Sociocultural Factors Surrounding the Utilization of Care Home Services for the Elderly: A Study of Selected LGAs in Akwa Ibom State, Nigeria

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Abstract

The elderly in Nigeria and other nations use care homes services to a limited extent despite demographic changes, as seen in culturally communal societies like Akwa Ibom State. This paper adopted mixed methods to study sociocultural influences on eldercare decisions in the four selected Local Government Areas of Akwa Ibom State. Beliefs on filial obligation, spiritual continuity, and moral duty contribute to resistance to institutional care. Religious doctrines and communal expectations support these norms. Factors like urbanization and education level influence increasing readiness for care homes. The challenges include affordability, regulatory gaps, and a lack of community education. The results reveal that there's a cultural transition from traditional caregiving to formal eldercare. Thus, an hybrid systems incorporating cultural beliefs, religious lobbying, and policy changes are recommended. Finally, this study contributes to gerontology in sub-Saharan Africa by presenting a culturally based approach to eldercare behaviour and resistance.

1. Introduction

The global aging population has catapulted the issue of elderly care on the spot, especially the role of institutionalized support services such as care homes. According to the United Nations (2023), the number of people aged 65 and above is expected to increase by 2 times by 2050, thus the old population will be more than 1.6 billion [1]. The increasing demographic change is causing difficulties for health systems and social structures, particularly those in the LMICs, where the care system for the elderly is very weak or non-existent. The care home sector in high-income countries has become the backbone of long-term care services, and this is supported by institutional policies as well as being widely accepted as the natural part of the process of aging [2]. Nonetheless, the trend of picking up such services is still very low in most African settings, including Nigeria, and sociocultural norms are the main factors that restrain it. Elder care perceptions are heavily affected by some sociocultural factors, i.e., the living community tradition, filial intrusion, religious beliefs, and stigma. In some African communities, the idea of setting the elderly relatives in foster homes is considered as an abandonment or a failure morally [3]. Such notions linger even amidst the skyrocketing trends of urbanization, youth out-migration and reduced extended family networks, which have affected the conventional ability to treat the parents in their homes (Cattell). Under these structural adjustments, the most populous African country, Nigeria, is second only to China in the rate of aging of the population. According to the National Population Commission (NPC), there are already more than 9 million of Nigerians aged 60 and more, and these numbers are likely to raise in the next decades.

However, there is poor infrastructure in regard to formal care platforms and the social policy has not been enacted much in regard to the changing need of the aging population. An interesting microcosm with regards to looking at this issue in Akwa Ibom State. Even though it is one of the oil-rich states in Nigeria that is relatively high in terms of urbanization,

investments in geriatric institutions and centers are scanty. Based on the anecdotal and empirical evidence, it is possible to assume that, even in places where care homes are available, the inability to exploit their potential is limited by sociocultural resistance and a lack of proper awareness among the population [4]. The sociocultural determinations that influences the use of care home services is hence a core area of concern towards policy implementation and service delivery in aging care. Thus, this study seeks to fill this gap by focusing on selected Local Government Areas (LGAs) in Akwa Ibom State,by adopting the place-based approach that would take into consideration community values, beliefs, and social structure of society. Propelled by world practices on the social determinants of aging (WHO) and based on the situation of the Nigerian social-political landscape, the study seeks to see how perception, family dynamics, and communal expectations interplay to determine eldercare choices [5].

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

Therefore, this study seeks to answer the following research questions:
• What cultural beliefs and values shape people's views about using care homes for the elderly in Akwa Ibom State?
• How do social structures influence decisions to accept or reject care home services in Akwa Ibom State?
• What do key stakeholders see as the main reasons for using or avoiding care homes in Akwa Ibom State?
• How do attitudes toward care homes differ between urban and rural areas in Akwa Ibom State?

Answering those questions places this research to contribute to the study on gerontology and social care research in Sub-Saharan Africa since the study will investigate the sociocultural influences in the consumption of care home services. Global theories of aging and institutional care have been developed to the optimal levels in terms of their comprehensiveness but what they fail to capture is the African scenario of aging because through the African lens aging is regarded as a social and spiritual phase and not just a biological phase. This study advances knowledge of the role of traditional ideas of caregiving and how those values play out when there are new options associated with eldercare. It criticizes eurocentric presumptions in view of universal acceptance of institutional care and provides a culturally-based perspective in formulating responsive models of eldercare. At the conceptual level, the research brings evidence-based stories, which can be used to inform policy-making on an inclusive and culturally sensitive approach to policy on eldercare in the Akwa Ibom and comparable areas. With a loss in traditional support systems, the results will be able to provide government, NGOs and others in the private sector with a good model on how they should approach the design of their services without infringing local values. The study enables both policy and service planning by bringing to the fore the perceptions of citizens as well as the impediments to the use of care homes. Its twofold approach to cultural interpretation and practical application endorse the initiatives to make geriatric care part of the wider social policy process in Nigeria and comply with both SDGs 3 and 10 to achieve dignity and equity among the older citizens. Thus, the hypothesis of the study will be as follows:

• **H01:** People do not feel that there is a significant effect of type of residence to the view of the people that they are judged by their community because they use care homes.
• **H02:** Level of education and openness to care home services is not significantly related with each other

1.1. Literature Review
The use of services in care homes by older populations is not simply a determination of availability but is entrenched in wider social cultural, economic and family circumstances. In this section, the current literature is reviewed according to the objectives of the study based on the major sociocultural determinants of eldercare practices, the influence of family and religious systems, deterrents to and facilitators of institutional care, and differences in local settings.

1.2. Sociocultural Beliefs Data and Norms which Affect the Decisions About the Elderly Care
Eldercare in a number of African cultures such as that of Nigeria has, traditionally, been built around an understanding of it as a form of moral responsibility and intergenerational care, resting on ideas of reciprocity, reverence towards ancestors and collective system of identity. In this sense of cultural logic, the very practice of seeking care facilities for the elderly members of their families is not only viewed as a peculiarity, but it is usually interpreted as a failure to observe moral and spiritual principles that people hold sacred [6,7]. This discourse has severe consequences not only to older-adulthood nursing wishes but also to the low attendance of formal care facilities within societies. In their ethnographic study of the Ghanaian families, Nyame and Badasu reported that the usage of care homes was often seen as a sign of the generational failure of filial piety, which evoked social disgrace and row within the family [8]. This Same attitude is replicated through the entire Nigeria as like normative forces influence the attitude towards institutional care. Nnadi and

Odu established that 82 of the 100 adults interviewed in rural Southern Nigeria considered the idea of institutional care of the older population to be a morally wrong option, because they feared that - through such a step - people will judge them negatively, will lose the sense of spiritual unity, and also will no longer be able to preserve the honour of the family [9].

Research on this phenomenon has also started to unravel the idea of how these beliefs survive in the face of socioeconomic strains. Studies by Chukwu and Arikpo, states that a significant part of Nigerian households faces a so-called care dilemma that combines the increasing powerlessness to go full-time care and the cultural ban on outsourcing it [10]. Such a strain causes unseen distress with both caregivers and elders in their unique ways as families strive silently to sustain conventional ideals in the face of modern times. Adekanmbi, as well, points to the role of beliefs concerning the spiritual nature of growing old, according to which elders are regarded as carriers of the wisdom of the ancestors and a source of moral stability, which further undermines the acceptability of nursing home placement [11]. Elders are not considered as dependants only but as warm connections with the past through which the spiritual and social unity of the house is confirmed. Kicking out an old person out of the family is therefore perceived as a symbolic disruption that can turn into a misfortune or spiritual inbalance. From this corpus of literature emerges a complex view: that sociocultural beliefs do not just resist modern options in care; they carry a large picture of the world about the place of elders, the organization of the family, and the content of obligations. These norms are soft constraints that govern what is socially acceptable not only at the level of social approval but also psyche and spiritual possibilities of individuals and families. Such beliefs usually stand in the way of rational consideration even when families have identified the pragmatic usefulness of care homes. Thus, no decision to access or denounce care home services in Akwa Ibom and elsewhere can be made as being divorced of moral discourses and symbolic implications of the words aging, care and kinship. Given these norms continued to prevail, even in the face of urbanization and economic shifts, culturally-sensitive models of eldercare are needed that do not interfere with traditional values, but everything to new realities of caregiving.

1.3. Family Structures, Religious Backgrounds and Community Expectations
In Nigeria, family structure is an essential element that determines decisions regarding elderly care. Conventionally, the extended family system served as the mainstay to the older care, in the sense that different generations stayed together and shared the care duties. The structure, however, is becoming weak as a result of urban migration, economic effects, and the nuclearization of households [12]. Such shifts increase the burden of families to offer care, in both the long-term plan, however the cultural and ethical pressure frequently will not allow them to consider utilizing institutional options. The study by Obioha, et al., in the

Cross-River State of Nigeria discovered that though nuclear and single-parent families are not as predisposed to full-time eldercare, they yet oppose the utilization of care homes out of societal obligation and internalized attitudes that prioritize filial piety [13]. It is that paradox of change versus stagnation and it represents the differences between developing family capabilities compared to unchanging cultural demands. The other important factor is religious affiliation. In the Southern part of Nigeria which predominantly practice Christianity, the education of old-age care differs across denominations. According to Effiong & Thompson, Pentecostal churches tend to present eldercare as a family responsibility to God, and may also brand institutional care as unbiblical or characterize it as cold-hearted [14]. Catholic institutions on the contrary, based on traditions of social service, are running care homes and market them as charitable and compassionate groups of people, especially elderly people lacking reliable family. This theological partition is reflected in greater conflicts between spiritual teachings and real-world care-providing choices. According to the debate put afore by Alabi & Eze, religious interpretations tend to be selectively accentuated along the lines of social standing and church hierarchy [15]. To a greater extent in richer churches, institutional care is more open to discourse and even provided by parish programs. Poor congregations on the other hand are more likely to concentrate on the moral teachings that embrace family-based care even when the families are stretched in times of need.

Besides family and religion, communal expectations also have a large influence on the decisions related to eldercare. In rural communities where there exists a strong sense of involvement, fear of being stigmatized and reputational loss deters the families against taking the elders to a care home. Ekong & Akpan mention that those kinds of choices are usually expected as abandonment, resulting in gossiping, social isolation, or the loss of respect [16]. This pressure is further increased in the regions of intense social surveillance, where community opinion plays an important role. Ifeanyi & Garuba also note that the enforcement of community norms is not limited to judgment, but also includes cultural institutions of cultural institutions such as age grades and village associations that would publicly reproach and condemn families whose expectations were not met [17]. These agencies act as the moral gatekeepers who buck the trend in terms of traditional values of caregiving even after those values have ceased being viable. Coupled with these findings, this indicates precisely how family structure, the religious belief and community norms all combine together to limit eldercare options. Although home-based care currently has its practical limits, most households still cannot disengage with the cultural scripts that romanticize it, to their own detriment, and cost. This tension must be resolved using a culturally sensitive redefinition of institutional care, not as an abandonment, but as an extension of familiar values of care giving.

1.4. Barriers and Facilitating Factors of Using Care Homes

Care home use in Nigeria is influenced by a multidimensional process that consists of structural constraints, cultural dimensions, and socio-economic developments. On the barriers side, there are still restraining factors on the practical and social attitudes sphere. Another common setback that has existed over a long period is lack of awareness. According to a survey conducted in Kaduna, Ibrahim & Ogundipe have discovered that more than 70 %of the participants did not know that care homes existed within their neighborhood [18]. Their presence in people's minds always came along with abandonment as they described those facilities as the place of forgotten. This is an evidence of a major loophole in the information and outreach of the masses. There are further issues of service quality and regulation. Adebayo, et al., state that a large number of Nigerian care homes are unintentionally governed and have no qualified geriatric personnel or defined standards of care [19]. All these problems not only make use non-appealing, but also strengthen the negative ideas since families fear that their elder people will be ill-treated or culturally misjudged there. As a matter of fact, many facilities are socially unacceptable due to a lack of culturally based models of care, or the models that consider the traditional values, languages, and spiritual needs.

Financial implication is also a big put-off. The formal care homes are usually too expensive to low and even middle-income families. Writing about the affordability of institutional eldercare in Nigeria, Agboola & Nwosu state that unless the government subsidizes long-term care or provides its insurance, most people in the country, including using an easy loan app, will not be able to access institutional eldercare, in particular, rural communities [20]. Even despite these obstacles, there are certain positive changes that are taking place. Iwuagwu & Eze name urbanization, increase in female labor force, two-income families as the main factors that affect change in attitudes towards institutional care [21]. With increasing rates of women entering full-time jobs, as well as a lowering of the number of children per family, it becomes less feasible to provide eldercare at home so formal services become a more appealing alternative. The shift of class-based attitudes is also contributing to reframing care homes as user friendly, streamlined, and caring, as opposed to embarrassing. The use of care home is becoming seen among educated urban residents as supplementary to family care, rather than rejection. This change is specifically observed in the urban areas such as Port Harcourt, Abuja and Lagos. The idea is that faith-based associations and media outreach provide an avenue in which eldercare services can be marketed to people through culturally acceptable messages [22]. As soon as the care homes are expressed as family extensions, with the focus on dignity, spirituality, and social connectedness, the resistance eases. This change in narrative is also through churches that conduct eldercare seminars or own their own facilities directly. Further, bridging care between cultures is also on the rise, with new interest in hybrid care models, including community day care centers offering day care to the elders or weekend respite homes, and which keep the cultural proximity but add the professional care back in. These models can offer a connecting point between home and complete institutionalization that would be culturally acceptable. Therefore, although the hindrances to the use of care homes are still rather high, the socioeconomic changes, the altering role of gender, and rethinking the values are slowly paving the way to an institutionalized approach of eldercare in Nigeria. To build these enablers, strategic policy action, the use of public education and the design of a culturally sensitive service will be vital.

1.5. Differences in the Sociocultural Attitudes Across the Local Contexts

The Nigerian cultural ideology toward institutional eldercare is not standard; instead, it has a diverse pattern of the culture, region, and socio-economic life in Nigeria, not only in states but also in local government areas. Such variation is particularly observed in urban and rural community in Akwa Ibom State. According to the local study conducted by Ekanem & Bassey they have found out that respondents in Uyo, the state capital have shown a lot more receptivity to care home services mainly due to higher levels of education, exposure to media and more availability of caregiving models. Contrastingly, rural LGAs such as Oron and Ini, participants who took part in this survey revealed a high level of disapproval of institutional care, which was equated to or associated with neglect, abandonment and loss of family honor [23]. Such urban-rural gaps do not exist simply on geographic grounds, but are influenced by the wider-range structural aspects which include educational achievements, economic stability and international exposure. As reported by Udoh & Sunday, the families where the members lived and worked abroad or had connections to the Nigerian diaspora also found the care homes acceptable much more frequently as they had experience of such types abroad [24]. The role of eldercare in such families is more practically approached, as it is an attempt to eliminate the balance between tradition and the lifestyle and the financial factors. Diversity creates more challenges because of ethnic differences and religious diversities. In the Ibibio-speaking peoples of Akwa Ibom state the culture stipulates the necessity of keeping old folks within the home. It is based on the Christian ideology, especially Pentecostal perception of sonship responsibility and the conventional perception of elders as the spiritual pillar of the family. In such societies, old age persons could be required not just to be accepted socially but also spiritually dangerous or culturally unacceptable to be institutionalized.

However, values do not remain unchanged. In their work, Orok & Umanah state that even in culturally conservative communities, the traditional mentality is influenced by the concepts of class and education to a significant degree [25]. In Eket, they found out that families with stronger incomes, particularly those with university-educated children, were more likely to regard care homes as long as the institution provided religious integration, respectful practices, and close to the family. This speculates that even the resistance

as embedded as a culture can be mellowed down in a given structure and emotional orientation. Moreover, Etim & Ekpenyong show that the availability of the infrastructure on the community level, e.g., access to health facilities, retirement communities, or religious elder programs can determine the acceptability of institutional care [26]. Care homes in urban centers where such infrastructure is more evident and more visible are slowly being re-conceptualized not as an alternative to family care but as a continuation of the same. In essence, sociocultural attitudes toward care homes are not uniform, not even among the members of one and the same ethnic and religious group. They become determined by the interaction of locality, education, class, exposure, and infrastructure. This diversity caution is the significance of disaggregated, place-based analysis in the comprehension of the dynamics of eldercare. Interventions which do not take into consideration the local context risk to promote stigma

or get cut right out, even though they are well-intentioned. The evidence that the sociocultural factors will be dominant in the (non-)utilization of the care home services in Nigeria, as was discussed in the reviewed literature, is quite strong. These forces work in addition to the practical barriers like cost and availability but frequently are more capable of controlling attitudes and behavior. Notably, the differences in regions at the local level are such that the interventions cannot be universal, but they should be adapted. The most of the Nigerian literature is descriptive in terms of many works are far behind in the multilevel or, specifically, community-focused terms that the present research aims to address by raising the issue of eldercare services of interest. Therefore, the current study fills a severe gap by providing empirical evidences on the sociocultural forces behind the use of care homes in the context of a particular state of Akwa Ibom. figure 1.
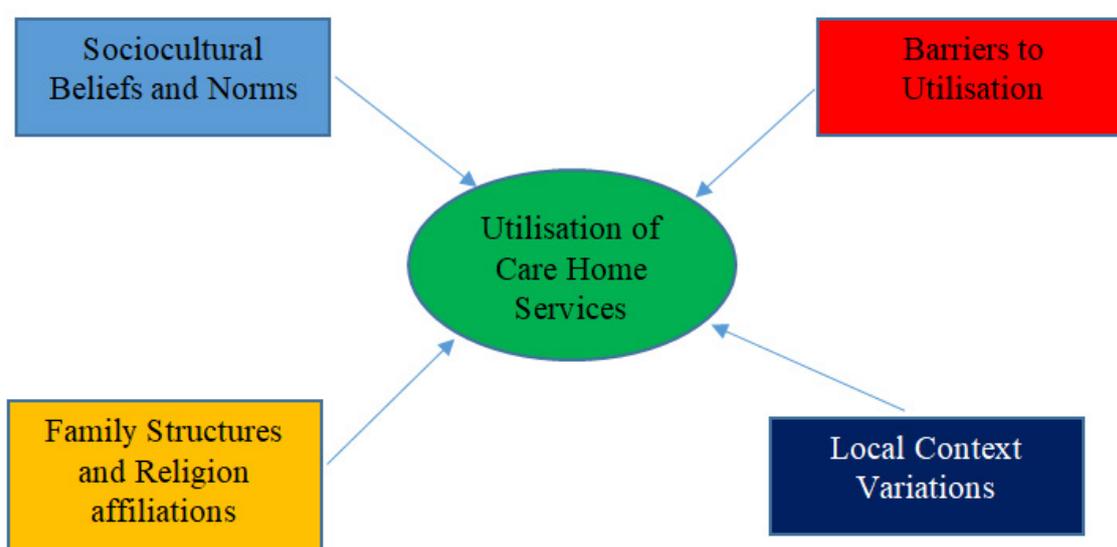

Figure 1: Conceptual Framework

1.6. Theoretical Framework
• This study adopted the Social Ecological Model (SEM) developed by McLeroy, et al., in order to describe the fact that several layers of the society determine behaviors, in particular cultural and moral norms ones [27]. There are five levels connected in SEM, they are intrapersonal, interpersonal, organizational, community, and policy/societal levels, and the decisions regarding the use of care home are determined by them.
• On the intrapersonal level, the personal beliefs, i.e. filial obligation or stigma fear factors, contribute to the resistance of individuals to institutional care. Interpersonal level regards the family dynamics within which eldercare choices are facilitated or limited due to the caregiving responsibilities as well as financial decisions made collectively. Perceptions on what should be considered morally acceptable are determined by organizational factors namely the religious establishments and non-governmental organizations with a variance in the teachings of the Pentecostal and Catholic institutions.

• Community level means cultural standards and social demands and here, the home-based care ideals are exacerbated by practices resulting in Ibibio traditions and community observation that gives preference to home-based care in rural settings.
• On policy level, the structural obstacles due to lack of geriatric services, regulation and supportive policies as well as the poor attitudes towards care homes in Nigeria A return to the first proposed environment: hospital options and continuum of care in Nigeria produces a combination of structural barriers and shaped opinions against care homes. SEM was adopted, because it allows investigating the phenomenon comprehensively and understanding the degree to which deeply held sociocultural beliefs can interact with institutional and systemic realities to determine behavior. It helps context and socio-culturally adjustable answers to the issues of caregiving that arise.

2. Methodology
The study used convergent parallel research design,

incorporating both quantitative as well as qualitative methods. This mixed approach was appropriate in studying sociocultural aspects which determines the human behaviour as it helped the researcher to document the trends statistically and also employ the use of narrative within the context. The research design was selected to not only give an in-depth knowledge on how the beliefs, families, and communal expectations influence receptivity or denial of the care home services by people who live in various local settings. The research was carried out in Akwa Ibom State which is in South-South geopolitical zone of Nigeria. The state is known to be strongly communal, with religious dominance of Christianity and rich cultural history, thus, serving as a valuable entity to share insight about resistance to formal eldercares. Four Local Government Areas (LGAs) with a purposive sampling reflecting urban-rural variation were chosen, namely Urban LGAs: Uyo and Eket; and Rural LGAs: Ini and Okobo. Such LGAs were chosen as a result of their different social organization, the level of economic structure, and the degree of exposure to modernization. The study population included adult population of 25 years and above, family caregivers, elderly individuals (aged 60+), and community leaders in Uyo, Eket, Ini, and Okobo local governments. The population of the selected the local governments area was 1,957,505. Such stakeholders are the key groups that need to be involved in decision making on eldercare. The sample size was set at 400 respondents based on a known population using Taro Yamane formula which makes the results to have a high statistical reliability. Multistage sampling method was used where stage 1 consisted of stratified selection of 2 urban and 2 rural LGAs; stage 2, in which areas of enumerating were randomly selected in each LGA; stage 3, in which household and a representative adult non-respondent in each household were randomly selected, with the adult representing a mix of gender and age- esteem and caring responsibilities, 12 key informants were selected and interviewed (traditional leaders, religious leaders, health workers, and care workers).

Two main instruments were applied, namely, structured questionnaire and key informant interviews (KII). The content validity was review by two sociologists and a researcher in the field of public health. The pilot study was carried out in the non-sampled LGA (Oron), 20 participants were recruited. Items that were unclear or culturally sensitive were revised and the Cronbachs Alpha was employed in measuring the internal reliability of the quantitative items (a = 0.84). The questionnaire was administered by 2 trained research assistants, with observance of ethical considerations through inform consent. Data were collected through the use of interviews (in English and Ibibio), which was audio-recorded an thereafter transcribed. The research was carried out in May 2025 in 3 weeks of fieldwork. The quantitative data were analyzed using SPSS version 26. The descriptive statistics used to describe the demographic characteristics and attitudes including frequency, percentages, mean and standard deviation were employed. Associations between variables like perception of care, education amongst others were analyzed using chi-square. The binary logistic regression helped to find predictors of the care home acceptability. Thematic content analysis was used in the analysis of qualitative data. Manual coding of the transcripts was done to come up with prevailing themes including moral obligation, stigma, and spiritual beliefs. Ethical consideration was respected, and consent was taken in regard to all the participants. Anonymity of responses was used to guarantee confidentiality and no one was under any coercion to participate in the study.

3. Results and Discussion

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

3.1. Demographic Characteristics

Variable	Category	Frequency	Percentage (%)
Age	25–34	89	23.4
	35–44	86	22.6
	45–54	97	25.5
	55–64	73	19.2
	65+	36	9.4
Sex	Male	183	48.0
	Female	198	52.0
Marital Status	Single	106	27.8
	Married	196	51.4
	Divorced/Separated	39	10.2

	Widowed	40	10.5
Education	No formal education	42	11.0
	Primary	69	18.1
	Secondary	152	39.9
	Tertiary	118	31.0
Occupation	Unemployed	40	10.5
	Self-employed	109	28.6
	Public sector	72	18.9
	Private sector	125	32.8
	Retired	35	9.2
LGA of Residence	Uyo	95	24.9
	Eket	96	25.2
	Ini	95	24.9
	Okobo	95	24.9
Residence Type	Urban area	191	50.1
	Rural area	190	49.9

Source: Field Survey, (2025)

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

Table 1 above indicates that the demographic characteristics of a total of 381 respondents taken across the four LGAs in Akwa Ibom State constitute a well-balanced and diversified sample that is desirable in sociocultural studies. Thus, the sample is predominantly composed of middle aged (35-54)48.1% adults, with elderly (65+) constituting 9.4% providing first-hand information of the potential care home users. The female population marginally exceeds the male population indicating that they are the primary carers, and the majority of the respondents (70.9%) are secondary or tertiary-level educated, and those employed are between the private and self-employed sectors and the public sector.

Also, there is a balanced distribution of geographical representation across the LGAs, and the division between the urban and rural is almost equal, this distribution makes it possible to draw a powerful comparison especially in terms of the elements of culture and location in the determination of decisions dealing with eldercare.

3.2. Cultural Beliefs and Values Determining the Use of Eldercare Homes
This section tests to know cultural beliefs and values that shape people's views about using care homes for the elderly.

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

Source: Field Survey, (2025)

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

Table 2 shows an analysis of sociocultural beliefs in eldercare in Akwa Ibom state based on five central indicators. The results indicate that family care giving is deeply culturally influenced where more than 82% agreed that it is their moral obligation to take care of the aged (Mean = 3.30). This is coupled with cultural demands (Mean = 3.01) and the fact that they are believed to be spiritual blessings given by the elders (Mean = 3.04). Although 55.1% and 56.5% of the respondents think that care homes would be equivalent to abandonment, and that they would feel ashamed, the other 43.5% disagree which may signify a shift in perceptions. The standard deviations (~1.0–1.13) point to the variability, especially, around stigma, which represents what researchers refer to as the cultural transition zones, where traditional norms are facing a challenge in being obeyed. These findings validate the fact that, though sociocultural values remain the strongest centres of resistance towards institutional care, signs of flexibility indicate that there is gradual attitudinal transformation with urbanization, education and exposure to alternative forms of eldercare. The purpose is therefore fulfilled, both displaying the inadmissible burden of tradition and also the unreliable changes of view among the inhabitants.

3.3. Qualitative Analysis

The qualitative results provided by the key informant interviews complement the results acquired through survey and point to a strong moral, spiritual and cultural discourse that frames the decisions of taking care of older adults in Akwa Ibom State. Caregiving to the old was always what the caregivers termed as a sacred responsibility and a cult requirement. As mentioned by one of the community elders in Ini LGA:

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

• This confirm to the fact that moral responsibility is not only social, but also spiritual and caregivers do not only fear public judgement (gossiping), but supernatural consequences against outsourcing the care of the elderly.

Another participant from Okobo has stressed the symbolic role of elders:

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

This restates the perception expressed in the quantitative item B4 (Mean = 3.04) in that elders are regarded as spiritual blessing rather than inactive recipients but indispensable to family and communal survival. However, this was not the stance of all the respondents as some respondents particularly those at the urban centers, maintained that some individuals are full time workers and hence the need to help in caring the elderly would not be easy particularly among the women on their own. Thus, assuming that there is an adequate place where they are being treated fine, they say that it is the best possible place. This is in line with the quantitative results that held that approximately 43.5 per cent of respondents did not agree with the notion that comprising a parent in a care facility was a source of embarrassment, indicating generational and urban-rural changes in perception. Moreover, the setting of LGAs, where the participants are located (urban or rural), also affect how they responded because even though the participants in the rural LGAs (such as Ini and Okobo) indicated that communal resistance and stigma were strong, a respondent in Eket reminisced:

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

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

3.4. Social Structures' Influence on Care Home Utilization

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

Item	Statement	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	Mean	Std Dev
C1	My religious beliefs influence how I think about eldercare.	36.7	34.1	18.4	10.8	2.97	1.01
C2	Church leaders discourage the use of care homes.	28.3	32.0	25.2	14.5	2.74	1.06
C3	Family members should collectively decide how to care for elders.	47.2	35.2	11.3	6.3	3.23	0.88
C4	Community members would judge me negatively for using a care home.	31.0	29.4	21.5	18.1	2.73	1.10
C5	Some church groups promote care homes as compassionate solutions.	25.2	33.3	24.9	16.5	2.67	1.08

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

Table 3: Influence of Social Structure on Eldercare Decisions (n = 381)

An analysis of the data done in table 3 shows the results indicate that religious beliefs have a significant impact on attitudinal aspects towards eldercare with 70.8 %of people responding that religions affected their outlooks towards eldercare (Mean = 2.97) and 60.3 %of them responding that church leaders oppose the use of home care. This shows the religious framing of the eldercare by the religious authorities especially amongst the Pentecostal group whereas Catholic institutions seem to be more inclusive. The norms of kin-based care giving acts are important with a high of 82.4 in agreement with the notion that decisions regarding eldercare must be made collectively (Mean = 3.23). The fear of social stigma by 60.4 %plays a powerful role in the deterrence of community judgment. Nevertheless, 58.5% believe that certain churches advertise care homes, leaving room for religious advocacy and re-framing of such cultural issues.

3.4.1. Qualitative Insights
An interview analysis of 12 community actors showed that there are three themes which came out as dominant: Family need and moral duty: Some respondents explained that taking care of the aged in their homes was considered as a very holy obligation and a decision made as a family council most of the time particularly in rural set ups.A respondent from Ini LGA said:
• "In our place, everyone in the family must agree before you do anything with an elderly person. Even your uncle who lives far away must hear about it, because elders are honoured and seen as blessing to the family."

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

• "…why would my parent be taking to prison in the name of a care home?...yes I call it prison because their activities there are regulated, that they no longer feel completely free. That is not the mind of God for keeping them to that age, but to be cared for by the children they cared for"

However, a Catholic caregiver from Eket said:
• "Our parish runs a center where old people are cared for. We see it as Christian charity, not abandonment."

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

3.5. Community Surveillance and Reputation
There is a very strong culture of not defying tradition and the tradition is one that has the elders being kept at home and looked after. This belief has been perceived as a way of recompensing the care and love that they had lavished on their children. For instance, one rural respondent stated:
• "People will talk. They will say you threw your father away like garbage."

This form of social surveillance is a form of cultural enforcement and a reason why people are slow to accept the idea of care homes even when family capacity is a difficulty. This chapter shows that the social structural factors affecting care home use are not merely single-minded ideology but rather they exist within structures of obligation, inspection and spiritual explanation. The relationship between them is a condition of designing culturally appropriate interventions.

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

Statement	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	Mean	Std Dev
D1. I am aware of care home services in this state.	33.1	27.0	24.4	15.5	2.78	1.08
D2. Most care homes in Nigeria are not well regulated.	31.5	36.7	21.3	10.5	2.89	0.98
D3. I cannot afford to use a care home even if I wanted to.	36.2	30.7	19.2	13.9	2.89	1.07
D4. Working adults may benefit from care homes when they cannot provide full-time care.	35.4	39.1	15.5	10.0	3.00	0.94
D5. Media and NGOs can help change how people view care homes.	34.9	40.2	14.2	10.8	2.99	0.96

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

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

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

3.6.1. Qualitative Insights
Based on the transcripts of the interviews, three major themes were defined, which provide insight into the answers of the survey:
• Lack of awareness and cultural misunderstanding: A majority of the participants mentioned that many residents of the community do not know or barely know anything about what care homes are or what they do. Some expressed care homes as a place of people with no family thereby entrenching the idea of being thrown away.

In rural LGAs such as Ini and Okobo, the elderly never knew that such places existed in the state. One health worker noted:
• "Some people think care homes are like prisons where old people are dumped. They've never seen one, so they fear the worst."

This highlights how false information and lack of exposure in the real life pose an obstacle much greater than the expense or distance. Cost and institutional support: Cost was cited repeatedly by the respondents particularly in regard to facilities that are privately controlled. Some of the families indicated that they were interested and were put off by the prices that seemed unaffordable. A religious leader in Uyo lamented:
• "Even if a family wants to try, where is the money? There is no government support, no church program, nothing for elders except to die at home."

The uninvolvement of the government or the lack of governmental elder care schemes only supports the idea that institutional care is an elite decision. New opportunities and shifting family roles: In LGAs such as Eket and Uyo, which are predominantly urban localities, some of the informants observed that the changing social roles were compelling families to change their views concerning care homes. With the increasing number of women getting full-time employment opportunities and children moving to the urban areas, the potential of giving traditional care reduces. One civil servant remarked:
• "I know it's not what our fathers did, but these days, who has the time? My wife works, I work, and grandma needs help all day. We need something, even if not full-time care."

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

Both the quantitative and qualitative results, when viewed in conjunction with each other, enhance the image of a culture that is torn between tradition and modernity. Although there is arising awareness regarding the services of the care home, there are wide ranges of needs that lack awareness, as well as lack of trust, affordability, and cultural acceptability. Whereas practical obstacles like lack of affordability and proper regulation put off families, existential factors like fear, moralism, and spiritual alienation continue to exist. Nevertheless, the indicators of opportunity can be observed as well. Respondents, particularly citizens living in urban areas and those who have acquired good education are starting to realize the importance of institutional care because of the practical reasons that it offers. The assumption that media and NGOs can change the opinion of the nation implies the willingness to discuss and negotiate cultures. New needs that are emerging due to changing lifestyles are opening up the rooms to a re-imagination of the eldercare, especially when policies and outreach activities are sensitive to local values. This section achieves the research objective in that it depicts the non-changing and changing processes that influence the aging decision in the Akwa Ibom State. It shows that reform can take place, but it should be suitably matched with the localities, perceptions, and economic limits.

3.7. Urban Rural Attitudes Toward Care Homes
The study at this point wants to assess differences in how urban and rural residents of Akwa Ibom State perceive and respond to institutional eldercare, with a focus on cultural, economic, and social factors.

Statement	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	Mean	Std Dev
E1. People in urban areas are more open to using care homes than those in rural areas.	42.3	33.3	14.7	9.7	3.08	0.95
E2. Educated people are more likely to consider care homes.	39.4	36.2	16.5	7.9	3.07	0.91
E3. Elderly people in rural communities prefer to remain in their family homes.	45.2	31.5	15.0	8.3	3.13	0.93
E4. Cultural norms are stronger in rural areas than in cities.	41.5	32.3	17.6	8.6	3.07	0.94
E5. There should be community-based eldercare that respects local beliefs.	48.3	35.2	10.0	6.5	3.25	0.89

Source: Field Survey (Hypothetical Data), 2025

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

The survey results in table 5 demonstrates urban households were more open to using care homes (Mean = 3.08) over their rural counterparts who have less exposure to organized social services as well as changing family structure and roles within metropolitan settings of Uyo and Eket. Openness is also a factor of education (Mean = 3.07), and educated people, no matter where they reside, are aware of contemporary care patterns and age-related demands. The desire to have family-based care with strong ties to cultural and spiritual values is more likely to be selected by the rural elders, particularly, in Ini and Okobo (Mean = 3.13). The existence of cultural norms is rather pronounced (Mean = 3.07), and the use of care homes can be perceived as an ethical shortcoming. Particularly, culturally sensitive, community-based elderly care scores high (Mean = 3.25), suggesting a readiness to embrace the so-called hybrid forms that accept some form of culture and admixtures of formal assistance.

3.7.1. Qualitative Insights
Interview findings from both urban and rural participants revealed deeper contrasts in attitudes and expectations:

3.7.1.1. Urban Voices (Uyo, Eket)
Urban informants were more flexible in their views. They cited practical constraints like distance, employment, and absence of caregivers as valid reasons for considering institutional care. One participant from Uyo, a mid-level civil servant, noted:
• "We are not running away from responsibility, but sometimes, you need help. If a care home is clean, close, and run by good people, why not?"

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

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

3.7.1.2. Rural Voices (Ini, Okobo)
In rural settings, however, most participants maintained a strong preference for home-based care. They described community opinions as rigid, and the concept of placing elders in a facility as unnatural. A traditional leader from Okobo remarked:
• "In our place, an elder is like a tree that holds the compound. You don't cut it down and plant it elsewhere. It brings shame."

Some also expressed suspicion of care homes, believing they disconnect elders from family rituals and ancestral blessings. A family member-caregiver added:
• "Who will speak their language? Who will pray with them in the morning? Who will tell them family news? Elders die quickly when they are taken from us."

Despite these reservations, a few respondents saw merit in occasional relief or community-based options, especially when caregivers are overwhelmed. A retired nurse said:
• "If there is a local center where they eat, chat, rest and go back home, it may help. But full-time home? That's too much for most people here."

The two data sets align to give a vivid frame of spatial correlation of eldercare attitudes. Residents of Uyo and Eket who live in the urban area are more inclined to utilizing care homes due to education, exposure and lifestyle limitation. The rural dwellers at Ini and Okobo communities are still bound firmly to the communal, spiritual, and symbolic cultural paradigms of treating their elderly people. Notably, both settings support community-based eldercare systems firmly, with a cultural integrity to provide organizationally structured help, this is an indication that resistance is not

unconditional; it is relative. When help is integrated within the local traditions, values and languages, then families may not object to any formal help. The research results achieve this objective by proving that there are considerable differences in perceptions in urban and rural areas, but that a growing consensus is being developed about the hybrid care models. The opportunity is to develop the building of services that support family functions and do not substitute families by strengthening them through community cooperation. While the descriptive analysis indicates meaningful trends and cultural privileges connected to the use of care home in Akwa Ibom State, it lacks on the part of whether these trends will be found to be statistically significant or whether it can be conducted on a larger population to give an idea concerning its generalizability. Inferential statistics are necessitated where one seeks to establish answers to the form of

association or predictive relationships like the extent to which a factor like education, the nature of residence, or any form of religious identification has a bearing on attitudes to eldercare. Such approaches enable the research to go beyond quasi-level patterns and arrive at the strength, direction, and reliability of a perceived difference. As such, the following step will entail Chi square tests of independence, to determine associations among categorical variables: residence (urban/rural) and perceived stigma, level of education and support of care homes.

3.8. Chi-Square Tests of Independence
3.8.1. Residence Vs Community Judgment
To test the hypothesis that type of residence does not have significant influence on whether people feel judged by their community for using care homes.

Table 6

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

Table 6A: Crosstab Table

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

Table 6B: Chi-Square Test Results

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

3.8.2. Education Vs Care Home Openness
To test the openness to care home services' significant association with level of education

Table 7

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

Table 7A: Crosstab Table

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

Table 7B: Chi-Square Test Results

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

through the binary logistic regression.

3.8.3. Binary Logistic Regression
Dependent Variable:
• Care-home Openness (1 = Open, 0 = Not Open)

Predictor Variables:
• Education (1 = Secondary/Tertiary, 0 = Primary/None)
• Residence (1 = Urban, 0 = Rural)

• Community Judgment (1 = Agree there is stigma, 0 = Disagree)

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

Table 8: Regression Coefficients Table

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

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

4.1. Cultural Beliefs and Values THAT Influence Care Homes' Perception
The research discovered that most of the participants confirmed the existence of high cultural and moral expectations regarding the tradition of elder-care within families. More than 82 %of them concurred that it is a moral responsibility of a family to take care of the aged, and nearly three-quarters of the respondents thought that the aged bring spiritual blessings and should be kept in the realm of the home. Such beliefs were found reflected in the interviews, where the symbolic role of the elders has been shed with a focus on the spiritual significance of elders in the households. These results are very much consistent with previous studies. As an example, Nnadi and Odu found that 82 %of adults in rural Southern Nigeria considered institutional eldercare to be morally wrong because of the fear of being spiritually disconnected and developing family shame [9]. Accordingly, Adekanmbi referred to elders in many African families as 'living disciples of ancestral knowledge', which reflects the ontological consciousness of the aging process [11].

However, this paper brings some new knowledge by shedding some light on the beginnings of cultural negotiation. Although 56.5% of the participants felt shame concerning the use of a care home as an alternative, 43.5% of them declined. This is an implication of a cultural transition zone in which the norms are under challenge, especially by the urban and educated. This conclusion also confirms the concept of the care dilemma introduced by Chukwu and Arikpo, described as a disregard between cultural ideals and realities, but it extends by providing a measure of the new fluidity of moral judgments [10]. This paper has thus evinced a dual ethical discourse in Akwa Ibom, one, partly steeped in spiritual-cultural presupposition, but one which could be remodeled in the face of the pressure of urbanization, exposure, and social shift. This subtle interpretation questions the black and white notions of absolute culture resistance and shows that we have a society that is in the middle coffee after understanding.

4.2. Influence of Social Structure on Eldercare Decisions
The results revealed that family decision-making is prevalent in making eldercare decisions, with 82.4% of the respondents asserting that the family should choose collectively. This was proved by qualitative data, particularly in rural families where extended families continue to act as moral gatekeepers. According to the respondents, eldercare presents itself as a matter of a family council, confirming Obioha et al., who pointed out that even nuclear families are not willing to take any initiative in the face of cultural interrogation. Influence was also very much on the religious side [13]. Although 70.8% of people admitted that religious beliefs influence the eldercare opinions, 60.3% of participants thought that the church officials influence people to avoid using care centers. This confirms Effiong and Thompson and Alabi and Eze, who demonstrated how Pentecostal dogmas describe institutional care as uncaring or unbiblical to the Catholic practices that focus on claiming eldercare as charity [14,15]. A strong deterring factor also came in the way of the community. More than six out of every ten had the opinion that they would be perceived as bad people in case they used care homes. Cases of prejudices against social gossiping, embarrassment to the group, and even spiritual damage were narrated in the interview. Such processes reflect the findings by Ekong and Akpan that rural age-grade structures impose norms of caregiving by using societal sanctions []16].

As much as these results confirm the structural and symbolic importance of religion and family, the study further enriches it by pointing to denominational variance and mediation through social classes. The Catholic respondents and urban Pentecostals were more open to institutional care, especially when the institutional care was presented as compassion or faith-based service. This subtlety sums up the findings by Orok and Umanah, according to whom education and level of income reduce conservative attitudes, even among conservative populations [25]. Therefore, the current research can add a multidimensional sociocultural restraint framework in which family, faith, and neighborhood constrain institutional elder care, yet not in a single-dimensional manner. Differences according to denomination, education, and place of residence indicate new possibilities of location-specific intervention, particularly faith-based outreach.

4.3. Barriers and Enablers of Eldercare Home Utilization
Barriers identified in the descriptive results are cost, poor regulation and stigma. A majority of people felt that care homes were beyond their financial capability- around 67% and even when they had the money to afford the same, they were very doubtful of the quality of care and management, with 68% airing their views. Such concerns are congruent with Adebayo et al., and Agboola and Nwosu, who attributed the insufficient utilization of care homes in Nigeria to high costs and infrastructural deficiencies as well as the absence of cultural sensitivity [19,20]. Pleasant shifts in perceptions were also recorded in the study. More than 74% held the opinion that care homes might aid adult workers, and 75 %viewed NGOs and the media as likely to assist them in altering the attitude of people in society. These views related to the suggestions by Iwuagwu and Eze who observed the rising level of female employment and urbanization led to changing norms in terms of eldercare [21]. The qualitative data gives more specifics to this picture with the majority of the respondents afraid of becoming spiritually disconnected and feared being condemned by others, but the respondents in the urban setting and especially two-income households, however, indicated that they needed external help. They wrote about a case whereby the conventional values are unable to perpetuate themselves. Interestingly, logistic regression indicated no statistically significant predictive variables on care home openness between education, roadside residence, and judgment of community. Although patterns were positive, they were not at an inferential level. This is a difference to Udoh and Sunday, who justified that urban exposure and diaspora affiliation are the causes of care home acceptance [24]. The position of the research under consideration is that more complicated variables, such as caregiving burden, income, or gender roles, should be discussed as better predictors, and further research could be conducted. Thus, the research is a unique source of information that demonstrates the increasing rates of practical openness, particularly in urban and educated respondents, despite the low levels of structural readiness. The high popularity of media and NGO intervention-type answers shows that the target audience is ready but not informed, and a culturally-based educative policy, which causes great popular support, should be given priority.

4.4. Urban Rural Differences in Care Home Attitudes
One of the most noticeable findings was the urban rural divide. More than half of the participants accepted that urban people are accommodative of care houses whereas the rural elders would want to be with the family. The strongest consensus in this part addressed the necessity of community-based eldercare with consideration to local beliefs implying that even in the conservative environment, unconventional models are acceptable, as long as they are culturally acceptable. These alongside those in Ekanem and Bassey and Etim and Ekpenyong which showed greater fluidity in urban areas and among the educated people [23,26]. But, cultural conservatism in the rural areas stands out in this study. In rural LGAs, care homes were portrayed as a loss of language, ritual, and ancestral responsibility in interview narratives, which cannot have been quantified much in previous publications. The paper therefore vindicates the argument that the issues of urbanization, education and exposure are relevant but the key is the maintenance of rural norms by thick moral communities, age-grade associations, and constructions of home. It corresponds with Nyame and Badasu and goes further by demonstrating how cultural resistance is not overtly emotional but organized and performative [8]. This brings this research to furnish the most empirical evidence so far, about the impacts of place-based cultural enforcement on eldercare. It builds on the existing body of knowledge by demanding hybrid models of care, such as part-time or faith-based older centers as socially acceptable ties between the traditional and the professional provision of care. In all the four aims, this paper provided a multi-dimensional context-based interpretation of care home usage in Akwa Ibom State. It confirms most of what has been written about moral expectations and communal assessment but adds: a new fluidity among the urban, educated population; the denomination-dependent nature of religious marketing; the market demand to replicate the same in terms of culturally-based education; and the possibility of such hybrid forms as being viable innovation between communities. Collectively, the insights call the universality of cultural rejection into question and are directed to the picture of a changing ecosystem in which elderly care can be made modern without being culturally displaced.

4.5. Statement of Ethics Approval
The research has the ethics approval of University of Uyo Research Ethics Committee, Akwa Ibom State, Nigeria, as a research within the Department of Sociology and Anthropology. The protocol of research was also checked in regard to the ethical standards of human subject research which implies voluntary participation of a person and informed consent, as well as the confidentiality of data. The participants gave their informed consent before being involved in the study in writing. There were no vulnerable populations, clinical trials, and invasive procedures during the research. All the data were anonymous and kept in secure places and the respondents were also advised that they were

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Citation: Edet, N. A. E., Assi, V. E. (2026). Sociocultural Factors Surrounding the Utilization of Care Home Services for the Elderly: A Study of Selected LGAs in Akwa Ibom State, Nigeria. *Arch Hum Soc Sci Res, 3*(2), 01-16.

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free to withdraw at any point without any consequences [28,29].

5. Conclusions and Recommendations

This paper examined the sociocultural determinants of the use of care homes among the older people in some local government areas (LGAs) of Akwa Ibom State in Nigeria. Based on convergent parallel mixed-method design, it combined both quantitative responses of surveys and qualitative interviews of four LGAs that incorporated urban-urban rural diversity (Uyo, Eket, Ini, and Okobo). The resultant findings supported the point that cultural, spiritual, and moral beliefs have remained the criteria of caregiving expectations, and the elderly people care is considered more of a divine obligation of a family and that anything that resembles institutional care amounts to abandonment. Religious teaching, social surveillance and the persistence of kinship also support such perceptions. There are however the noticeable signs of cultural negotiations moving forth: the urbanization, dual-income families, the enhancement of education and exposure to the world models of care giving are bringing into place more practical attitudes mostly in the urban spheres. Although knowledge of care homes is increasing, there are still considerable impediments including lack of regulation, affordability, a culturally appropriate models and stigma. However, community-based culturally respectful alternatives of eldercare are immensely popular among the general population. This demonstrates that we do not object to care as concept; we object to care which makes us feel as foreign to local identity, language and values. Even though inferential analysis could not identify the statistically significant predictors of the care home openness, the descriptive and qualitative results imply that the education level, religious affiliation, and urban/rural living are the essential context variables that influence the attitude. All these trends make it clear that flexible, locally contextualized features of eldercare are needed, as opposed to universal solutions. Thus, this research exposes a community in transformation, which is nevertheless rooted in conventional values but more open to the option of living differently and as the times demand. It provides an important scholarly, and policy-level, intervention by pointing to the specific, place-based ways, in which cultural identity, family structure, and the need for modern care, come together. The study recommends the following:

• **Implement Culturally-Integrated Community Eldercare Models:** With the support of policymakers and NGOs, the development of bi-modal models of eldercare should be explored, including locally-based day-care facilities or care relying on religious affiliations (in the countryside) in particular. It is recommended that these models make use of local languages, religious beliefs, and involvement of family so as to minimize stigma in order to be accepted.

• **Undertake Faith-Based Advocacy and Engagement:** However, the power of religious teachings significantly affects personal lives, so most specific work with religious organizations, in particular, Catholic and progressive Pentecostal churches, could help to re-conceptualize care homes to a system of compassion, not dumping. It would

be strategic to have clergy-lead seminars and scriptural explanations in favor of institutional eldercare.

• **Conduct Popular Education Programs Through Credible Local Media:** There are still awareness gaps, which is a major block. Demystification of care homes, presentation of successful models of care and portrayal of eldercare alternatives should be done through local radio circuit, church literature and community meetings.

• **Regulate and Subsidize Elder Care Services:** The governmental agencies must establish regulatory measures to the care homes and also subsidize so that it is accessible to all with special focus on the low and middle-income earning families. Still, in the absence of this, the institutional care will continue to stay the level of an elite service that will not be affordable to the majority.

• **Include Eldercare in the School and Religious Curriculum:** In order to change generational attitudes about eldercare, eldercare education has to be incorporated into civics curriculum in memorial schools, and youth programs in churches. This would equip the care providers of tomorrow with the ability to have a sense of traditional values and modern awareness towards elderly care.

• **Encourage Future Research on Predictive Factors:** Predictive factors should be further differentiated and defined, such as the level of caregiving burden, the income in the family, history of migration, whether one is a man or a woman, to find out what may be the best combination of predictive variables most strongly foretelling openness to formal eldercare. It would also be helpful to conduct longitudinal studies as a way of tracing changing attitude over time.

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