Nigerian Constitution 1999 Section 14 2(b), which stipulates that the government should be primarily occupied with the welfare and security of its people. Section 16 2(c) further articulates the importance of providing adequate food, shelter, healthcare, and a stipend for living expenses (The Nigeria Constitution 1999). This provision is consistent with an uncontroversial interpretation of social democracy, upon which the government has a duty to provide social welfare for its citizens (Giddens 2013). Further support for this view comes from the Madrid Plan of Action on Ageing (UN Department of Economic and Social Affairs 2017), of which Nigeria is a signatory party. It recommends that governments respond to the challenges and

opportunities of an ageing population in the twenty-first century and promotes the development of a society of all ages, with special emphasis on three priority directions: older persons and development; advancing health and wellbeing into old age; and ensuring supportive environments (UN Department of Economic and Social Affairs 2017). However, it can be argued that the Nigerian government has failed to implement the recommendations of this agreement, and therefore needs to address the challenges posed by the ageing population (Ajomale 2007). To this effect, Eze (2013) suggests that there should also be a total overhaul of the system and institutions responsible for service delivery for older people.

It seems that the Nigerian government has backtracked on the promises of constitutional provisions, since many older people live in poverty or are vulnerable to abuse, and so are unable to pay into social security schemes. The only beneficiaries are those in formal employment who receive pension benefits, but which are not adequate and often delayed due to political corruption, poorly structured pension schemes, and artificial bureaucracy in the payment of retirement benefits (Eze 2013). The UN Universal Declaration of Human Rights (1948), article 3, recognises the individual's right to life, liberty, and security of persons and prohibits abuse, neglect, and slavery. Nigeria is a signatory to this agreement, yet government policy interests have failed to accommodate the rights of older adults and their ghara igbanwe needs (Eze 2013).

Considering the lack of special services for the ageing with respect to income, housing, medical services, and caregiving in Nigeria, writers in this field have affirmed that the issues of ghara igbanwe of older people is influenced by cultural, economic, political, and policy factors (Togonu-Bickersteth and Akinyemi 2014; Okoye 2013). This urgent situation in Nigeria calls for the attention of policymakers in the country. Careful policymaking would provide a superior solution to the introduction of emergency measures as the need arises (Okoye 2013). The predicament faced by older adults in Nigeria today may be attributed to a number of factors. The ghara igbanwe and care of older persons are complicated by the significant corruption and fraud prevalent within

government institutions (Eze 2013). The Nigerian Pension Board is responsible for distributing retirement benefits to elderly persons. However, the organisation has not functioned in a transparent and credible manner due to corrupt practices (Okoye 2013).

Furthermore, the absence of a credible population census due to irregularities and falsification of figures has made it difficult to create an accurate demographic record of older people in Nigeria (Togonu-Bickersteth and Akinyemi 2014). This situation has created frustration and anxiety among informal caregivers, hence the mistreatment and abuse of older persons (Togonu-Bickersteth and Akinyemi 2014). There is currently no social security system or a viable national policy legislated to support older people. Most governmental policies fail to take into account the increasing proportion of people surviving into old age and the rural-urban disparity. The isolation and neglect of older people came more broadly into the public view in 1978 and raised the spectre of the possibility of future problems associated with an ageing population (Adebagbo 1978). According to Adebagbo (1978), this population was largely abandoned by living relations and was left with no monetary support from the government. The problem persists to this day as current demographic data indicates that the population of urban older adults who are destitute in Nigeria is increasing (Togonu-Bickersteth and Akinyemi 2014).

Moreover, a disproportionate number of older adults require homes with living assistance with respect to the actual number of facilities available to the public. A recent survey found that Nigeria's population of 170 million is served by 13 assisted-living homes for older people, with five of them located in the city of Lagos, in the southwest geographical zone (Eze 2013). It is estimated that by 2025 there will be 64.6 million older people in Nigeria. This figure is expected to increase to 103 million in 2030 (UN 2002). Based on this projection, the need for assisted-living homes, financial support through social security legislation, and a healthcare system that can improve the quality of life for older people will become more acute through time.

Exacerbating these problems is the ongoing problem of corruption in the Nigerian government. The second generation of leaders is thought by some to be involved in the practice of corruption, and ostensibly not committed to the health of the citizens (Azevedo 2017). Azevedo (2017) highlighted that in Nigeria the local government cannot provide the basic services to meet the needs of the local communities because of insufficient financial resources. However, it is not financial inadequacy that is the main problem, but the lack of transparency, accountability, and integrity of those in the government (Azevedo 2017). Traditional neighbourhood organisations also lack the initiative of fostering better relationships with the community to understand their needs, including the needs of the elderly population (Azevedo 2017). Azevedo (2017) argues that there is a lack of identification and awareness of the drivers of these problems in the current challenging socio-cultural environment in Nigeria, which should be urgently addressed. For example, the government's involvement in rehabilitative arrangements for older people is still limited. There is a need for the Nigerian government to increase their activity and assess the extent of ghara igbanwe required for its older population before the problem becomes more acute (Azevedo 2017). Azevedo´s (2017) study is designed with the recognition of these needs in order to investigate and identify the ghara igbanwe needs of older people in Nigeria so that they might be better met in the future.

Asagba (2005) observes that the current retirement policy in Nigeria offers inconsistent and often inadequate provisions. The policy pertains to those who were employed in and retired from the formal labour market and who are therefore expected to have some retirement benefits, either from the contributory National Provident Fund or from the non-contributory government pension scheme (Tongnu-Bickersteth, 1988). Moreover, the administration of this retirement policy appears inadequate to accommodate the ghara igbanwe needs of older persons in Nigeria. The retirement policy lacks cohesion and credibility with regard to eligibility for retirement of those elderly persons who have served their country creditably (Eze 2013). The retirement policy is problematic with respect to the eligibility requirements needed to receive the needed benefit. The retirement policy

implies that people who never worked in any governmental organisation, who are of course in the majority in Nigeria, are never affected by the Nigerian policy. Consequently, older people have difficulties affording and gaining access to ghara igbanwe services and therefore are exposed to increased risk of disease and injury, humiliation, and abuse (Mudiare 2013; WHO 2011). Mudiare (2013) argues that although there are no shortages of policies that have been developed relating to the aged population, the real problem was in successful implementation which has positive and measurable benefits. Such successful implementation of policies that are related to the well-being and ghara igbanwe of older people is what Nigeria is yet to experience.

Tongnu-Bickersteth (1988) argues that even though the official retirement age in Nigeria is 55 years for women and 60 years for men, since 1975 it has become customary for the government to invoke a series of extra factors to effectively scuttle retirement policy or retrench workers from public services — which negatively affects older people. The Nigerian Pension Board, which is saddled with the responsibility of distributing retirement benefits to elderly persons, has not been transparent and credible in their interactions (Mudiare 2013). Other expenditures on healthcare systems and broader support environments are not considered as investments, but as costs (Mudiare 2013). Mudiare (2013) acquired this opinion based on research into cases of fraud of pension funds and other sorts of criminal activity (Omokaro 2013).

In addition, besides the national census, there is no other evidence of a credible population census of pensioners that could afford a reliable assessment of the situation. This results in irregularities and falsification of figures (Mudiare 2013; Omokaro 2013), and indeed calls into question the veracity of the demographic record of the older population in Nigeria. Oluwabamide and Eghafona (2012) argue that the weak government policy on the care of older adults might not shoulder the increasing social and economic challenges arising from the increased demand for ghara igbanwe of older people. The evolving social and economic context requires that policies ought not to continue to be formulated and designed around traditional social models of ageing, but instead seize the

opportunity that these changes provide for innovative ways to move forward. According to Mudiare (2013), as the population of people who survive into old age continues to rise, the safety net in place for a vast majority of Nigerians fails due to policy and institutional inadequacies. Increasingly, the pride of old age and the joy of surviving into old age in Nigeria are being eroded and people are beginning to see old age as fraught with tension, insecurity, and other social problems (Oluwabamide and Eghafona 2012).

6.3.3. Complex Relationship between Political, Socio-Economic and Cultural issues

The relationship between the political, socio-economic and cultural situations in Nigeria, and how this impact ghara igbanwe of the older people can be seen as intertwined complex issues where one factor influences the other.

Describing the historical development of the federal republic of Nigeria, and how this has caused political and socio-economic problems in Nigeria, Jaja and Agumagu (2017) stated:

> *Federalism in Nigeria is a farce, as the major ethnic nationalities monopolies political power for self-interest. This ethnic consciousness heightened political competition at the centre resulting in the social, political, administrative and cultural maladies that bedevil Nigeria… elites crude accumulation for personal wealth field crisis, instability and violence affected national development efforts. (Jaja and Agumagu 2017, p.1)*

The political relationship between the major ethnic groups in Nigeria; the Yoruba's, Hausas and Igbos, as well as other minority ethnic groups have been severely damaged by the colonial masters, to the extent that these ethnic groups find it difficult to understand each other (Jaja and Agumagu 2017). Hence, the Nigerian federation which was created by the colonial masters has failed to govern Nigeria appropriately by failing to allocate the federal wealth to each ethnic group as requires. This power disparity has affected the social situations of different ethnic groups, especially the group who feel marginalized, like the Igbos (Jaja and Agumagu 2017). The inappropriate

allocation of the federal wealth to different ethnic groups in Nigeria has led to poverty and inadequate health and social care provisions for the elderly in Nigeria (Ajomale 2007).

Peters et al. (2008) discussed the relationship between poverty and access to health care services in poor areas of the world. According to their work, people in poor nations of the world are likely to experience less access to health care facilities, and within the nations, the less privileged people suffer less access to care support. Apart from the financial deficits and inefficiencies in information which can obstruct access to care services, other factors like deprivation and delay in delivering health needs can result to ill health and severe health conditions (Peters 2008).

Nigeria is among the developing countries of the world where poverty and deprivation; with their resultant hunger, disease and death are mostly as a result of the political, socio-economic and cultural situations (Ajomale 2007).

The inability of the Nigerian government to cope with the provision of required social and economic needs of her people has meant less provision of medical and other facilities rural different areas of the country. This has severed the accessibility of necessary health and social care utilities for older people in rural areas (Ajomale 2007). Hence, impacting the ageing in ancestral homes for the Nigerians, especially, in the southeastern part of Nigeria where Igboland is located. The political, social and economic situations in Nigeria have impacted not just on the Nigerian youth, but also have led to poverty, inadequate care and insecurity on the part of the older people (Ajomale 2007).

Many older Igbo Nigerian people experience difficulties accessing health care facilities in rural areas (Adebowale et al. (2012). This is because there are no health facilities in rural areas for rural environments. The older people are sometimes weak and frail as a result of ageing processes and have no money for payment of their medical bills. For that, most of them find it difficult to travel many miles to the urban areas for a health check. Consequently, they remain supportive of the maintenance of health and well-being among the older people and all other medically ill living in these areas Adebowale et al. (2012).

As Adebowale et al. (2012) stated:

> *The population of elderly (age 65+) in Nigeria is on the increase as the crude mortality rates are gradually reducing (Adebowale et al. 2012, p.1).*

This has meant a re-think in the policies that affect ageing and the aged Nigerian population. According to Adebowale et al. (2012), the majority of the older Nigerians reach retirement age after they had experienced poverty and some deficiencies in their lives; poor access to health care facilities and poor nutritional care. Such situations have been found to result in poverty and inability of the older people to meet their requirements for daily living (Kimokoti and Hamer (2008).

The relationship between political, social and economic and cultural situations factors cannot be separated from the ghara igbanwe inadequacies amongst the older Nigerian people.

Research by scholars in politics, economic, health and social care fields have shown that there is no effective policy by which the Nigerian government can support the emerging increased population of the older people. As Ajomale (2007) noted:

> *Nigeria, like other African countries, sees this emerging issue as a serious future challenge. The inability of government to cope with the regular payment of pensions to the retired workforce, the inadequate social services and health facilities to cater for the needs of an ageing population, as well as a predominantly rural agrarian population all pose new threats to food security, social security and national security of Nigeria. Older people's lives are characterized by growing inadequacies in customary family supports, social exclusion and non-existent social security targeted at them, thus being very vulnerable to poverty and diseases (Ajomale 2007, p.1).*

The consequences of lack of social pensions have heightened the inability of older people to gain access to health care and well-being support. Majority of older Nigerian people do not work as civil servants and cannot earn money. Many of those who worked as civil servants do not receive any pension. As a result, the general maintenance and rehabilitation of older people rest on the shoulders of the family member.

The lack of Nigerian federal and states provision of health and social support facilities for the older people preordained the individual families to care for their older relatives and provide them with their ghara igbanwe requirements to live their daily lives.

Older people cannot afford to pay for their medical treatment and other bills associated with maintenance of their daily lives (Ajomale 2007; Okoye and Asa 2011; Adebowale et al. 2012; Okoye 2013).

For example, families provide basic things like food, clothing, shelter, and other support like protection and security. Some older people live in their children's home to receive ghara igbanwe support for their daily living without government compensation or are supported by their younger relatives or caregivers.

In addition, the present-day migration of younger generations due to lack of education and job opportunities could be a combined result of the political, social and cultural situations in Igbo. Ajomale (2007) further stated that

> *The participation of government at all levels, Federal, Regional (States) and Local Councils, in the provision of services to the older person is minimal, the Nigerian government and political leaders believe that the provision of care sold is the responsibility of families (Ajomale 2007, p.3).*

This political, social and economic set back in Nigeria has meant that the women who usually stay in the houses to care and support the older people, now go out for jobs to earn money to support their families, leaving the older people unsupported. This has a great impact not only on the culture, belief and of most ethnic groups, but also on the ghara igbanwe of the older people like that of the Igbo people (Okoye and Asa 2011; Okoye 2013).

It is clear that the political, social and economic situation in Nigeria has caused massive changes in the situation of the older people in Nigeria.

There is a notable change in the general Nigerian traditional and valued family functions of rendering rehabilitative support to the older people. Ajomale (2007) noted that the political situation in Nigeria has great influence on the different ethnic cultures as factors like lack of education and job opportunities have led to the migration of the younger generations. This in effect has caused separation in family structure, leading to break up within the family and community connectedness and has affected the traditional family care of the elderly people and the culture of ageing in within the family homes and communal environments in different Nigerian ethnic groups.

Ajomale (2007) noted the following about the notion of the roles of the older people in Nigeria,

> *Traditionally, the older person heads the family and the extended clan that dominates the communities. They represent their families in the Council of Elders meetings where decisions are taken to regulate and promote the general interest of citizens and to administer the affairs of their communities. They used to play leadership roles in society and were seen as repositories of wisdom. The elderly in the Nigeria society carry out traditional roles of guardians of the ancestral values, chief custodians of society's treasures and upholders of history, customs, folklore, cultural values, and wisdom.*
>
> *Older persons settle disputes and conflicts arising from members of the family, based on their position, skill, knowledge, wisdom, vision and experience acquired along the journey to old age. They are extra-legal and political institutions through which the society's orderliness and progress are sustained. The older persons have remained traditional medicine practitioners as healers, diviners and herbalists who complement orthodox medical and health service delivery especially in areas where Primary Health Care is non-existent. In Nigeria, the family is charged with the responsibility for the provision of care and support for the older person. Such care and support are voluntary and reciprocal, without any form of compensation. Family members, especially adult children, form the bulwark of informal support for older persons. The care of the older relative is a value which is culturally rooted and highly respected (Ajomale 2007, p. 3).*

This implies that the Nigeria ethnic groups have the almost the same culture of rehabilitative care of the older people, but the different emphasis on specific issues like the care of the older people.

6.4. Conclusion

This chapter has discussed the theoretical code: elderly Igbos play and intermediary role between the living and their ancestors, in relation to the wider literature on Igbo culture, Nigeria society and ghara igbanwe. This position is deeply cultural and spiritual and because of its importance, this role is deeply ingrained in Igbo society and widely respected. When this role is challenged, in this context of ghara igbanwe, it, therefore, becomes more than just a cultural issue. It has a great impact on politics and society on a greater scale.

As raised in Chapter 5, lack of sensitivity to this cultural practice in the Nigerian government is a part of the issue as well. While the government is responsible for the provision of ghara igbanwe support to its people, this responsibility is also passed on to NGOs that are often corrupt in Nigeria. Additionally, the complexity of the political, socio-economic and cultural landscape of Nigeria results in multiple challenges for Nigeria to resolve this issue of the ghara igbanwe of the elderly:

1. The Nigerian government has failed to establish a national policy for older people, or a social welfare package that will guarantee the quality of life for older persons and retirees (Eze 2013; Mudiare 2013). The lack of quality of life leads to the inability of older people to receive quality ghara igbanwe services required for their healthy ageing and fulfilling their intermediary roles as elderly family members. Moreover, the lack of implementation of a national policy resulted in the lack of knowledge in the younger people about the government contribution to the ghara igbanwe of the elderly people.
2. The inability of the Nigerian government to cope with the provision of required social and economic needs of her people has severed accessibility of necessary health and social care and utilities for older people in rural areas (Ajomale 2007). For this reason, the older people who do not have easy access to healthcare and utilities are unable to live a quality life and are exposed to diseases and other health hazards which impact

on their functional abilities. This impacts their role as intermediaries in their communities.

3. The poor state of rural health infrastructure, coupled with the marginalisation of rural older people, is a cause for concern. Current government policies fail to take into account the increasing proportion of people surviving into old age and the rural-urban disparity. Therefore, in the future, as the population ages, the demand for ghara igbanwe increases while the quality of care decreases, leading to their inability to age healthily and fulfil their roles as intermediaries.
4. This political, social and economic set back in Nigeria has meant that the younger generation leaves the rural areas where the elderly reside, to earn money to financially support them. This in effect has severed family and community connectedness and has affected the traditional family care of the elderly people and the culture of ageing within the family homes and communal environments. Therefore, the older Igbo people are unable to receive the required ghara igbanwe and have difficulties fulfilling their intermediary roles within their families and communities.

While this chapter has indicated ghara igbanwe challenges for the intermediary roles of the elderly within Igbo Nigerian context, the next chapter focuses on how the Igbo elderly, their caregivers and Igbo society can adapt to help the elderly fulfil this intermediary role.

Chapter 7. Interpretation of Findings Using Roy's Adaptation Model

In this chapter, Roy's Adaptation Model (RAM) is used as a theoretical lens to interpret the finding and the theoretical code of this study: the ghara igbanwe needs of Igbo older people and the intermediary role that they place in Igbo, Nigeria. I have also compared RAM to other theories that are applicable such as place bonding (Dunbar 2016) and ageing in place (Wiles et al. 2011) and justified why RAM was the most appropriate in comparison. RAM permits an investigation into ghara igbanwe of the older population, through an exploration from the perspectives of the older persons and their caregivers in the context of the Igbo Nigerian West African people. The use of RAM allows me to develop adaptive strategies for Igbo Nigerians to embrace the intermediary roles that the elderly people play in the community.

This chapter begins by outlining the key aspects of RAM before analysing the four modes of adaptation physiologic-physical, self-concept, role function, and interdependence in the context the findings presented in Chapter 5. In the process of this analysis, I present adaptation strategies for each of these modes for Igbo, Nigeria.

7.1. Roy's Adaptation Model

Adaptation is a process that encourages the general health and well-being of an individual or group, a practice that promotes health and well-being (Roy 2008). Roy (2008) defined the concept of adaptation as:

> *the process and outcome whereby thinking and feeling persons, as individuals or in groups, use conscious awareness and choice to create human and environmental integration. (Roy 2008, p. 29).*

The major focus of RAM is adaptation (Rogers and Keller 2009). Every human is in a mobile world characterised by continual changing situations (Roy 2008). How well one is able to adapt to these changing situations is dependent on one’s life experiences and values (Roy 2008). Using these experiences and values, one processes one’s inherent alertness or intrinsic stimuli to develop adaptive behaviours for meeting the changing conditions in life (Roy 2008). This ability to adapt to changes help to create an acceptable environment that promotes health and wellbeing of its inhabitants (Roy and Andrews 1999).

Roy and Andrews (1999) posit that humans, or a group of humans, can be perceived as a holistic and adaptive system that constantly changes as it interacts with the environment. Health is therefore perceived as a process a person undergoes to become integrated into the environment. To promote the health of the individual or a group of individuals, adaptation is necessary. Under RAM, there are four adaptive modes: physiological-physical, self-concept, role function, and interdependence (Roy and Andrews 1999). Adaptation is considered in these four modes, which can be grouped into the physical and psychosocial categories. The physical category covers the physiological mode, while included in the psychosocial categories are the modes of self-concept, role function, and interdependence (Roy and Andrews 1999).

According to RAM, for adaptive interventions to be successful on a given population, adaptations should focus on the individuals level of activity and functionality (physiological-physical), their beliefs, spirituality, and feelings at a given period (self-concept), their expectations on to act and relate with others (role function), and how they can participate in nourishing loving relationships (interdependence) (Roy and Andrews 1999).

Adaptation is a dynamic process wherein people utilise their conscious awareness and choice to form human and environmental integration. Humans are perceived as bio-psychosocial beings able to adapt to different environmental stimuli (Roy and Andrews 1999). In the context of the older population, the model defines a sedentary adult as being in a maladaptive state because of their

inability to regulate their physiological and psychological states (Roy and Andrews 1999). Therefore, an effective intervention, such as the ghara igbanwe of the older population, needs to address both of these states. RAM can be used to determine how ghara igbanwe can influence the internal stimuli of the older Igbo population, to trigger adaptive behaviours which I will discuss in my analysis later.

RAM is integral to the present work because it "presents the person as a holistic adaptive system in constant interaction with the internal and external environment" (Roy 2009, p. 128). This is congruent to the constructivist approach that I have used in this research. RAM is a coherent framework for this research also because of the philosophical assumption that participants have a relationship with the world and a God figure, as well as the assumption that humans are aware of their own environment and are able to make active changes to adapt (Roy 2009). This theory is aligned with the methodology of this research, CGT, which explores the subjective, environmental, social, political, economic, and cultural factors, which are experienced by the participants. RAM is chosen because it allows a coherent examination of the needs of the older Igbo population and also to allow me to see how I can better advise the older people in Igbo on how to adapt to the situation while embracing the intermediary roles that the elderly people play.

Charmaz (2014, p. 40) introduced the term "constructivist to acknowledge subjectivity and researcher's involvement in the construction and interpretation of data". The term constructivist presents differences between the traditional versions of GT (Glaser and Strauss 1967) and CGT (Charmaz 2014). In constructivism, the researcher is a co-constructor and co-developer of the emergent theory based on his or her interactions with his or her participants (Charmaz 2014; 2006). Being a co-constructor in my own research, I have used RAM as a theoretical lens to view the theory that emerged and to make recommendations. This is because following the participant's discussions I believe that the older Igbo people want to age in their ancestral homes. However, to play their intermediary roles, they need support to help them adapt to the difficulties (Roy and

Andrews 1999), due to the changes in the political and economic situation in Nigeria (Ajomale 2007).

As the world's population ages, the rehabilitation care needs and demands of the ageing sector increase (WHO 2013). Different factors contribute to the happiness of different individuals, and their health and well-being. For instance, if one were to ask an older person what he or she needs to age healthily, he or she may start to name things like shelter, money, and health. Other older people may list things like family members, availability, accessibility, and affordability of health and social care facilities, good roads and transport facilities, good food and water, and ability to live healthily and harmoniously within a chosen environment (Eboiyehi 2015).

However, in some cases, the individual has limited control over factors that contribute to his or her health and well-being. The findings of this study suggested that there are political, socio-economic and cultural factors that affect the ghara igbanwe of older Igbo people in Nigeria. Thus, there is a need to adjust, adapt and cope with unavoidable emerging changes in one's environment, while still embracing the intermediary roles that the elderly play in their communities. Developing the ability to accept the limitations in one's ability to control certain things concerning one's health and social situations can be a way of counteracting deep feelings of insecurity and fear (Roy 2008). In this case, adaptation becomes an alternative way to combat these fears (Roys and Andrews 1999).

Other theories such as place bonding and ageing in place were considered as possible theoretical lenses to interpret the findings of this study. Place bonding as theorised by Dunbar (2016) refers to the emotional, physical and cognitive association, belonging and identity of a certain place of care provision. This was in line with the findings of my study where the Igbo elderly have a desire to age in their ancestral homes. However, in my findings, the elderly Igbo people have a strong attachment to their ancestral homes for deep cultural reasons. They want to be close to their ancestors and also play an intermediary role between their ancestors and the living younger generation. For these reasons, their sense of attachment to their Igbo ancestral homes is deeply connected to their role

function, self-concept and interdependence on the younger generation for their ghara igbanwe needs which RAM focuses on. This sense of attachment is less about the emotional and cognitive association to Igboland. Therefore, RAM was chosen as a theoretical lens instead of place bonding.

Ageing in place refers to the,

> *sense of attachment or connection and feelings of security and familiarity in relation to both homes and communities. Ageing in place related to sense of identity both through independence and autonomy and through caring relationships and roles in the places people live.* (Wiles et al. 2011, p. 357)

According to Wiles et al. (2011) “place” can refer to different meanings, functions and locations for older people; “home” may mean house, social environment, neighbourhood, locality, area or region or where an individual experiences acceptance and comfort (Wiles et al. 2011). This implies that ageing within or outside the family social environment, or even elsewhere, where the individual can adequately access adequate health and social support can be viewed as a place to age. However, rather than living in residential care homes, the concept of ageing in place advocates communal living in the community with some level of self-determination (Davey et al. 2004). Older people can choose to age in places of their choice (Cagney and Cornwell 2010, Wiles et al. 2011, Iecovich 2014).

The concept of ageing in place is, to a small degree, applicable to the findings of my study where Igbo elderly want to age in the community because they are communal people with strong feelings of attachment to the Igbo community. Igbo older people do not wish to age and die in any community except for their own Igbo community and ancestral homes. In addition, while they can be independent and wish to have autonomy over how their own ghara igbanwe is carried out, the Igbo culture encourages interdependence between the younger and older generation for the provision of ghara igbanwe for the elderly and provision of blessing and protection for the young.

This is because of the intermediary role that the elderly play in the Igbo community. This form of spiritual and cultural interdependence is specific to the Igbo (Eboiyehi 2015).

While ageing in place appears to explain their reasons for wanting to return to their ancestral homes, it remains insufficient as a theoretical lens for understanding ghara igbanwe. The Igbo elderly want to return to their ancestral homes to not only because they want to age in place but also because they want to die in place and join their ancestors in the spiritual plane. Ghara igbanwe goes beyond the theory of ageing in place because the reason for the Igbo elderly wanting to return to their ancestral homes goes beyond their need for social support, security, a roof over their heads, familiarity, community and cultural engagement. Ghara igbanwe is not only about considering the needs of the elderly when they are still living but their needs when they are dead as well (appropriate burial rites and joining their ancestral cults after death). According to my findings, Igbo elderly also want to die in their ancestral homes to be accepted as ancestors of their families and to continue their cultural and spiritual responsibilities by blessing and protecting their families. Ageing in place according to Davey et al. (2004, p. 133) is defined as "remaining living in the community, with some level of independence, rather than in residential care". However, ghara igbanwe explores the care of the Igbo elderly far beyond helping them achieve independence. Therefore, ageing in place is not sufficient as a theoretical lens for this research.

The key point of this chapter is also to explore how Igbos can adapt to the complex political and social situation in Igboland in Nigeria specifically since it is the last objective of this research study. Ghara igbanwe has an element of holistic care to it, meaning that it involves exploring the physical, political and social environment the elderly Igbo person is in. To a large extent, the adaptation of the Igbo elderly in these complex environmental conditions is of great importance to my study. The complexity of the care issues of the older Igbo people as shown in the previous chapter requires a theoretical lens that focuses on adaptation to provide meaningful guidance on how they can be practically managed in the context of Igboland (Roy and Andrew 1999). Roy's adaptation theory

provides not only the theoretical lens to view the complexities in care issues, but also gives insight into adaptation models to help both care-receivers and care-givers to cope with the challenges and changes in these situations. RAM is, therefore, more appropriate as a theoretical lens as compared to ageing in place.

In addition, ghara igbanwe concerns not only the elderly person but also the family members and the wider Igbo community. It is therefore fundamental to understand how these other stakeholders adapt to the environment in order to ensure that ghara igbanwe is carried out successfully such that the Igbo elderly that they provide for can fulfil their intermediary roles. Therefore, RAM is more applicable to develop these adaptation strategies for the Igbo people, while still offering a theoretical lens for the interpretation of my findings (Roys and Andrews 1999).

I am further convinced of this by the fact that RAM was developed from the perspective of a nun. As a sister myself, I am attempting to develop this theory of ghara igbanwe while also under the influence of my strong religious background. RAM as theorised by Sister Doctor Calista Roy, therefore, is very suitable as it is developed through a similar world perspective. Being a constructivist myself, this alignment of RAM and my religious worldview further adds to the appropriateness of RAM as the theoretical lens of choice to view my findings

7.2. Applying Roy’s Adaptation Model as A Theoretical Lens

Adaptation could be explained as a person’s willingness to face his or her fears and other limitations brought about by changes in life situations. By accepting such unavoidable situations, and making the best of the present environment, humans adjust, cope or adapt (Roy and Andrews 1999).

RAM has been applied to the care of people in various settings like; hospitals, nursing homes and in community care and ghara igbanwe centres (Gless 1995, Roy and Andrews 1999). The application of RAM has been effectively used in reducing depression and improving quality of life in a group of

aged people in older people's centre (Hoch 1987). RAM has also been used effectively in finding out how older adults make end-of-life decisions (Zhang 2013). Smith (1988) has successfully applied RAM in managing various conditions such as loneliness, inabilities, depression, isolation and frailties that accompany old age as found in groups of elderly people living in residential homes. The work of Rogers and Keller (2009) has shown that RAM can be effectively applied to encourage physical movement in sedentary older people. Healthcare plans, based on RAM as a theoretical framework, to promote the spiritual wellness of older people in nursing homes in Urmia, Iran, have been found to have a positive impact on the spiritual well-being of the elderly people (Pak et al. 2016). RAM is intended to help nurses support patients and other individuals and groups cope with the changing situations in lives and surroundings (Roy and Andrews 1999).

I have previously explored the Igbo people in detail, their lives, belief, culture, politics, health, sickness, ageing and death, and today's evolving socio-cultural and economic changes in Nigeria, which influenced the ghara igbanwe of the older citizens. Having understood the worldview of the Igbos, the implementation of RAM in this chapter as is appropriate to understand the intermediary role that Igbo elderly play and how the Igbos can further embrace this role as part of their worldview and culture.

Eboiyehi (2015) noted that the capabilities of the aged Igbo persons to manage their ghara igbanwe needs depend largely on the ability of the individual younger families to care and support their older family members. The use of RAM can help older Igbo people and their caregivers overcome the ghara igbanwe difficulties and manage the inadequacies in their ghara igbanwe.

> *Health is not the freedom from the inevitability of death, disease, unhappiness and stress but the ability to cope with them in a competent way (Roy and Andrews 1999, p. 52)*

Roy and Andrews (1999) made a slight shift from the usual concept of health and illness and opined that many problems stem from our inability to cope with difficult and fearful health situations. Through adaptation, some health problems can be limited when individuals shift their attention

away from their inner selves. Roy and Andrew's (1999) understanding of health harmonises with the perception of the human person as an integral and adaptive system. The human person is originally a being, constituting of physical, spiritual, and metaphysical components and exiting in a communal world. Interaction and inter-connectedness between individuals and the environment while still respecting and supporting the uniqueness of the individual is emphasised (Roy and Andrews 1999). Hence, every individual person is defined by these unique components and the ability to live and cope with emergent social changes within one's community (Roy and Andrews 1999). Therefore, to exist is to live together and to be able to adapt to unforeseen social changes within the individual's area of existence (Roy and Andrews 1999). This human connectedness is aligned with the perception of communal living as an important aspect that gives life its holistic meaning in the Igbo culture.

7.2.1. Physiologic-Physical Mode

This is the first mode to successful adaptation. The major concern of the older Igbo people is the decline in the functional abilities in performing the activities of daily life, coupled with the unavailability of some social conditions that promote quality of life (Roy and Andrews 1999). Some basic infrastructures that improve quality of life are good roads, transport and communication facilities (Ajomale 2007). The older Igbo people have noted that the government has failed in the provision of those basic utilities which help the older people and their caregivers access health care:

> *"Because of our bad transport system and bad roads, our elderly people find it difficult to visit their physicians for health control. The lack of important basic things like transport, good roads, and medical facilities are problem to us. Many elderly have no shelter. Local government does not help." [Georg, older person]*

The lack in the provision of such social infrastructures hinder the not only the physical activities but also prevents movement, and access to healthcare institutions and centres, and as such obstruct communication and information. When communication and information are obstructed, self-governance or autonomy of the older people and their caregivers are limited (Ajomale 2007).

Denying the older of their autonomy would impact their roles as intermediaries within their families and communities.

Many lgbo people face various physical and psychological challenges coping with ageing, the physiological frailties that accompany old age, and the unavailability of utilities and materials to ensure their healthy ageing (Okoye and Asa 2011; Eboiyehi 2015). This emphasises the need to develop adaptation strategies which will help to promote healthy ageing among the older Igbo people. Unlike most young Igbo people, older Igbo people live in rural areas. The older Igbo do not only require physical help but depend predominantly on support from their relatives and caregivers to function actively in such thing tasks like: traveling to the hospitals to obtain medical support, or visiting relatives to get some psychological support, going for shopping, attaining civic activities, and going to churches (Okoye and Asa 2011). The lack of such health-promoting infrastructures like good roods, transport and communication systems have been described by the older Igbo and their caregivers as preventing the older Igbo people from obtaining their required medical care.

7.2.1.1. Adaptation Strategy

With the physical frailties, mental and emotional changes, coupled with all other health complex problems associated with the ageing process, the daily life of the older Igbo people are affected (Eboiyehi 2015) and their abilities in carrying out the activities of daily living are hampered. These frailties of old age with the lack of provision of amenities which enable the older people to access to information as well as health and well-being services call for the need to make a positive adaptation to manage the ghara igbanwe need of the older people.

An important finding of this study is the importance of social context in promoting the intermediary roles of the older Igbo people. The findings of this study suggest that the lack in provision of some infrastructures not only contributes to the ghara igbanwe problems of the older Igbo people but also play an important role in the difficulties encountered by the older Igbo while ageing in places

of their ancestral homes and playing their valued intermediary roles within their families and communities.

Therefore, this study suggests that ghara igbanwe of the older Igbo people informed by RAM may help to reduce the internal (or personal) and the external (or public) stress experienced by the older Igbo and their caregivers (Eboiyehi 2015, Okoye and Asa 2011). The following are some recommendations that arise from this study of the ghara igbanwe needs of older Igbo people.

1. Older Igbo people should be supported to identify their ghara igbanwe needs. This would involve asking Older Igbo people questions about what exactly they think is necessary for their ghara igbanwe. This is important because different individuals live in different circumstances and hence have different ghara igbanwe needs. Supporting the older Igbo people to state their ghara igbanwe needs, would enable to identify how best these needs can be addressed through adaptation or other approaches.
2. Older Igbo people should be supported to adjust to inevitable mental, physical and psychological changes that accompany old age such as the physical frailties and reduction in functional abilities. Recognising and accepting one's limited control over one's circumstances is a crucial step in adaptation.
3. Due to the reduction in functional abilities associated with ageing, the caregivers and relatives of the Igbo people should be prepared to expect increased demand in the support given to the older people. There is a cultural expectation of the younger generation to provide ghara igbanwe for older people, it is important to also note that declining health limited functional abilities are physical reasons behind the need for support. Therefore, financial support is insufficient, and the younger generation needs to be physically present to provide ghara igbanwe.

7.2.2. Self-Concept Mode

The second mode of adaptation is self-concept. Self-concept comprises of beliefs (spiritual and otherwise) of who one is and what comprises the social context of the individual (Hanna and Roy 2001). The concept of "self" could be described as coming from the inner thought or notion which every individual holds about him or herself; who and what he/she is, and where he/she belongs. The mental picture of "self" builds the uniqueness of every individual. However, the self is perceived not just as that which is individual, but as an integral part of others (Okoye 2011). This implies that the understanding of self is the key point to any investigation into people's traditions and behaviours (Okoye 2011). Hanna and Roy (2001, p. 2) noted that "psychic and spiritual integrity" are necessary foundations for one to "be and exist with a sense of unity, meaning and purposefulness in the universe". The perception of "self" as an integral part of others promotes not just self, but the group's identity. It promotes the group's goal for achievement, enhances values and shared a relationship, and encourages adaptation in difficult and hard conditions (Roy and Andrews 1999).

Scholars in Igbo culture, belief, ethical values and cosmology have identified that the Igbo concept of the self forms a fundamental part of their world-view and tradition (Nwoga 1984, Okoye 2011, Nwoye 2011, Nwachukwu-Udaku 2011, Onwubiko 2012). People's worldview is described as the complex of their beliefs and attitudes interactions towards environments and the world around them and how all these relate to a human being (Metuh 1972).

In Igbo worldview and belief system, everything happens for a reason; wealth and riches, good and bad health conditions, fortune and misfortune were all accredited to the determinant power of God (Nwoye 2011, Okoye 2011, Onwubiko 2012). With this viewpoint, the Igbo people believe that one must live in a harmonious relationship with the ancestors in order to receive blessings, good health, riches, fruitfulness and prosperity.

This is the reason, in Igbo tradition, lack of ghara igbanwe care provision to the older people is regarded not just as disrespect, but also as a disregard to the ancestors and by extension, an offence to Chukwu, the Supreme God of Igboland (Nwoye 2011).

The present socio-cultural and economic changes in Nigeria have an impact on the concept of "self" among the Igbo Nigerians; as a society, the Igbos value relationships and community. However, this self-concept is under attack for the elderly due to the fact that they are separated from the families and unable to access services that enable them to socialise. This separation experienced by the elderly is best explained by the following quote from this study.

> *"Our method of care is very good, but no children are not at home to help again. Our children are not there to help! The children are not there to give us help! Our Suffering is too much." [Maria, caregiver]*

The Igbo elderly are separated from their own families. Considering the importance of family and relationships in Igbo, this separation appears to have a great impact on the self-concept of the elderly. The younger generation experiences the same impact as they have to leave Igbo to work in urban cities.

Additionally, from the perspective of the younger Igbos who have migrated to the urban areas, by being separated from their elderly, their connection with their ancestors is also severed. This connection to the ancestors is important and explained in the quote below.

> *"… these elderly represent the ancestors, and they connect with them to protect the families from attach of the evil spirits." [Georg, older person]*

When the younger generation is not with their elderly or do not provide ghara igbanwe for their elderly, according to the self-concept of the Igbos, they also do not receive the blessing and protection from their ancestors.

7.2.2.1. Adaptation Strategy

The connectedness of the spirit and body is an important aspect of adaptation. The two compromised themselves to produce the energy to cope in difficult situations (Roy and Andrews 1999). The Igbo should not lose sight of this important unity of body and soul which makes up the whole "self" (Nwoye 2011). These recommended adaptation strategies aim to reinforce the self-concept of the Igbo people.

1. Villages and communities can look at developing centres and training facilities to engage the younger generation and encourage them to acquire skills and education in the village. They can then also remain in close proximity with their elderly and reducing the need for them to migrate for better education. This is important as the lack of quality education for younger people was indicated in my findings as one of the reasons for the migration of the younger generation, creating a disintegration of families.
2. Affluent individuals can invest in developing Igbo villages, providing jobs to the younger generation such that there will less need for them to migrate. The lack of jobs is similarly another reason for the migration of the younger generation to the urban areas according to my findings, which limits their ability to physically support the elderly.

7.2.3. Role Function Mode

Role function describes the level of a person's relationship and interrelatedness with others (Roy and Andrews (1999). Role function is "a set of expectations about how a person occupying one position behaves towards a person occupying another position" (Hill and Roberts 1981, pp. 109).

In the Igbo Nigerian context, older people are respected and valued within the society (Eboiyehi 2015). The older Igbo view themselves and are perceived by their society, to be the intermediaries between the living members of their families and the spirits of their ancestors who are believed to be still within the families and communities in their spiritual forms (Eboiyehi 2015). This valued belief is the key factor why the older Igbo want to experience ghara igbanwe care ageing processes in places of their ancestral homes (Eboiyehi 2015).

The Igbo people are a courageous group of people and with their adventurous spirits. According to Nwachukwu-Udaku (2011), the migration of the Igbo people is caused by the economic situation in Nigeria. Though some Igbo relocate to other parts of the world for some other reasons, most migrations are due to the inevitable search better life for themselves and for financial support to their families, especially the older relatives who depend on them for survival.

The findings of this research suggest that the physical presence of the younger generation and finances required for the provision of quality ghara igbanwe for the older Igbo people are important factors influencing inadequate ghara igbanwe of the older Igbo. Factors like poverty and the inability to pay for hospital treatment and medications, or to buy some necessary things needed for daily living are inhibiting ghara igbanwe.

The situation of economic instability with additional lack of jobs and a good education system has not only caused migration of the younger generation but have also have exposed the youth to criminal activities. Moreover, the condition has promoted a lack of care of own nuclear families among the younger people and have heightened poverty and insecurity on the part of the elderly.

Consequently, there is a reduction in the number of younger people who play the role of caregivers in the Igbo society. This is exemplified in the participant quote below:

> *"Even the youth are not cared for and that's why we have terrible youth misbehaviours in this area. Migration, stealing, killing and kidnapping are the order of the day here. They even kidnap the aged and expect their children to pay a heavy amount to free them." [Vincent, caregiver]*

Due to the absence of the younger people in the rural areas, coupled with the socio-economic paralysis in the Nigerian society, the older Igbo people who expect care and ghara igbanwe from their younger generations receive little or no support from their children (Eboiyehi 2015).

As noted by Ajomale (2007) the Nigerian society finds it difficult to face the challenges the rise in population of the older people has placed on her. The social, economic, health and well-being

challenges inhibiting provision of quality ghara igbanwe care to the older Igbo population has been found to be due to lack of support from the Nigerian Government. This has been found to be a major contributing factor which has greatly and negatively affected the general health and well-being of the older Nigerian people (Ajomale 2007; Okoye 2013; Eboiyehi 2015). The lack of government support has also been noted as one of the reasons for the migration of the younger Nigerian Igbo people and has led to a reduction in resource-related factors affecting ghara igbanwe of the older Igbo people:

> *"Our method of ghara igbanwe is very good, but no children are at home to help again. Our Children are not there to help! The children are not there to give us help! Our Suffering is too much. Our government is not good. So, we no get any help from anybody. Only children when they send money. But children no get money enough to give us. No! They look for job in the township. Me, I am afraid of the future. I do not know who will take care of me in the future. Even now, my health is not good. I have no money to buy medicine. MY son will come on Thursday to take me to the hospital." [Monica, older person]*

Being able to experience quality and healthy ageing depends on the availability of support from her children only. There is no sign of social support to help improve her life. Some participants also indicated that the lack of government support contributes to their ghara igbanwe difficulties:

> *"The Nigerian government has refused to come to our aid. My husband and I are sick. There is no money for hospital treatment." [Juliana, older person]*

To live out later years healthily and as comfortable as possible, family support, financial situation and economic situations play an important role. The lack of these impact the ability of the older Igbo people to play their intermediary roles within their families and communities:

> *"Me, I am afraid that my children would be forced to take me to the town when I can no longer do little things for myself because there is nobody at home to care intensively for me. My daughter-in-laws would do that, but they are all civil servants in the towns and cannot stay in the village with me. We have no ghara igbanwe support here and no good functioning health centres … All the aged people here are dying due to lack of care, no*

community healthcare centres, no hospital, no water, no good road, and no electricity. People die of hunger." [Caroline, older person]

7.2.3.1. Adaptation Strategy

Ageing challenges change one's body; self-acceptance is a key adaptation strategy to challenge the ageing challenges facing the older Igbo people. Self-acceptance is a way of meeting the ageing challenges energetically without being oblivious to the problems and difficulties preventing the Igbo people from playing their intermediary roles. The older Igbo and their caregivers will have to have to courageously accept and adapt to the changing socio-economic and political situation in Nigeria. The Igbo older Igbo population and their caregivers will find comfort and peace and not in denial, but in successful tackling of the situation.

In addition, remaining active is another way to adapt to changing situations. Active living promotes interaction and supports role-playing.

7.2.4. Interdependence Mode

Interdependence is sharing and supporting in an interactive and interconnected relationship. It deals with abilities to give, receive love, and maintenance care, security and valuing the dignity of one another in a relationship within, and outside one's the living environment. Interdependence is the fourth mode and the final mode of adaptation (Roy and Andrews 1999).

Interdependence represents coming into a relationship with another and approaching this relationship with respect and reciprocity (Roy 1996; Roy and Andrews 1999). Roy (1996) believes that people are gifts from above to us and that individuals possess the ability to stabilise themselves in their relationships with each other accepting themselves and others, valuing and respecting each other's autonomy, loving and caring for each other's needs.

In the Igbo Nigeria culture, interdependence was viewed as a natural process within the family, community and agnate circles. Igbo people are communal people who depend on each other in

their society. A respectable interdependence relationship exists between the older Igbo people and the younger generations.

In the Igbo nation, these relationships cut across nuclear and larger families and communities to agnate groups: the *Ikwunne* and *Ikwunna* groups (Onwubiko 2012). In the Igbo society, the parents care and provide for the children when they are young. This is because the children are expected to care and rehabilitate their aged parents in turn for the care, nurturing and support which they, the children received from their parents (Okoye and Asa 2011). For this reason, care and ghara igbanwe for the older people are provided by their families and extended younger family members (Okoye and Asa 2011; Eboiyehi 2015). Ageing in ancestral homes was seen as a valued normal practice to enable the older Igbo people to play their cultural-spiritual and social intermediary roles within their families and communities.

In the Igbo society, this valued practice of the interdependency has been affected by different factors. The findings of this study have categorised these factors as political, socio-economic and cultural. This study found that the changes arising from the political, socio-economic and cultural conditions in Nigeria interchangeably have made the older Igbo people more vulnerable to different ghara igbanwe problems, not only on health and well-being but also on social, economic cultural and religious situations. The four adaptation modes are interwoven with one another (Roy and Andrews 1999), so are these categories that drive the ghara igbanwe needs of the older Igbo people. Therefore, this implies that while the four modes of RAM are discussed separately, they are inter-related to each other and thus represent the holistic individual. And since the older Igbo and their caregivers live and exist within their environments, it is inevitable that problems brought about by the changes in the social, cultural and economic situations in Nigeria would affect the holisms of the individuals within the Igbo social context.

Within the Igbo cultural context, one cannot exist without reference to the others. This is exemplified in the participant quote below.

"The parental blessings from my old mother are very important for me and for my children. Mama's blessing will accompany me and my children throughout our lives, that was my reason for coming back to the village to assist my mother in her ghara igbanwe needs … Our mother received the blessings from our grandparents and life went well with her. This is our rich and valued culture which is not found everywhere." [John, caregiver]

The complex inter-connectedness, inter-relatedness and inter-dependence reveal the whole human nature as an adaptive organism (Roy and Andrews 1999).

7.2.4.1. Adaptation Strategy

It is important to note that the findings of this research showed that in the context of ageing, perceptions of health and well-being depend on how the older people themselves view their experiences within their environments. For successful adaptation to societal changes which impacts the interrelationships and interdependence within a given group, the ability to keep a positive relationship, accept change, share and be compassionate is important. This ability can limit the negative effects brought about by such changes.

In the Igbo society, the reality of life expresses itself not as isolated, but as belonging, loving, caring, sharing, connecting, interacting, respecting, uniting, celebrating, relating and inter-depending on one another (Nwachukwu-Udaku 2011; Onwubiko 2012; Okoye and Asa 2011). Igbo older population should hold steadfast in their beliefs and culture about the ghara igbanwe of their older people. They and their caregivers ought to continue with their traditional practices of ghara igbanwe and pay less attention to the limitations of the government. In other words, Igbo people should learn to adapt.

Self-awareness promotes adaptability. Older Igbo people should be courageous to maintain their culture and belief system. They should be able to learn to cope with criticism that pushes them to want to devalue their culture. The Igbo nation should keep their culture alive and be ready to identify with this in any situation they find themselves.

In the Western world, many older people are viewed as being rich, but they are often poor in their relationships and connectedness; they tend to be lonely and isolated (Her Majesty's Stationary Office 1999). The Igbo cultural ghara igbanwe, promotes emotional and psychological riches. Rather than being lonely and isolated, the older Igbo, despite poverty, enjoy emotional and psychological and freedom; they live communally, are connected, related and practice interdependency. The maintenance of the inter-relatedness in Igbo culture would help older Igbo and their caregivers adapt to the complex ghara igbanwe problems in Nigeria.

7.3. Conclusion

This chapter uses RAM as a theoretical framework to better understand this intermediary role that the elderly Igbo people play, the theoretical code of my findings, and discuss how the older Igbo people and their caregivers can adapt to the changing socio-cultural and economic situations affecting the ghara igbanwe of the older Igbo people in Nigeria. RAM has been used successfully in adaptation practices in various care settings, and in different health conditions. By suggesting these adaptations, this chapter addresses the final aim of this study: to provide recommendations to improve the ghara igbanwe of older people in Igbo. These recommendations are focused on intrinsic stimuli of Igbo individuals and by extension, the Igbo society, to adapt to the political, social and cultural environment they exist in and to allow the elderly to play an intermediary role in their communities more effectively. The use of RAM framework in the ghara igbanwe of the older Igbo people can assist the older Igbo people and their caregivers to adapt to inevitable changes and differences in the ghara igbanwe of the elderly, brought about by the evolving political and socio-cultural situation in Nigeria.

Chapter 8. Conclusion

This thesis is an exploration of the ghara igbanwe of the Igbo elderly. The ghara igbanwe of older people is a holistic process that entails the consideration of the older people's physical, emotional, social, and spiritual well-being. The ageing population is a global issue, particularly for Nigeria where there are very limited resources. The high level of institutional failures such as government insensitivity to the Igbo cultural practices of ghara igbanwe, lack of utilities and lack of infrastructures currently present in the federation further exacerbate the situation. There is a need for more research in the problems of the ageing population in Nigeria. Little has been done on the ghara igbanwe needs of the older people in Nigeria. Gaps exist in the available knowledge of the ghara igbanwe needs of older people in the present evolving socio-cultural and economic context in Nigeria. This thesis fills the gap in knowledge about the ghara igbanwe of the Igbo older people, develops an understanding of their concept of ageing in place and suggests recommendations to improve the situation in Nigeria.

For this research, a CGT methodology was adopted. I travelled to Nigeria to conduct semi-structured interviews with 12 older Igbo people and 4 caregivers, where I achieved theoretical saturation. These interviews were audio recorded and transcribed. I employed the CGT method of analysis to make sense of my data.

The key finding of this research is that Igbo older people serve as intermediaries between the living and their ancestors. This finding is important as it affects the political, socio-economic and cultural factors of ghara igbanwe of Igbo elderly.

8.1. Original Contribution

In the Igbo culture, ancestors are regarded as elder members of the family who have crossed over to the spiritual world where they have the power to protect their families and communities. This

belief reveals that a relationship exists between the dead Igbo ancestors and their living; in other words, Igbo elderly are believed to be intermediaries between the living and the ancestors. The Igbo worldview considers the dead as members of their respective clans. This belief is the reason why older people view the ability to remain in their communities as a very important ghara igbanwe need.

According to the findings of this research, sending the elderly to care homes would not only be seen as separation and isolation and of the older people, but also as disrespect for the Igbo aged.

The current situation of ghara igbanwe challenges this belief. The present situation is that many older people suffer from loneliness because their younger generations have migrated to urban areas or overseas, leaving their aged without much support. Provision of educational and job opportunities in the rural areas for the younger generation would help to keep children and caregivers at home.

The ghara igbanwe experiences narrated by the older Igbo people and their caregivers in this study indicate that the complex ghara igbanwe needs of the older Igbo people in the present evolving socio-cultural situation in Nigeria have not been sufficiently investigated and identified from their perspectives. The ghara igbanwe needs of the older Igbo people are numerous. The older Igbo people said that they needed increased government support to help them with their ghara igbanwe needs with financial support, medical services and transport infrastructures to enable them to live fulfilled lives. More importantly, Igbo people spoke about the need for support to enable them to adapt to the changing Nigerian context while remaining true to their beliefs about traditional methods of ghara igbanwe of the elderly.

8.2. Strengths of The Study

The findings of this study contribute a new perspective about the ghara igbanwe of the older Igbo population. Most of the research done so far in this field has focused on the concepts of geriatric

rehabilitation which is intended to cure or render treatment. There is a gap in wider literature about identification of the ghara igbanwe need of the older Igbo population from their perspective within medical, health, and nursing and social care studies.

The methodological rigour is also another strength of this study. Using CGT, I developed a theory of ghara igbanwe of Igbo elderly grounded in the experiences of the elderly and their care givers. The process of CGT coding resulted in the emergence of a theory that is synthesised from the contributions of all 16 participants from 5 Igbo states. In the constructivist tradition, these participants shared their experience of ghara igbanwe from various perspectives. The resulting grounded theory thus takes into account the various perspectives and has a great degree of transferability for the Igbo population. In addition, theoretical saturation was also achieved in this research.

This study moves beyond problematising the situation of ghara igbanwe in Igbo makes some practical recommendations for Nigeria to improve the situation. In essence, I have applied the theory I have developed, and employed RAM as a theoretical lens to develop these adaptation strategies.

8.3. Limitations of The Study

One limitation of this study is my role as both an insider and an outsider in the research location, and my role as a member of a religious order. The roles that which I play were helpful in the choice of the research topic, the scope of the research, and also helped access to participants (Breen 2006). These roles also facilitated open and free dialogue between the researcher and the participants. However, these roles could have influenced the data collection, and data analysis process.

Next, this study focused only on identifying the ghara igbanwe needs of the older Igbo population in the present socio-cultural and economic situation in Nigeria. By focusing on the Igbo nation, it is difficult to determine the transferability of this study to older people in other parts of Nigeria, other

African nations, and the world at large. Nevertheless, it cannot be known what emergence categories would have resulted from the older people' experiences in other geographical backgrounds and nations. The participants represented various social environments and educational status. While the differences in the participants' social status were notable, their narratives revealed similar experiences of ghara igbanwe needs.

This study was conducted in Igboland with Igbo people, and the spoken language is Igbo. Whilst only the participants who could speak and write in English language were recruited for this study, it was not clear if the participants expressed themselves meaningfully in the English language as this is not the Igbo people's first language. Therefore, language barriers could have influenced this research results, because concepts may have different meanings in different languages (Van Nes et al. 2010). This uncertainty presents one of the limitations of this study.

8.4. Further Research Recommendations

Within this research, I have suggested strategies which Igbo people can adopt to adapt to the complex political situation. While I have also suggested that the government can play an active role in addressing the ghara igbanwe needs of the Igbo elderly, the practicality of these suggestions requires more research. Future research should focus on the feasibility and organisation of implementing these policies and steps as described above. For example, research can look into the budgeting and planning of building and improving infrastructures such as roads and hospital transport and explore how this can work within the physical and human geography of these rural Igbo villages.

More qualitative research into specific medical care needs and associated ageing problems experienced by the older Igbo people is required. At present, there is a lack of qualitative research about the experiences of Igbo elderly and their caregivers. This research has focused on ghara igbanwe of the elderly however, there is more to be researched about the needs of the elderly and

their caregivers in other forms of medical care provision such as dementia care, palliative care, diabetes care, arthritis care and stroke care.

8.5. Dissemination of Findings

I intend to share the findings of my research with the Igbo people by talking to them in the villages, at the village meetings, family meetings, churches, schools, enlightening them about the problems faced by the elderly with regards to their ghara igbanwe.

I will also make use of social media, education in schools and visit hospitals to engage the healthcare professionals about the issues that have been raised in this research. I also intend to publish and disseminate this research in journals, newspapers, periodicals, conference presentations, radio and television segments will also raise awareness within the academic community and general public.

8.6. Summary

To summarise, this study has identified the ghara igbanwe needs of the older Igbo Nigerians. The study has identified that the ghara igbanwe needs of the older Igbo population are inter-related and complex and are influenced by political, socio-economic and cultural factors. This research has contributed to new knowledge with the discovery that Igbo elderly are viewed intermediaries between the living and their ancestors. The provision of ghara igbanwe should take this unique social role into careful consideration. With this thesis, I highlight the ghara igbanwe needs of the older Igbo people to Nigerian society and the international community. It is my hope that other scholars take this study as a starting point for their own investigation into the holistic ghara igbanwe of older people, and to enhance a better understanding of the complexity of these needs in the future.

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Appendix A

Print Search History: EBSCOhost

EBSCOhost

Thursday, August 16, 2018 5:48:47 AM

#	Query	Limiters/Expanders	Last Run Via	Results
S31	S26 AND S27 AND S29	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	306
S30	S26 AND S29	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	1,830
S29	S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	1,268,108
S28	S26 AND S27	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	1,197
S27	S4 OR S5 OR S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	821,624
S26	S1 OR S2 OR S3 OR S25	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	6,889
S25	igboland	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	2
S24	ghara igbanwe	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	0
S23	holistic rehabilitation	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	148
S22	(MH "Nursing Care")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	20,009
S21	nursing care	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	94,053
S20	holistic care	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	6,596
S19	(MH "Holistic Care")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	3,942
S18	care	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	1,108,772
S17	health care	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	491,708
S16	healthcare	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	491,708
S15	(MH "Rehabilitation")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	16,213
S14	rehabilitat*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	151,703
S13	aged	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search	754,619

http://web.a.ebscohost.com/ehost/searchhistory/PrintSearchHistory?sid=c81f9fea-7b3e-46b2-972a-4c28ec979605%40sessionmgr4009&vid=112... 1/2

			Database - CINAHL Plus with Full Text	
S12	(MH "Aged")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	650,846
S11	older adult*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	46,618
S10	older people	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	20,875
S9	Older person	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	7,636
S8	elder*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	88,352
S7	aging	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	70,600
S6	geriatric*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	41,207
S5	(MH "Geriatrics")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	5,249
S4	gerontology	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	2,024
S3	(MH "Nigeria")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	5,746
S2	nigeria*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	6,887
S1	igbo	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - CINAHL Plus with Full Text	50

Appendix B

Consent Form:

Respondent Identification Number:

Study Title: **Rehabilitation of the older Igbo Nigerian People:**

A Constructivist Grounded Theory Study

Name of Student Research: Mary Cordis Ahuzi

Name of Participant:

Please read each section carefully before you initial each box

1. I confirm that I have read and understand the Participant Information Sheet, for the above study and have had the opportunity to consider the information, ask questions and have these answered satisfactorily.
2. I am willing and give my permission to be observed by a PhD student researcher.
3. I am willing and give my permission for my interview with a PhD student researcher to be audio recorded.
4. I understand that my decision to be and interviewed is voluntary and that I can request the recording to be stopped at any time, and I am free to withdraw at any time without my legal rights being affected.

5. I understand that verbatim questions from my interview may be used anonymously in the report produced from this study and in papers produced for publication and for conference presentation. However, I can withdraw the use of any part of the material at any time before the report is established.

6. I understand that if, during the interview, information is disclosed that may put others or me at risk, the appropriate health and social care ministries will be informed.

7. I understand that relevant sections of socio- medical/ nursing notes and data collected during the study may be looked at by the researcher [Mary C.Ahuzi], where it is relevant to my taking part in this research, I give permission for these individual to have access to my records.

8. I understand that data collected during the study may be looked by research governance staff working in Cardiff University for the purpose of monitoring and auditing the conduct of the research. I give permission for this.

9. I understand that data collected will not be transferred to any other organization.

10. I agree to take part in the above study

Declaration by participant:

I hereby consent to take part in this study:

_______________________ ____________ ____________

Name of Participant Date Signature

Declaration from the researcher:

I have given a verbal explanation of the research project to the participant, and have answered the participant's questions about it.

I believe that the participant understands the study and has given informed consent to participate.

_______________________ ____________ ____________

Name of Research Date Signature

When completed place 1 copy in the site file and give 1 copy to the participant

Mary Cordis Ahuzi

Cordis 82@hotmail.com

Appendix C

Participant Information Sheet (older people and their care- givers)

Title of the Study:

Rehabilitation of the Older Igbo Nigerian People: A Constructivist grounded Theory Study.

Introduction:

The study will investigate and identify the rehabilitation needs of the older Igbo Nigerian West African People in the present evolving socio- cultural and economic situation in Nigeria. A qualitative grounded theory, namely, Charmaz's Constructivist Grounded Theory (CGT) Methodology will guide this investigation.

The research aim and objectives are the following:

Aim

To identify the rehabilitation needs of the older Igbo people in the evolving social, cultural, political, and economic context in Nigeria.

Objectives

- To provide a background of the views, history, geography, ethnicity, economy, values, social structure, and the religious and general belief systems.
- To conduct a wide literature review on rehabilitation, examining evidence inside and outside the Nigerian context.
- To explore the main theoretical concepts introduced in this study, exploring the principles of GT and CGT, and providing reasons for the elected methodology.

Dear Sir / Madam,

My name is Mary Cordis Ahuzi. I am a PhD student in the School of Health Care Sciences at Cardiff University in the UK. I would like to invite you to take a part in this study. But, before you decide whether you want to take a part or not, it is important for you to understand why the research is being done and what your participation will involve. Please take time to read the following information carefully and discuss it either with other members of health care or family if you wish, please contact me if anything is unclear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

1. What is research and why is this study being done?

Older Igbo Nigerians are inadequately rehabilitated and not sufficiently cared for in the present situation in Nigeria. Evidence in this specialty, in particular, point out that the rehabilitation needs of older Igbo Nigerians, and most Nigerian over-65s in general, is a complex problem not given enough attention. Specifically, rehabilitation needs of the older Igbo Nigerian peoples have not been explored from the Igbo people's perspective. Consequently, there is gap in knowledge about the rehabilitation needs of the older Igbo people. In order to identify the rehabilitation needs, it is important to use a research methodology that considers the social contexts, allows interaction and exchange of viewpoints, as well as the interpretive considerations of the narrated experiences and situations ad situations of participants.

2. Why have I been asked to take part?

You have been invited to take part in this study because you play an important role. You are a senior citizen of Nigeria, an older Igbo person in need / receiving rehabilitation care. Or you are a

younger relation / informal care –giver to an older parents or relation. You can narrate your rehabilitation care experiences in a minimal English language.

3. Do I have to take part?

No. It is up to you to decide to join the study. You are free to withdraw at any time during the study, without giving a reason. Also, if you decide not to take part in this study, it will not affect or any of yours in any form. You can ask to discontinue to part at any stage of the research without consequences of any type. If you change your mind and destroy your information and consent sheets you can contact the chiefs (gatekeepers) or the researcher directly to say you are discontinuing. The interview will be audio- recorded and memo hand writing will also be done. During the interview and recording, you can stop to take part, and change your mind when the interview is ended and ask for your recording to be destroyed.

4. **What will happen to me if I take part?**

If, you decide that you are willing to be participating, then the researcher will ask you to sign the consent form. You will be asked to select your convenient interview site, date, and time which should only fall within the three weeks scheduled for the research.

If you accept to be interviewed, during the interview, the researcher, in a single /individual interview, will ask you to talk about your age, profession, marital status, the number of children you have, and where your children live. The researcher will go on to enquire from you about your experiences with regards to the traditional care system, the rehabilitation care you receive/ give, and the effectiveness of these in the present Nigerian situation. The interview will be audio-recorded and will last between one to two hours.

5. Where will the interview be conducted?

The interview will be conducted privately in your homes, unless you decide otherwise-The research period will be for three weeks starting from the second week of October 2015.

6. What are the possible disadvantages and risks of taking part?

I do not expect there to be any disadvantages or risks associated with your taking part in this study. However, talking about your experiences of the rehabilitation care you receive or give could be a sensitive topic for you to expose. It is my wish to make the result of this study known to the Nigerian health and social care ministries, universities, Health and social care training schools, to the older people and their caregivers in the Nigerian society, to NGOs and international organisations and to my university. If at any stage you feel distress talking about your experience, you will be offered to either change the question to manage the interview pathway or terminate the interview without giving any reasons. Please be aware that any information and observation that might put you or the child at risk I will be discussed with the appropriate health professional e.g. child abuse or giving wrong care.

7. What are the possible benefits of taking part?

I cannot promise the study will help you immediately, but the information from this study may create an understanding about the rehabilitation needs of the older people in the Igbo Nigerian nation. It is hoped that this study will help to close the knowledge gap about the unmet rehabilitation needs of the older people in Nigeria. The knowledge from this study may, perhaps, bring about positive changes in the policies regarding care of the older people, and encourageing establishment of geriatric hospitals and training doctors and nurses in gerontological care. Understanding your experiences with regards to the rehabilitation care you receive /give will help you manage the situation and might help some negative attitudes towards the older people.

8. Will my confidentiality be guaranteed?

Yes, the researcher will comply with the ethical and legal practice guidance of Cardiff University and all the information about you will be handled in confidence. You will not be identified by name and all procedures of handling storage and destruction of data will be kept confidential. I will collect data from the interview which I will do by typing the interviews. All information will be stored on my computer within a locked with a password. The hand written-memo data, tape recordings and transcripts will be locked in a secure cabinet with control access until transcribed and verified and then destroyed. After 15 years of keeping the data, Cardiff University will archive and then destroy the information.

9. Will anyone else know I am doing this?

Your participation in this study is completely voluntary and any information you share in connection with this study will be kept completely confidential. Your details will be kept confidential throughout the study, publication and presentation by giving you a code. Information will be only shared with my supervisors, sponsor (Ministry of Health, Nigeria).

10. Who is organising and funding the study?

This study is approved by Research Ethics committee at Cardiff University and funded through self effort, contributions from private sponsors and that from my religious order.

11. Who has reviewed the study?

The study has been reviewed and approved by the Research Ethics Committees at Cardiff University School of Healthcare Sciences, Ethical committee Imo State ministry of health, Nigerian, and the “Eze” (king), (Sir) S. O. Auzbuine, Obizie V of Obizi autonomous community in Ezinihitte Local Government Area, Mbaise, Imo State, in Igbo land, Nigeria.

12. What will happen to the results of the research study?

The study findings will be published in professional journals over the next few years (with no personal or identifiable details of participants). Direct quotations will be used in the research output and it will be anonymous.   A copy of the summary of the findings can be sent you if you think you would like to read them.

13. What if something goes wrong?

This study is a semi- structure in- depth interviews, therefore, I do not expect any harm comes to you from taking part in this study. If you feel discomfort during the interview please let the researcher know, so we can stop or reschedule based on your convenience. However, if you are not happy about any aspect of the study, please feel free to contact the researcher on the details below. Alternatively, you can contact one of the gate keepers, chief (Sir) V. Ahuzi, Agbwodike 1 of Obizi in Ezinihitte LGA, Nigeria on the contact details below. In addition, if you are harmed by taking part in this study, there are no special compensation arrangements, if you are harmed due to someone's negligence, then you may have ground for legal action.

Contact for further information

If you have any enquires about anything concerning the study, please feel free to contact the researcher:

Mary Cordis Ahuzi
Contact phone number: 0049-2327903987
Email: ahuzimc@cardiff.ca.uk ; or
c.ahuzi@klinikum-bochum.de
Chief (Sir) V. Ahuzi Obizi, Mbaise LGA Nigeria.
Contact phone number: 00234-703 6308688
Thank you.

Appendix D

School of Healthcare Sciences
Head of School and Dean Gail Williams

Ysgol Gwyddorau Gofal Iechyd
Pennaeth yr Ysgol a Deon Yr Athrawes Gail Williams

Cardiff University
Ty Dewi Sant
Heath Park
Cardiff CF14 4XN

22 June 2015

Mary Cordis
c/o School of Healthcare Sciences
Eastgate House

E-mail E-bost HCAREEthics@cardiff.ac.uk
Prifysgol Caerdydd
Ty Dewi Sant
Mynydd Bychan
Caerdydd CF14 4XN

Dear Mary

Rehabilitation of the Older Persons: Igbo African Holistic Approach

I am writing to inform you that the Chair of the Research Ethics Committee has, following consultation, **approved** your revised research proposal. The Committee ratified this decision at its meeting on 18 June 2015.

Please note that if there are any major amendments to the project you will be required to submit a revised proposal form. You are advised to contact me if this situation arises. In addition, in line with the University requirements, the project will be monitored on an annual basis by the Committee and an annual monitoring form will be despatched to you in approximately 11 months' time. If the project is completed before this time you should contact me to obtain a form for completion.

Please do not hesitate to contact me if you have any questions.

Yours sincerely

Liz

Mrs Liz Harmer Griebel

Appendix E

IMO STATE UNIVERSITY TEACHING HOSPITAL

E-mail: imsuthorlu@yahoo.com
Phone: 083-520194

UMUNA,
P.M.B 8,
ORLU, IMO STATE,
NIGERIA.

Our Ref: ETHICS COMMITTEE

Your Ref: ....

Date: 22nd Sept., 2015

Sr. Mary Cordis Ahuzi H. H. C. J.

The ethics Committee has approved in principle your study on

"REHABILITATION PROBLEMS FACING OUR ELDERLY IN NIGERIA".

On the condition that you will comply strictly with your proposal methodology already submitted and approved by the Committee.

Prof. B. U. Ezem
Chairman, Ethical Committee

Appendix F

OBIZIE V OF OBIZI

HRH EZE BARR (SIR) S. O. AZUBUINE (KSC) B. SC. LLB, BL

OBIZI AUTONOMOUS COMMUNITY

Phone: 08033796506
E-mail: obinna_azubuine@yahoo.com

Umueze Eziala Obizi
Ezinihitte - Mbaise L.G.A.
Imo State.

Our Ref: ____________________

Your Ref: ____________________

Date: 23rd Oct, 2015

TO WHOM IT MAY CONCERN.

RE: ETHICAL PERMISSION TO CONDUCT A RESEARCH:

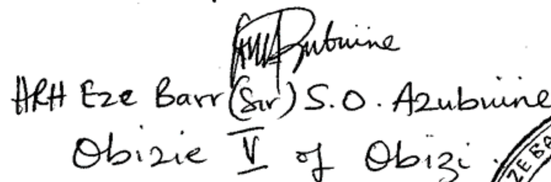
ON: REHABILITATION OF THE OLDER IGBO NIGERIAN PERSONS.

SR. MARY CORDIS AHUZI.

SR. MARY CORDIS AHUZI is hereby granted an express permission to conduct a Research on the care issues of the older Igbo persons, South East Zone of the Fed. Republic of Nigeria.

This research is considered of paramount importance to the Igbo people South East Zone of Nigeria especially considering that our traditional and cultural systems of caring for older persons is currently being eroded by the Western Influence, aculturation and rural-urban migrations.

I hope it turns out very successfully and become a help to our older persons.



HRH Eze Barr (Sir) S.O. Azubuine
Obizie V of Obizi

The heart of the King is in the hand of God - (Proverbs 21:1)

Appendix G

1. How old are you and what is your marital status?
2. Can you tell me about your education, your profession and why you choose such a profession?
3. How many children do you have and what are their different professions?
4. Where do your children live? In urban areas or overseas?
5. Can you tell me as many reasons as possible why your children decided to go to the urban areas and to migrate overseas?
6. What do you think concerning how your ghara igbanwe needs could be met especially at this stage in life when your children have all gone out to the urban areas to earn their living? And how do you get the support you need in household activities; through a paid household helper/ keeper?
7. Can you tell me whether you receive the ghara igbanwe you need and whether the support from your family members or other relatives meets your required needs?
8. Please list how often your children come home to visit you; Christmas and Easter periods, any other Festival periods like August meetings, yam festivals or Age grade celebrations?
9. How do your children (from the urban/overseas areas) send you regular financial support; through bank transfer, or through their friends who are travelling home?
10. How do you cope when you have no money, say, to pay for your regular visit your physician?
11. How did you manage the ghara igbanwe care needs of your own parents?
12. Are you satisfied with the traditional ghara igbanwe given to your elderly parents?
13. What do you think are the necessary things to be done in order to understand the ghara igbanwe needs and demands of the within the Igbo traditional arrangement for ghara igbanwe of the older people?

14. Have you thought about the possibilities of living in an elderly residential ghara igbanwe home, with care possibilities, for example, an old people's home, away from your children?
15. Are there any situations where you will prefer to receive your ghara igbanwe care and needs through a recognised care institution like old peoples' home?
16. Can you describe the Igbo traditional family arrangements for ghara igbanwe care of the older Igbo people as adequate and effective in the light of socio-cultural changes in Nigeria?
17. How do you think that the traditional family arrangements for ghara igbanwe of the older people can be maintained in the present form? Do you suggest a review on the model of the Igbo ghara igbanwe for the older people?

Appendix H

An example of Memo (Fieldwork)

Travelling from Germany to Nigeria to conduction a field work required time and huge financial backing.

One of the interviews conducted was with Mary.

Mary (pseudonyms are used) was 78 years old, an older Igbo woman, married with children. Mary lived with her family and worked as a primary school teacher in the Northern part of Nigeria. Few years before her retirement, she, and her family were forced to relocate back to Igbo land located in the South-eastern part of Nigeria due to religious and ethnic crises.

Mary was unable to get a job in the South-eastern part of Nigeria, so she engaged in petit trading to help her in the upkeep of her family. Her husband had no job.

Mary had caregiver's experiences (cared for her late parents and parents-in-law), and at the time of this interview, she was herself experiencing ghara igbanwe difficulties for herself and her husband.

After Mary agreed to take part in the interview, we agreed I travel to her home. I called on the phone to make an appointment and agree on the date and time with her.

Mary directed me on how to get to her house by car. I had less idea of where Mary and her family lived, but the male driver who drove me to her knew: her house is located at Enugu, one of the five states in Igboland. It involved driving 96. 2 miles by car from Imo state (my own state), where I stayed. I have not lived or worked in that part of Igboland.

When I was living my place, I dressed wearing my habit as usual as a nun. It was in October 2015. Around this time the weather condition in Nigeria varies from 24-37 degrees centigrade. It was a hot and dry day.

Having been hearing about how bad the roads were, together with insecurity along some express roads, I became a bit nervous even before I set out on the journey to Mary's house.

However, I ensured I had all I needed for the interview; including an audio recorder, notebook and pen, and the journey began. It was a long journey, on a bumpy road and with stops at various police checkpoints.

When we got to the city of Enugu, the driver was able to locate the street which led to Mary's house. Though I was behind the time scheduled for the interview, Mary and her husband received me happily in their home.

After we prayed, share and eat the cola nut which Mary's family presented, I was introduced to all the family members after which they moved out and Mary and I were left alone in the sitting room.

After I reminded Mary about the aim of my visit and asked if she still wished to participate, she reaffirmed her consent.

Mary and I conducted the interview in the sitting room of her house. Mary was very explicit about her perceptions and experiences of ghara igbanwe of the older Igbo, once as a ghara igbanwe caregiver, and now as ghara igbanwe receiver.

The experiences I made out from travelling a long way to Mary's house were very enriching. By presenting this memo, I have tried to unveil what it entails to involve in a fieldwork of this nature as I experienced it.

Conducting an interview with Mary in her own house offered me an opportunity to know her and her family members, to eat kola nut and drink with them. Mary and her family were not scared or intimidated by my presence as a nun on habit. They were used to seeing and interacting with nuns from a nearby convent.

Such experiences are often not reported in research presentation. The experience about fieldwork and the friendly interactions and openness that existed between the researcher and the researched such as those as described here were for me inspirational, valuable and very satisfying. (Noted 15.10.2015)

Appendix I

Table 9. List of initial codes

Initial Codes
No electricity
Poor access to information due to no electricity
Clean water
Dehydration
Poor transportation
Lack of roads
Lack of shelter
Poor access to healthcare
Barriers to mobility
Lack of markets
Barriers to information
Poor hospital facilities
Poor healthcare standards
Shortage of hospitals
Lack of qualified healthcare professionals in rural areas
Poor access to hospitals
No pension for elderly
poverty
Lack of income
No government support
Lack of jobs for younger generation
Pension withheld
Lack of financial support
Government taking money meant for citizens
Inability to afford healthcare
Forcing younger to migrate

Initial Codes
Absence of younger people
Access to healthcare
Lack of jobs in rural areas
Unemployment of youth
Criminal activities
Lack of educational facilities in rural areas
Forcing younger to migrate
Low standards of education
No knowledge of new education systems
Lack of electricity
Lack of education for carers on ghara igbanwe
Lack of education for elderly about their ghara igbanwe
No quality education thus migration
No adequate job opportunities
Need better life
Need better employment
Absence of younger generation
Lack of support for elderly at home
Poor economic situation
Poor health situation
Care challenged by migration
Elderly abandoned at home
Expect blessing from parents
Valued Igbo culture
Rely on children for care
Government to support children to care for parents
Children as insurances
Elderly concerned about childlessness
Old people’s home as last resort
Receive ghara igbanwe support at home

Initial Codes
Children migrate to get resources
Young get food for elderly
Burden of ghara igbanwe on relatives
Impact on quality of care
Fear about the migration
Fear about the future
Elderly turn to community for support
Communal life for security
Wish to live and die at home
Elderly caring for themselves
Elderly separated from the young
Need to stay with the family
Age in Igbo ancestral homes
Elderly reject care homes
Disagree with alternative homes for elderly
Refusing strange environment
Respect the culture
Play social role
Culturally appropriate
Government support for ghara igbanwe at home
Cultural practice
Unacceptable to send elderly away
Elderly as pillars of family
Elderly supported to be independent at home
Elderly need social environment
Reject western style of ghara igbanwe
Living together in a community
Die and buried in ancestral lands
Cultural belief to die in Igboland
Burying elderly at home

Initial Codes
Maintain relationship with ancestors
Lack of respect by government
Reject institutionalised care
Not welcomed in Igbo context
Living and dying at home
Ghara igbanwe best method for Igbo
Remain at home
Ghara igbanwe at home
Not permitted by culture
Care homes as last resort
For the mentally ill
Better understanding of alternative homes required
Care homes provide better healthcare
Building of healthcare centres instead
Support for informal caregivers needed
Lack of respect for Igbo elderly
Lack of ghara igbanwe support by government
Disappointment in government
Government nonchalant to the Igbo culture
Government nonchalant to the ghara igbanwe needs

Appendix J

The table below shows the initial codes that contributed to each focus code in the political category.

Table 10. Initial and focus codes for the political category

Initial Codes	Focus Codes	Category
No electricity	Lack of utilities	Political
Poor access to information due to no electricity		
Clean water		
Dehydration		
Poor transportation	Lack of infrastructure	
Lack of roads		
Lack of shelter		
Poor access to healthcare		
Barriers to mobility		
Lack of markets		
Barriers to information		
Poor hospital facilities	Lack of healthcare provision	
Poor healthcare standards		
Shortage of hospitals		
Lack of qualified healthcare professionals in rural areas		
Poor access to hospitals		
No pension for elderly	Lack of financial support	
Poverty		
Lack of income		
No government support		
Lack of jobs for younger generation		
Pension withheld	Corruption	
Lack of financial support		
Government taking money meant for citizens		

The table below shows the initial codes that contributed to each focus code in the socio-economic category.

Table 11. Initial and focus codes for the socio-economic category

Initial Codes	Focus Codes	Category
Inability to afford healthcare	Lack of jobs	Socio-economic
Forcing younger to migrate		
Absence of younger people		
Access to healthcare		
Lack of jobs in rural areas		
Unemployment of youth		
Criminal activities		
Lack of educational facilities in rural areas	Lack of education	
Forcing younger to migrate		
Low standards of education		
No knowledge of new education systems		
Lack of electricity		
Lack of education for carers on ghara igbanwe		
Lack of education for elderly about their ghara igbanwe		
No quality education thus migration	Migration	
No adequate job opportunities		
Need better life		
Need better employment		
Absence of younger generation		
Lack of support for elderly at home		
Poor economic situation		

The table below shows the initial codes that contributed to each focus code in the cultural category.

Table 12. Initial and focus codes for the cultural category

Initial Codes	Focus Codes	Category
Care challenged by migration	Young caring for elderly	Cultural
Elderly abandoned at home		
Expect blessing from parents		
Valued Igbo culture		
Rely on children for care		
Government to support children to care for parents		
Children as insurances		
Elderly concerned about childlessness		
Old people's home as last resort		
Receive ghara igbanwe support at home		
Children migrate to get resources		
Young get food for elderly		
Burden of ghara igbanwe on relatives		
Impact on quality of care		
Fear about the migration		
Fear about the future		
Elderly turn to community for support		
Communal life for security		
Wish to live and die at home		
Elderly caring for themselves		
Elderly separated from the young		
Need to stay with the family		
Age in Igbo ancestral homes	Ageing in place	
Elderly reject care homes		
Disagree with alternative homes for elderly		
Refusing strange environment		
Respect the culture		

Initial Codes	Focus Codes	Category
Play social role		
Culturally appropriate		
Government support for ghara igbanwe at home		
Cultural practice		
Unacceptable to send elderly away		
Elderly as pillars of family		
Elderly supported to be independent at home		
Elderly need social environment		
Reject western style of ghara igbanwe		
Living together in a community		
Die and buried in ancestral lands	Dying in place	
Cultural belief to die in Igboland		
Burying elderly at home		
Maintain relationship with ancestors		
Lack of respect by government		
Reject institutionalised care	Rejection of care homes	
Not welcomed in Igbo context		
Living and dying at home		
Ghara igbanwe best method for Igbo		
Remain at home		
Ghara igbanwe at home		
Not permitted by culture		
Care homes as last resort		
For the mentally ill		
Better understanding of alternative homes required		
Care homes provide better healthcare		
Building of healthcare centres instead		
Support for informal caregivers needed		
Lack of respect for Igbo elderly	Disrespecting the aged	
Lack of ghara igbanwe support by government		

Initial Codes	Focus Codes	Category
Disappointment in government		
Government nonchalant to the Igbo culture		
Government nonchalant to the ghara igbanwe needs		

Appendix K

Figure 7. Example of relationship between initial code, focus code and category