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PERCEIVED SOCIAL SUPPORT, ELDER ABUSE, AND FAMILY STRUCTURE AS CORRELATES OF PSYCHOLOGICAL WELL-BEING AMONG OLDER ADULTS IN SUB-SAHARAN AFRICA

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ABSTRACT

Background and Objectives: *Advancements in sciences and technology have improved mortality rates across the globe resulting in more people living beyond sixty-five years of age. However, old age is usually characterized by numerous health, social, emotional, and psychological challenges that impinge on their psychological well-being. Hence, efforts are needed to identify factors that could influence the psychological well-being of elderly persons. This study investigated the roles of perceived social support, elder abuse, and family structure (polygamous & monogamous) on the psychological well-being of older adults.*

Research Design and Methods: *Two hundred older adults from 4 Local Government Areas in Ebonyi State participated in this study. Participants completed three instruments: The Wellness Belief Scale, Hwalek-Sengstock Elder Abuse Screening Test (H-S EAST), and the Multidimensional Perceived Social Support Scale. Hierarchical Multiple Regression was used for data analysis.*

Results: *Social support explained 34% of the variance in psychological well-being. Support from family, significant other, and friends was positively associated with psychological well-being. Elder abuse negatively predicted psychological well-being, explaining 3% of the variance in psychological well-being. The family structure did not significantly predict psychological well-being among older adults.*

Discussion and Implications: *Findings imply that adequate support from all involved in care-giving to older persons could buffer their negative experiences. Additionally, caregivers and the local authorities should put practical measures and policies in place to protect them from all forms of abuse to ensure their sustainable psychological well-being.*

Keywords: *Elder abuse, family structure, Psychological Well-being, Public Policy, and Social Support*

BACKGROUND AND OBJECTIVES

The psychological well-being of elderly individuals is an essential research topic. It has been associated with various positive outcomes, such as better physical health, higher life satisfaction, and lower levels of depression and anxiety. Elderly individuals with good psychological well-being tend to be more engaged in their communities, relate better with others, and are more likely to participate in activities promoting their overall well-being. Hence, it is imperative that older adults are provided with the best possible conditions to foster lasting well-being.

It is obvious that older people face unique challenges regarding their psychological well-being. Psychological well-being for older adults is an important concept to consider due to the potential for age-related issues such as dementia and depression. Aside from these challenges, Srivastava et al. (2021) pointed out that a decrease in older adults' decision-making power could equally influence their well-being. To better understand psychological well-being in this population, there is a need to define the concept. López et al. (2020) described psychological well-being as an effort to improve oneself and fulfill full potential, which is related to having a purpose in life and a sense of life, coping with challenges, and striving to overcome and achieve worthwhile goals. In other words, psychological well-being is an individual's sense of purpose, satisfaction with life, and overall emotional health. It can be further broken down into positive relationships, personal growth, and autonomy. More researchers seem to agree that well-being is the absence of emotional distress and a positive physical, mental, and social condition (López et al., 2020). Therefore, psychological well-being is a multi-faceted concept that is important to consider when discussing the mental health of older adults.

The following six primary categories of psychological well-being were defined by Ryff (1989): self-acceptance which refers to an individual's level of positivity toward self, the past, and the decisions made; quality of relationships with others refers to whether a person's positive relationships make them feel connected, respected, and loved; autonomy refers to a person feeling independent, self-sufficient, able to think for themselves, does not feel a strong need to comply, and does not worry excessively about what other people think of them; the extent to which someone feels equipped to handle the demands of their circumstance is their sense of environmental mastery; how people view themselves is reflected in their personal growth; and sense of life's purpose refers to an individual perceiving their life as having value. The categories by Ryff stress the fact that for an older person to have optimal psychological well-being, they have to accept who they are, develop meaningful ties with others around them, be able to fend for themselves, be free to handle their issues, and see themselves as valuable to the system and view their existence as having a worthy purpose. Any detraction from an aspect of these essential components results in poor psychological well-being.

By examining the psychological well-being of elderly individuals in Nigeria, we hope to shed light on the factors that influence psychological well-being and identify potential interventions or

strategies that could promote psychological well-being among elderly individuals in Nigeria. Nigerians 65 and older are expected to nearly triple by 2050, making it the most populous and economically powerful nation in Africa. Nigeria has the most significant percentage of older adults on the continent and ranks 19th globally, reported Mbam et al. (2022). They noted, however, that the rise in elder Nigerians is taking place against a backdrop of severe poverty, unresolved development issues, socioeconomic inequality, the HIV/AIDS pandemic, and a decline in the country's customary support and care for senior citizens. A particular difficulty for elderly Nigerians and their families is the lack of a functioning national ageing policy or safety net services and initiatives. Old age usually results in one becoming more fragile, less energetic, and more susceptible to disease, increasing prejudice and discrimination against older people, social isolation, and, occasionally, abandonment (Tanyi et al., 2018). Some elderly in specific communities are labelled witches and wizards and have been subjected to all forms of harsh treatment. The Nigerian government has not adequately provided social security to older persons, and the support from the family is fading out. Many older adults reach retirement age after a lifetime of poverty and deprivation, poor access to health care, and poor dietary intake. These situations leave them with insufficient personal savings to meet their daily needs (Charton & Rose, 2001; Kimokoti & Hamer, 2008). They are often denied their right to receive their pension, resulting in poor well-being due to poor well-being poverty and poor medical attention. Empirically, numerous factors have been understood to influence the psychological well-being of older persons significantly. They include physical health, depression, self-esteem, purpose commitment, self-achievement, ego integrity, perceived health status, loneliness, and isolation, and many others (Cacioppo et al., 2006; Cha et al. 2012; Dhara & Jogsan, 2013; Jang & Choe, 2006; Kim, 2013; Paradise & Kernis, 2017; Steptoe et al. 2015; Sumner et al. 2015; Orth et al. 2012;). These and many more challenges negatively affect their psychological well-being.

Some studies have shown that older adults can improve their psychological well-being by utilizing various techniques. Some practical activities include engaging in activities with family and friends, joining support groups, and finding meaning in life, engaging in exercise, cognitive stimulation activities such as puzzles and games, adequate nutrition, reducing stress through breathing exercises, meditation, and other relaxation techniques, yoga, and deep breathing and utilizing technology such as apps and programs that can provide helpful resources and support networks. (Bar-Tur, 2021; Fave et al. 2018; Niclasen et al. 2019; Owen et al. 2022;). The research questions focus on understanding the link between psychological health and perceived social support among elderly individuals in Nigeria. How is elder abuse associated with older people's psychological well-being, and how does family structure (e.g., monogamous vs. polygamous) affect psychological well-being among elderly individuals in Nigeria?

One variable that has been constantly linked with psychological well-being is social support. Social support is any knowledge that makes the subject feel valued, cared for, and part of a network of mutual commitment (Patil et al., 2014). Social support, which is correlated with social connection, is also defined as providing emotional, practical, or informational resources to assist a person in managing stress and life events (Cohen, 2004). According to research, there is a correlation between perceived social support and psychological well-being among elderly individuals (Binuyo, Azorondu & Adesanya, 2024; marzbani et al., 2023; Tajvar et al., 2018; Qiang & Liu, 2022; Zanjari et al., 2022). In other words, elderly individuals who perceive that they have

high levels of social support tend to have better psychological well-being than those who perceive low levels of social support. Older adults are more susceptible to social isolation due to changes in their life circumstances, such as retirement, the death of partners or friends, financial difficulties, health decreases, and mobility issues (Czaja et al., 2021). However, social support can provide elderly individuals with a sense of belonging and connectedness, which can positively impact their mental health and well-being. Social support can also provide elderly individuals with emotional and practical assistance, which can help to reduce stress and improve their overall well-being. Ahmed (2022) opined that social support is essential in averting problems on the levels of physical, psychological, and social. Aside from social support, other variables have been linked with well-being.

Another factor linked to older adults' well-being is elder abuse (Atim et al., 2023; Badenes-Ribera et al., 2019; Berkowsky, 2020; Dong et al., 2013; Sun & Yan, 2025). The World Health Organization, WHO (2022) reported that 1 in 6 adults aged 60 and older had suffered abuse in a community environment. Such abuse can result in severe bodily harm and long-term psychological effects. The abuse can take several forms. The use of ropes or chains to bind an older person or to beat them severely constitutes physical abuse; verbal, emotional, or psychological abuse includes yelling, cursing, threatening remarks, making remarks that are derogatory or contemptuous, or persistently neglecting the senior; inappropriate touching, provocative poses for photos of an older adult, making them view pornography against their will, and other unwelcome sexualized behaviours are all examples of sexual abuse; financial exploitation and abuse can take many different forms, such as embezzlement, the improper use of an older adult's assets, and purposeful or inadvertent caregiver neglect, which entails not attending to the physical, social, or emotional needs of the older person (American Psychological Association APA, 2022). All forms of abuse make older adults feel unwanted, unloved, and isolated, negatively affecting their mental health. In addition to abuse, the nature of a person’s family can equally influence their psychological well-being.

Numerous research conducted in diverse countries in the Middle East and Africa found that people from polygamous families may experience issues associated with their emotions, behaviours, physical problems, and other psychological issues more than those in a monogamous home (Rediy & Tefera, 2020; Akanbi et al., 2021). Monogamous families, which consist of a married couple and their children, tend to be more cohesive and provide more social support compared to polygamous families, which consist of a man, two or more wives, and plenty of children (Bahari et al., 2021; Ibitoye & Sanuade, 2011; Naseer et al., 2021 Rediy and Tefera, 2020). Akanbi et al. (2021) found that a more significant number of old persons from polygamous homes preferred to be cared for by their families than their monogamous counterparts. The probable reason they provided was that the polygamous respondents might have more adult children who are financially capable of meeting the older parents' needs. In contrast, those in monogamous homes may have fewer. However, polygamous homes may also be more complex and more prone to conflicts and misunderstandings, which could negatively impact psychological well-being. Overall, the relationship between family structure and psychological well-being among elderly individuals in Nigeria is likely to be complex and may vary depending on individual and cultural factors. Further research is needed to understand this relationship in more detail and to

identify potential interventions or strategies that could be used to promote psychological well-being among elderly individuals in Nigeria.

Despite the growing interest in psychological well-being for older adults, most studies have typically focused on a limited set of factors or a specific population, such as elderly individuals living in a specific geographic region or those belonging to a specific socio-demographic group or on the prevalence and characteristics of elder abuse, rather than on the impact of elder abuse on psychological well-being. As a result, there is a gap in the literature on the factors that influence psychological well-being among elderly individuals in Nigeria. Our research aims to fill this gap by exploring the roles of perceived social support, elder abuse, and family structure in the psychological well-being of older adults in Nigeria. By examining these factors among elderly individuals in Nigeria, we hope to identify potential interventions or strategies that could be used to promote psychological well-being among elderly individuals in Nigeria.

RESEARCH DESIGN AND METHODS

Sample and procedure

The study area is Ebonyi State, in South-East Nigeria. It is inhibited and populated primarily by the Igbos. Its capital and largest city is Abakaliki. She has a total area of 5,670 km^2, a density of 441.64 in h./km^2, and is located at 6degrees15'N 8degrees05'E. The 2011 population census recorded 2,504,100, with those from 60 years and above making up 121,654 persons (Brinkhoff, 2017). It consists of thirteen (13) Local government areas: Abakaliki, Afikpo North, Afikpo South, Ebonyi, Ezzasouth, Ezza North, Ikwo, Ishielu, Ivo, Izzi, Ohaozara, Ohaukwu, and Onitch.

The Research and Ethics Committee of the Department of Psychology at the University of Nigeria, Nsukka, granted ethical approval for the study. Along with the questionnaires, informed consent forms were distributed to the participants. They were informed of the study's objectives and given the go-ahead to leave anytime. The study is a cross-sectional study of older adults (60 years and above) residing in the area for at least a year. The reason for limiting it to a year is to reduce bias that could occur due to visitors who have enjoyed facilities in other cities and have just migrated to the community. A multi-stage cluster random sampling technique selected the four local governments and towns within the population. Participants were conveniently drawn from home settings (97 persons), marketplaces (71 persons), and workshops (32 persons). Due to the low educational level of most of them, the questionnaires were ''back translated'' to the Igbo language by a lecturer of the Linguistics Department at the University of Nigeria, Nsukka. The translation of the contents of the questionnaire into the Igbo language provided opportunities for proper understanding, straightforward interpretation, and administration of the questionnaire. The respondents were predominantly Christians (80%), followed by African traditionalists (19.19%), then others (1,5%). The sample comprised 59.5% women and 40.5% men; sixty-seven per cent of respondents were from monogamous families, while the rest were from polygamous families. More than 58% were married; about 41.5% had lost their partners or divorced. Of the 200 participants, 28% had graduated from elementary school, 8.5% had graduated from high school or earned a Graduate Equivalency Degree, and 63.5% had neither enrolled nor completed

elementary school. Around 35.5% of participants were farmers; 25% were in business; 22% were artisans; 6.3% were civil servants, and 9% were retired.

Measures

The participants were provided with a questionnaire form containing both the demographic variables and the informed consent form. The measures used to obtain data for this study includes The Multidimensional Scale of Perceived Social Support, MSPSS (Zimet et al., 1988), The Hwalek-Sengstock Elder Abuse Screening Test, H-S EAST (Neale et al., 1991), and The Wellness Beliefs Scale, WBS (Bishop & Yardley, 2010).

The Multidimensional Scale of Perceived Social Support (MSPSS)

The perceived social support was examined with the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988), a brief research tool designed to measure perceptions of support from three sources of social domain: family (e.g., my family tries to help me), friends (e.g., I can count on my friends when things go wrong), and a significant other (e.g., I have a particular person who is a natural source of comfort to me). MSPSS is a 12 items scale with four items for each subscale. Each item is rated on a 7-point Likert-type scale ranging from 1 (very strongly agree) to 7 (very strongly disagree). Its validation study by the authors showed a Cronbach's alpha coefficient of .91, .87, and .85 for significant other, family, and friends subscales, respectively, and that of the total scale was .88 (Zimet et al., 1988). Across many studies, the MSPSS has been translated into various languages and still maintains good internal and test-retest reliability, good validity, and a relatively stable factorial structure (Kim et al., 2022; Nearchou et al., 2019; Cartwright et al., 2020; Cahuas et al., 2023). The present study obtained a composite Cronbach alpha (α) value of .95. The mean and standard deviations for the 12 items ranged from 2.97 (SD = 2.19) to 4.90 (SD = 1.60). The overall mean score was 50.27 (18.76).

Elder Abuse Screening Test (H-S EAST)

The 15-item Hwalek-Sengstock Elder Abuse Screening Test (Neale et al., 1991) was utilized to assess elder abuse. It is used in health and social service agencies to screen and identify abused or neglected elders or persons at risk. It has a three-dimensional structure that assesses the three domains of elder abuse: direct abuse (4, 9, 10, 11, & 15), potentially abusive (2, 5, 7, 8, 12, 13 & 14), and characteristics of vulnerability (1,3 and 6). We modified the original scale by removing its categorical response pattern of yes or no to a 4-point Likert-type response pattern set ranging from 0 (Not at all) to 3 (Always). Six items (1, 2, 4, 6, 12, and 14) were coded reversely. Through chi-square analysis, Hwalek and Sengstock found that 9 out of the 15 questions (items 3-5, 7, 10, 12-15) showed a significant difference between the abused and non-abused groups. Compared to the sensitivity and specificity of the elder mistreatment screening instrument, the H-S EAST instrument had a test-retest reliability of 0.855 and a Cronbach's alpha of 0.632 (Buri, Daly & Joger, 2009). H-S EAST is a valid and reliable clinical tool for assessing elder abuse (Aminalnaya et al., 2021 Erkal and Şahin, 2018). The reliability (α) of the Hwalek-Sengstok Elder Abuse Screening Test (H-S EAST) – Igbo version conducted for this study was .76. It was 'back translated" to the Igbo language by Mr. Chiduo Ezike, a lecturer in the Linguistics department, at the University of Nigeria, Nsukka.

The Wellness Beliefs Scale (WBS)

Psychological well-being was measured with the Well-being subscale of the Wellness Beliefs Scale (Bishop & Yardley, 2010). The items measuring well-being are 7 in number encompassing the domains of well-being on a Likert scale ranging from 0-10 (0=not satisfied at all, and 10= very satisfied). The WBS has three primary subscales. A validation study by the developers showed that the subscales retained good internal consistency on participants with and without chronic illness (Cronbach's α= .86 and .83 for biomedical, α= .94 and .94 for functional, and α= .74 and .79 for well-being). The validation study conducted for this study showed that the Well-being subscale of the Wellness Belief Scale (WBS) – Igbo version had an alpha coefficient of .93. The loading of all items was between .65 - .92. The goodness of fit index using chi-square (df = 14, $\chi 2=24.28$, p = .05) was not significant which suggested an adequate and fitted factor model for the WBS in this sample.

Data Analysis

Pearson's correlation was used for the data analysis to test the relationship between the demographic variables and study variables (social support, elder abuse, family structure, and psychological well-being). In contrast, the hierarchical multiple regression analysis predicted psychological well-being from social support, family structure, and elder abuse. SPSS was used to run the data analysis.

RESULTS

The correlations between the demographic variables and study variables are shown in Table 1, while the regression analysis findings are in Table 2.

Table 1: Correlations of demographic variables, social support, abuse, family structure, and psychological well-being

Variables		1	2	3	4	5	6	7
1	Age	-						
2	Gender	.01	-					
3	Education	-.31***	-.43***	-				
4	family structure	.23**	.31***	-.32***	-			
5	Family and Special Person	.09	-.21**	.15*	-.20**	-		
6	Friends	.17*	.02	.05	.02	.62**	-	
7	Abuse	.02	.11	.05	-.00	-.38***	-.23**	-
8	Well-being	.01	-.22**	.22**	-.15*	.74**	.52***	-.44***

Note. ***p< .001; **p<.01; *p<.05: Male: 0 = male, 1 = female; family structure: 0 = Monogamy, 1 = Polygamy; Education: 0 = None, 1 = Primary, 2 = Secondary and above.

Correlations in Table 1 indicated that age was not significantly related to psychological well-being. There was a negative correlation between gender and psychological well-being (r = -.22, p<.01). The female gender was associated with lower psychological well-being. Higher education was associated with more psychological well-being (r = .22, p<.01). family structure was negatively related to psychological well-being (r = -.15, p<.05), such that monogamy was associated with higher psychological well-being in older adults. Those supported by their family members and a particular person had greater psychological well-being (r = .74, p<.001). Support from friends was also positively related to psychological well-being (r = .52, p<.001). There was a negative relationship between abuse and psychological well-being among older persons (r = -.44, p <.001).

Table 2: Hierarchical multiple regression predicting psychological well-being from social support, abuse, and family structure

Predictors	Step 1		Step 2		Step 3		Step 4	
	B	Beta (β)	B	Beta (β)	B	Beta (β)	B	Beta (β)
Gender	-5.48	.17*	-1.91	-.06	-1.18	-.04	-1.32	-.04
Education	3.77	.15*	2.65	.11*	3.36	.13**	3.48	.14**
Family and Special Person Support			.58	.59***	.53	.54***	.53	.54**
Friends Support			.20	.12*	.21	.12*	.20	.12*
Abuse					-.84	-.19*	-.83	-.19***
family structure							.80	.02
Adjusted R^2	.22		.56		.59		.59	
ΔR^2	.23		.34		.03		.00	
ΔF	19.68 (2, 197)		78.57 (2, 195)		13.88 (1, 194)		.24(1, 193)	

*p < .05; ΔR^2 = Change in R^2; ΔF = Change in F

In Table 2, gender and educational status were included in the regression model in Step 1 as covariates due to their significant relationship with psychological well-being in the correlations. Hence it was necessary to partially out their effect before adding the main study variables. Gender (in step 1) was found to be a significant negative predictor of psychological well-being (β = -.17, p < .05). The B of -5.48 was negative, which indicated that each unit rises in gender was associated with a 5.48-unit reduction in psychological well-being. The educational status also significantly predicted psychological well-being (β = .15, p < .05). The B of 3.77 was positive, indicating that each unit's rise in educational status was associated with a 3.77 unit increase in psychological well-being. Gender and educational status explained 23% of the variance in psychological well-being (ΔR^2= .23), and the F change statistics associated with this contribution to psychological well-being were significant, ΔF (2, 197) = 19.68, p < .001.

Support from friends and notable persons (in step 2) was found to be a significant positive predictor of psychological well-being (β = .59, p < .001). The B of .58 was positive, which indicated that each unit's rise in support from family and notable persons was associated with a .58 unit increase in psychological well-being. Support from friends also significantly predicted psychological well-being (β = .12, p < .05). The B of .20 was positive, which indicated that each unit's rise in friends' support was associated with a .20 unit increase in psychological well-being. The two facets of social support collectively explained 34% of the variance in psychological well-being (ΔR^2= .34), and the F change statistics associated with their contribution to psychological well-being was significant, ΔF (2, 195) = 78.57, p < .001.

In step 3, abuse was found to be a significant negative predictor of psychological well-being (β = -.19, p < .05). The B of -.84 was negative, which indicated that each one-unit rise in elder abuse was associated with a .58-unit reduction in psychological well-being. Elder abuse explained 3% of the variance in psychological well-being (ΔR^2= .03), and the F change statistics associated with this contribution to psychological well-being was significant, ΔF (2, 195) = 13.88, p < .001.

Finally, in step 4, family structure did not significantly predict psychological well-being among older adults (β = .02). Family structure did not explain any variance in marital satisfaction (ΔR^2= .00), and the F change statistics associated with this contribution to marital satisfaction was not significant, ΔF (1, 193) = .24.

Summary of Major Findings

1. Support from family, notable persons, and friends was a significant positive predictor of psychological well-being (β = .59, p < .001, β = .12, p < .05), respectively.
2. Elder abuse significantly negatively predicted psychological well-being (β = -.19, p < .05).
3. The family structure did not significantly predict psychological well-being among older persons.

DISCUSSION AND IMPLICATIONS

This study examined the role of perceived social support, elder abuse, and family structure (polygamous & monogamous) on the psychological well-being of older adults in the Nigerian context. The major discoveries of this paper were that elevated levels of perceived social support – especially support from a special person and family member explained a more significant variance in well-being. Our finding is consistent with various findings that discovered the beneficial influence of perceived social support on the psychological well-being of older people (Qiang & Liu, 2022; Shine & Park, 2022; Yue et al., 2016). Although ageing is a crucial force of numerous age-linked diseases, social network shrinkage, and decline in cognitive function, older adults experience high psychological well-being (Hamilton & Allard, 2019) derived from supportive spouses and family members (Shine & Park, 2022). Older adults whose spouses were supportive and those in close relationships with their family members experienced higher psychological well-being and life satisfaction than those who lacked social support (Shen & Feeley, 2014; Lerman Ginzburg et al., 2021). From literature, different empirical findings and models have been theorized to enlighten us with the understanding of the processes linking social support and psychological well-being (Secor et al., 2017), for example, the leading (direct) effect theory of social support (Cohen & Wills, 1985) holds that the more social support an individual has, the

better the quality of life, regardless of the person's level of stress (Helgeson, 2002). Also, attachment and social integration explain how positive and supportive relationships promote psychological well-being (Ainsworth et al., 1978; Baumeister & Leary, 1995; Berkman et al., 2000). Lastly, it has also been discovered that social support buffers elderly abuse, primarily physical and psychological abuse (Koga et al., 2020). This study suggests that social support is the primary factor to be considered during the development of elderly abuse intervention, prevention, and recovery programs. That is, the community, stakeholders, families, and higher institutes should invest in therapeutic strategies and implementation that promote psychological well-being in older people. Thereby it is necessary to develop awareness programs that educate family members, spouses, and friends on how to be available for older adults significantly.

Elder abuse was found to be negatively associated with psychological well-being. This study shows that there is an adverse link between elder abuse and psychological well-being, similar to findings of other empirical research (Evandrou et al., 2017; Dong et al., 2013; Wong & Waite, 2017; Choa et al., 2020; Storey et al., 2019). The occurrence of abuse in a highly trusted relationship may lead to distrust, depression, and anxiety, which increases psychological stress and reduces psychological well-being (Koga et al., 2020; Choa et al., 2020;). Family members are supposed to be the safest people to be with, yet most studies found that most elder abuse is from family members, close relatives, or paid caretakers (Koga et al., 2020; Storey et al., 2019). Nigeria is among the top 7 most populated countries in the world. Yet, it has a meagre percentage of the elderly population (5 per cent of over 200 million people) compared with other countries (Monaco, Japan, and Italy, among others with over 20 per cent) and equally insignificant life expectancy than other countries. There is an urgent need for elderly abuse intervention to preserve the lives and psychological well-being of older adults. Elderly abuse has been found to cause psychological issues (such as depression, stress, and anxiety); morbidity; increased hospitalization, and mortality (Botngård1 et al., 2020; Muhammad et al., 2021; Chao et al., 2022).

The stress process theory supports this result and posits that adverse life events, critical life transitions, and life strains all initiate an effort to cope. And coping entails changes in an individual's behaviours and emotional responses to manage these stressors. If stressors continue to mount, physical and psychological reserves become exhausted, and the susceptibility to illness, disease, or psychological distress increases. Adverse events and experiences cause a loss of personal resources-physical, emotional or otherwise- that reduces one's ability to resist a decline in health and well-being. According to the stress process model, elder mistreatment will trigger coping behaviours that drain personal resources and result in physical and emotional deficits. This study believes stress and coping programs and social support interventions will benefit older people experiencing abuse. Social awareness should also be created to educate family members and caregivers about the dangers of abusing elders. Some programs should also target the caregiver on managing the stress and burden of caring for older adults.

The family structure did not significantly predict elders' well-being. Our result is contrary to several empirical researchers who discovered that polygamous homes negatively impact the psychological well-being of the wives and children, such as physical and emotional abuse, social issues, and mood disorders (Bahari et al., 2021; Ibitoye & Sanuade, 2011), although some research also found the same result as this study (Rahmanian, 2021; Adebowale et al., 2012),

the explanation might be gotten from Buhari's (2021) finding that negative impact of the polygamous family are evident during childhood and becomes less effective during adulthood (Elbedour et al., 2000) or Al-Sherbiny (2005) finding that women in a polygamous home adapt to their situation after an extended time. Thus they devise a coping mechanism that promotes their psychological well-being by buffering their negative experience. The result is not surprising because there had not been consistent results of this relationship in previous research. Thus, while some showed those in polygamous families to have better well-being, others found better well-being among those in monogamous families.

Implications of the Study

This study implies that if elderly persons have adequate social support, they are likely to experience optimal well-being. To this effect, the government should endeavour to make provisions for older citizens to enable them to access such aspects of support that could be provided on a general basis, especially regarding financial assistance and the provision of food and medical care. Also, family and friends should be oriented on making these elderly persons feel a sense of value and acceptance. They should be supported in every way possible, especially by constantly creating a comfortable scenario to share their problems freely.

This study is just one of the numerous studies that have revealed the unimaginable and devastating effects of abuse on older adults. The elders are significantly at risk of abuse due to their usual dependent state. Thus, since abuse of older adults occurs at home, this study should inform the government, psychologists, care agents, social workers, and other agencies of the need for immediate, proper, and vigorous sensitization to the public on what constitutes abuse and its effect on older adults. The findings will help family members understand and curb the carefree attitudes they display towards elders, assuming that it does not matter. And hence, enhance a better living among elders.

The finding on family structure implies that an older person in a monogamous or polygamous home does not determine the person's level of well-being. As such, so long as an elder receives social support and is not abused, the individual will have healthy psychological well-being, not minding the family structure.

Suggestions for Further research

Although this study has found social support to positively predict PWB and abuse to do so, as well as negatively, there is no doubt that other factors are likely to impact the PWB of older persons. Future research should include religious commitment as well as others as variables of research. There is a need for the government to provide financial support to enable researcher(s) to adopt a method where the elders would be gathered at a place and the specific conditions they desire to be gotten from them collectively. The result will be helpful because the present research

also discovered that old persons who met in seemingly clustered places (in the form of groups) where they had seen others responding were more eager to consent than those who met in their homes. Finally, this study is a cross-sectional study. Meanwhile, longitudinal studies better predict consistency in some life issues. Thus, it is suggested that future research adopt a longitudinal method to verify the reliability of the findings better.

Summary and Conclusion

This study investigated the role of social support, elder abuse, and family structure on the psychological well-being of older adults in Ebonyi State, Nigeria. The findings reveal social support as a significant positive predictor of psychological well-being; Elder abuse was a significant negative predictor of psychological well-being; and family structure did not significantly predict psychological well-being among older adults. Therefore, for the well-being of older adults to be enhanced, they should be provided with constant social support and should not be abused. Realizing the relevance of elders in society, the government and the general public should put every necessary strategy in place to improve the well-being of the elderly population.

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