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Supportive Housing: A Panacea To The Emerging Trend In Elderly Peoples' Housing Problems In Nigeria

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Abstract
The challenge of preserving the independence, autonomy, dignity and privacy of older Nigerian adults, while carrying out activities of daily living under rapidly evolving urbanization, migration and the days' economic realities has become a major worrying concern for individuals, families and the larger Nigerian society. This paper looks into housing features which makes houses supportive for their elderly users. It takes a holistic view of the relationship between the presence of supportive features in houses and the ability of older adults to continue performing activities of daily living with minimal inconveniences that are usually associated with human helpers in those houses. The descriptive method was used for the study. That was after embarking on three case studies in the west and southern parts of the country; to observe any natural phenomena which exists in them. The result of the study point to the fact that as the Nigerian elderly population continues to increase, with the country's attendant economic, social, developmental and traditional family structural shift, demand for appropriate senior housing with supportive features will become inevitable. The study finally recommends ways of strengthening the acceptability of this housing type in the emerging urbanization drive currently taking place in most Nigerian urban towns and cities.

Keywords: Supportive Housing, Panacea, Elderly Housing, Emerging Trend, Nigeria

INTRODUCTION

The elderly population is on the increase in most countries of the world. This is largely due to factors such as improvement in public health, technological advancement and improvement in the physical environment. Nigeria with a population of about 140 million (NPC, 2006) is the most populated nation in Africa and the ninth in the world (UN, 2005). Life expectancy at birth stands at 51.6 years. The population growth rate, between 2000 – 2005 was put at 2.5%, with 5% of the total population aged 60 and above. It is estimated that by the year 2025, the population of Nigeria aged 60 and above will constitute 6 percent of the entire population.

In the coming years, as the aging population increases in number, and life expectancy rates gradually increases, its implications will be felt quite significantly on the society. Culturally Nigeria is heterogeneous with over 350 ethnic-linguistic groups, with the predominant ones being the Hausa of the North, Yoruba of the South West and the Igbo of the South East. All these ethnic groups share similar cultural background, even with other smaller cultures, and thus, perceptions of care for the elderly. Many decades ago, especially in developing countries such as Nigeria, the culture operated the extended family form, with two or more generations living together in a household (Bigner, 1994). Under this type of arrangement, the elderly was well taken care of within the family since one of the traditional roles of the family involves taking care of old parents as well as other older family members. Over time, there has been a rapid change in this structure in Nigeria. The family usually consisting of members of the extended linage, (parents, grandparents, aunts, uncles, brothers, sisters, cousins, nephews, nieces, etc.) is beginning to show signs of destruction following the decline in the economy, unemployment, increasing female employment to complement family income, as well as rural-urban migration which is common with modernization and replaced with the nuclear family. Before now, the extended family structure as a socio-structural phenomenon in Nigeria had served more or less as a form of social insurance (traditional safety net) for the aged.

There is an observable progressive shift in function away from the traditional family. Traditional functions of the family like care and social support to older family members have gradually decreased in the recent past due to economic problems, migration and influence by foreign culture. Family members are no longer able to effectively cope with the challenges of daily living. Emphasis is now on the nuclear family of **"me, my wife and my children"** at the expense of other members of the wider family network, especially

the older ones who look to the younger generation to provide them with economic security in old age. The government does not provide social security for older persons in Nigeria. These changes in family structure have therefore caused gradual disintegration of the extended family and of the communal sense of living in Nigerian society. Neglect of filial obligations due to these structural changes has further impoverished older people and created more physical and social distance between family members. This paper investigated alternative housing accommodation that will guarantee the dignity, autonomy, independence and privacy of the elderly. It is further aimed at increasing awareness in social housing care for the ever-increasing population of the elderly in our society.

WHAT IS SUPPORTIVE HOUSING?

Evaluation of current literature on supportive living exposes the unanimous opinion that a definition of supportive living continues to elude researchers and policy makers. Various approaches are used to define homes that are more user-friendly. Common terms include accessible homes (adapted for easy use), visitable homes (with features for ease of and movement into and through the home and easy access to a toilet), adaptable homes (with flexible features that can accommodate to people's changing needs), universal homes (designed to enable all people to use them rather than thinking in terms of standard versus accessible) and liveable homes (easy to enter, to move around within and to adapt as needed) (Campbell and Memken, 2007; Liveable Housing Australia, 2013).

It has been estimated that in 2050, 21% of homes will house a person with a physical limitation, including 7% with a limitation in self-care (Smith, 2008). Older people need housing that is flexible to adapt to their changing personal capacities (Byles, 2012). Housing that is adapted to meet the needs of older people can improve their ability to engage in daily activities, be independent, avoid accidents, give or receive care and delay institutionalisation (Pynoos, 2001). When there is a poor fit between an older person's home environment and their personal functioning, there is an increased likelihood that they will be considering a move from their home. Cross sectional studies have found that poor housing accessibility is associated with Activities of Daily Living (ADL) difficulties and that home modification and housing type is associated with positive ageing-in-place outcomes (Iwarsson, 2006). So, home modifications can decrease the risk of personal function decline (Liu and Lapane, 2009).

On the other hand, Supportive home features can help mitigate people's diminishing functioning and reduce the likelihood that they will withdraw from activities and, therefore, are supportive of ageing in place (Campbell and Memken, 2007). In Nigeria, Supportive Housing is a relatively new intervention in the housing sector and will be registered as a residential facility in line with the current Nigeria housing regulations and domesticated in the various states in line with the housing regulations currently in place in those states.

For many years the general assumption in the Nigerian society that care for the older people has always been provided by the extended social/family system and that this provision of care services has always been adequate is wrong (Aboderin,2006). Nigeria has the largest number of elderly people over 60years of age, south of the Sahara, yet there is very little put in place by the government by way of social services and housing. For now, families continue to bear the burden of caring for their elderly members and this is becoming increasingly difficult for them. Elderly family members are increasingly living as destitute in their own homes and communities. Suggs and Logan (1994) noted that one promising effort to check this trend has been the advent of supportive housing with assisted living facilities.The physical design of supportive housing is therefore strategic in upholding or hindering the function of this housing and contributes directly to the quality of life of those who make it home.

CHALLENGES TO SUPPORTIVE HOUSING IN NIGERIA

Affordability

Affordable supportive living has been challenging to provide for several reasons. Costs of providing affordable supportive living can be high, and mortgage facilities in this country are scarce. Further, subsidized housing in Nigeria is non-existent, while most houses are built to be occupied by able-bodied older people living independently. But today, older persons in public housing are more likely than other older Nigerians to report numerous chronic health problems, such as hypertension, diabetes, arthritis and asthma.

Dwelling Modification Needs ofolder Persons

When older persons are afflicted with physical or cognitive limitations, they may find it more difficult and unsafe to occupy their unit. This occurs even in dwellings that are in relatively good physical condition, that is, do not have the more serious defined severe or moderate physical deficiencies. Rather, dwellings simply have features that are incompatible with their frail occupants because they were not designed with the needs of an aging person in mind. Perhaps in the future, **"designing in a way that makes housing work better for all people of all ages"**—what could be known as **"universal design"** will become a reality (Connell and Sanford, 1997).

Most professionals argue that the home can be physically modified in ways that will enhance the independence of older persons (Mann, Ottenbacher,

Fraas, Tomita, and Granger, 1999). If there are appropriate home environmental interventions, it may even be possible to slow the rate of functional decline and reduce the costs of in-home personnel (Mann et.al, 1999). Home modifications are likely to have the greatest positive effect on that very large group of older persons with fewer and less severe limitations (Manton, Corder and Stallard, 1993). Estimates as to what percentage of older persons have modified their dwellings to accommodate their frailties are rare in Nigeria and vary greatly. A great many older persons are probably unaware of their home's hazards or are unaware that solutions exist. Thus, older persons who fail to report a need for home modification could very well benefit greatly if these modifications were introduced into their homes.

DESIGN FEATURES OF SUPPORTIVE HOUSING

When planning and designing for older populations, the plans should be focused upon future needs, as well as the existing requirements of the prospective residents of the dwelling. Consequently, the design will allow individuals to age in place, as their body changes and as they experience decreased environmental competence. Thus, the setting should be able to change and adjust according to the needs of the resident. The characteristics that make housing safer for all groups (children, physically handicapped, mentally ill, frail, developmentally disabled) should be programmed into the environment as standard features (Regnier, 2002). It is important that the environment be free of the dehumanizing institutional accoutrements common to senior communities. The design of seniors' supportive housing can be very tasking, primarily because of the many different forms that supportive housing can take. Design features depend on the type of housing, the scale of the project, the type and level of services and supports provided, and the unique development of a particular project. As a result, there is no single or 'best' design for supportive housing for seniors (Options Consulting, 2002). This being said, there are recommended design principles and features that should be considered. Cooper and Haselkus (1992) identified **six factors** that were highly valued and felt to contribute to the success for individuals' living in social housing. **Control** happens to be the central construct and was subsumed under the other concepts of **safety/security, accessibility/mobility, function, flexibility and privacy**. These six factors can hugely contribute to the success or failure of a supportive housing facility.

These findings were posited as a working model of environmental control. Several resources were located that provided comprehensive overviews of promising practice regarding design features of seniors housing that included both private and public spaces. These practices capture the range of considerations that characterize person-environment transactions for design decision makers. Some principles are more appropriate for frail and for those living in settings that have a strong management or organizational component. Others are timeless and universal in their application, reflecting considerations that many different populations consider relevant in their housing (Regnier, 2002). However, these principles and the rationales behind them can help order priorities and identify weaknesses in proposed design. Interestingly, these design features corresponded with the six valued factors identified above. These resources were carefully reviewed in this work and are summarized below.

Public Space: Neighbourhood/Location

Seniors supportive housing should be integrated into the surrounding neighbourhood. It should ideally be located in an area that is safe, attractive and provides access to community amenities including transit, shopping, parks and recreational activities (Options Consulting, 2002). The Office of Housing and Construction Standards in British Columbia further this by stating that the post office, public library, medical and dental offices and a community centre should be within two blocks. In addition, a comfortable walking environment should include sidewalks that are wide enough and in good condition, crosswalks that are clearly separated from the vehicular flow, and a flat or minimal slope.

Accessibility

Accessibility is one of the key design issues fostering a successful application of assistive technology in residential settings. Accessibility is ''the ability to circulate without hindrance within this (near) environment; the freedom to perform daily living activities; the right and means to maintain privacy; the knowledge that the user is ''in control'' requiring minimum outside assistance'' (Scott-Webber and Koebel, 2002). Attention to maintenance and small details such as picnic benches and seating at the entrance to the building has been viewed as positive.

Easy access to the building is a key requirement for residents. A portable aluminium or fibre glass ramp can be utilized to address curb height barriers and small steps. If the incline is long and/or steep, a permanent or semi-permanent wooden or concrete ramp can be built. The area surrounding the outdoor entrance should have a bright light that turns on automatically. A small accessible shelf should be installed alongside the door for parcels. The main entrance and lobby should include automatic doors, levered handles, non-slip flooring and a rest area or seating within the building to allow for visual surveillance.

Guidelines suggest a minimum 5 feet wheelchair-turning radius on the inside of the unit entrance as well

as 5 feet turning radius in the bedroom, bathroom, kitchenette area, and living room area (without furniture). Flat, smooth surfaces for floors should be considered, such as cork or wood, instead of carpeting. When carpeting is used, thick, soft padding should be avoided and short-pile carpet should be used. The number on the outer door should be easy to read and the door handle should be levered. Locks must accommodate people with reduced hand strength and flexibility. A viewing peephole must be adjusted to accessible height.

Lighting/Colour

There are some enticing possibilities about being able to create spaces that encourage more activity and participation, or places that are calmer and more restful, but the lack of research hinders designers from being able to apply colours with confidence. There is better knowledge about perception and contrasts, which can support the creation of environments that enhance independent functioning (Calkins, 2007). Environmental conditions that involve low levels of lighting hinder older people's socialization and jeopardize their safe manipulation of the environment (Regnier, 2002). Older adults require evenly distributed, background illumination and task lighting that is two to three times greater than younger adults. Over the shoulder lamps provide the best light for reading.

During night time visits to the bathroom, a night light, lighted toggle switch, chemically-luminous doorknob cover, or motion-sensitive light can increase visual orientation (Hazen and McCree, 2001). A cordless battery-operated light can be installed when electrical outlets are lacking. Halogen lights pose a fire risk and should not be used (Fielo and Warren, 2001).

The colours of red or dark neutrals against a light background and yellow or white against a dark background are easier for the elderly person to discern than are greens/blues/purples or pastel shades from each other (Hazen and McCree, 2001). Contrast of colours also can aid a senior to distinguish objects in the environment. As positive examples, carpet colour can contrast with wall colour and different colour keys can access different locks. As a negative example, a transparent glass table top is contraindicated. Research conducted by Calkins (2007) reveals that designers should emphasize what is important. Within any setting, there are key elements that carry important information, such as orientation cues, or views to interesting vistas or activity areas. Close attention should be paid to those elements that have the potential to provide useful information to the cognitively impaired individual, and these can be emphasized with brighter colours, higher contrast with the background, and lighter.

Floors represent an important functional element, not just a surface to be decorated. High contrasting, bold patterns should be avoided, as should high contrasting borders within rooms or in hallways. Colour change at doorways or transitions between rooms is appropriate, although if the change is distinctive (high colour or value contrast), it is best to make sure there are handrails for people to hold onto while making the transition. Chair seats should contrast with the floor so that people can see where the edge of the chair is. Similarly, sink basins should contrast with the surrounding counter/vanity top. The toilets or toilet seats should contrast with the floor and surrounding walls to render them more visible. Table settings should provide high contrast between the plates, which are usually white or pale coloured, and the table, tablecloth and placemats should be dark in colour.

Bedroom/Livingroom/Bathroom/Kitchen

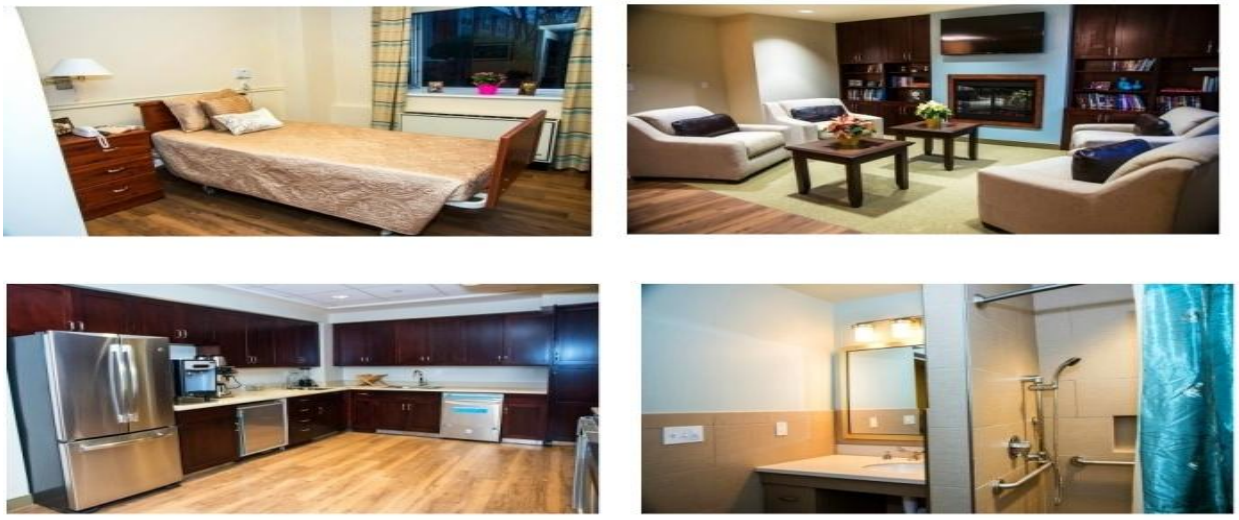

Plate 1: Supportive Features in a Typical Assisted Living Apartment
Source: CMHC SCHL

Due to the myriads of activities that take place in the spaces showed in plate 1 - living rooms, bed rooms, bathrooms and kitchen - the requirements that people use their bodies in many different ways in these rooms may demonstrate to individuals that their abilities are lagging (Andes, 2004). Reach capacity and muscle strength limitations can affect stooping, bending, sitting and standing. Furthermore, most accidents and injuries occur in kitchens and bathrooms (Andes, 2004). Consequently, older adults often have difficulty manipulating controls such as windows, doors, heating, ventilation, and appliances. It is therefore critical to design and build these two areas of the home to support the maintenance of independence, control and freedom (Scott-Webber and Koebel, 2001). When people are using showers, it is important to have stable grab bars to hold onto for balance. For many years, we have relied on stainless steel grab bars, which are aesthetically unappealing and often cold and hard to the touch. There are a variety of powder coated grab bars that come in decorative colours and have a non-slip grip, which are much more appealing (Calkins, 2007).

The bathroom remains one of the most significant remnants of the old institutional model, where efficiency and utility were valued more than the psychological and emotional comfort of the individual being bathed. Changing cultural values about long term care have resulted in recognition and support of the cognitive, emotional, psychological and spiritual needs of older adults as well as consideration of the spaces required to meet these goals. This is particularly true when the most personal care such as bathing is provided (Calkins, 2001).

Safety Features

Seniors experience a high rate of accidents and this result in more than twice the number of resulting deaths than other age groups (Regnier, 2002). The most serious accident related issues result from falls and burns. Falls represent a critical accident hazard for the elderly and the harder the floor surface, the greater the risk of fracture.Fielo and Warren (2001) suggest several alterations that can be made to decrease the risk of falls. For example, non-skid mats and abrasive strips decrease falls in the bathtub or shower, as do grab bars installed on the walls. These bars must be attached through the tile to structural supports in the wall. The wall may need a built-in block to support at least 250 pounds. Bars may also be installed near the toilet and a raised toilet seat will accommodate those with compromised joint mobility. Slip resistant vinyl flooring or indoor-outdoor carpeting installed on top of tile lessens the chance of slipping and also softens the surface. In terms of security, a lever-type door handle with a lock has been demonstrated as easiest to us (Fielo and Warren, 2001). The key disengages both the door and the door latch in a single motion. For wheelchair users, a second peephole at a lower height may be installed in the main door. A metal door and electronic security system can be installed for added safety.

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Studies focussed on care for elderly persons in Nigeria are not many. Such studies focus on issues ranging from the description of the traditional form of care of the elderly, demographic data, government's policy on the elderly, life-satisfaction of the elderly, effects of structural adjustment programme on the elderly, and the nutritional assessment and health status of the elderly (Anionwu, 1986; Adeokun, 1986; Ekpeyong, 1995; Bakare, Ojofeitimi and Okoye, 2004). As reported in most of these studies, caring for the elderly has always been taken for granted to be family responsibility with little or no government support. From prehistoric time, care of the elderly was within the extended family system (Anionwu, 1986; Adeokun, 1986; Ekpeyong 1995). The elderly are cared for by their children, son's wife and the extended family members, particularly the women. There is the practice of marrying young girls by the elderly men, and at times his children may marry the young girl for the elderly man to take care of his needs. Some parents send their children home to live with their grandparents so that they can run errands for them while the grandparent teaches them cultural and moral values (Adeokun, 1986). Within the traditional system the social obligations of the aged were multi-dimensional in the sense that they encompassed religion, education, politics, recreation, economic, and prophetic issues. In those days, people looked forward to getting old.

In this contemporary time, social and economic changes currently occurring have put into doubt the continued viability of such traditional arrangements for the elderly. Such changes like increased emphasis on smaller family units, migration to urban areas, more working wives, new life styles and changing values all have effects on the traditional forms of care of the elderly. Financial difficulties have made it imperative for many women to now work for pay outside the home and also the issues of education for the young have reduced the caring role of the grandchildren.A recent study by Okoye (2004) explored how Nigerian youths feel about care-giving for the elderly and their views about traditional ways of taking care of the elderly. She observed in her study that the youngsters are not willing to live with their aged parents neither are they willing to send their wives nor their children to the village to live with their aged parents.

SUMMARY

The study on supportive housing for the elderly in Nigeria was carried out using the descriptive research methodology with specific emphasis on the case study

approach. The study objectives which were to investigate assisted living private space design and determine features for a successful Supportive housing based on literature and regional data collection, to investigate different models of providing supportive housing to low income elderly. To examine housing regulations and guidelines that affect supportive housing in Nigeria.

CONCLUSION

As the Nigerian elderly population continues to increase with the country's attendant economic, social, developmental and traditional family structural shift, demand for appropriate senior housing with supportive features will become inevitable. The study reveals that incorporating supportive features in houses meant for the elderly will significantly reduce the need for human aids in performing their daily activities and their need to relocate to other forms of accommodations. While some supportive housing features may be wonderful solutions to environmental challenges for the older adult, their feasibility in this region should be given special considerations.

RECOMMENDATIONS

The following recommendations if adhered to and implemented will go a long way in improving housings made for the elderly.

i. Diversification to the rural areas of elderly housing schemes will ensure that older adults are not up rooted from familiar surrounds and will encourage the acceptability of this form of housing
ii. A supportive elderly housing scheme in Nigeria should create a blend with the traditional care system which though fraught with inadequacies is more familiar.
iii. Institutionalizing elderly housing scheme will negatively affect its acceptability among the elderly population of Nigeria.
iv. Future research work regarding elderly housing should be encouraged as this will provide a more diversified understanding of the housing problems facing the elderly in Nigeria.

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