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SOCIOLOGY | RESEARCH ARTICLE

Care of the elderly in Nigeria: Implications for policy

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Abstract: Nigeria has no functional national policy on the care and welfare of older persons. Changing demographics in Nigeria, in addition to the breakdown of the family structure and absence of a social security system, present unique challenges to the elderly in Nigeria. This paper analyzes the current policy lacuna and future issues concerning older persons in Nigeria. It posits that the introduction of neo-liberal economic policies created a vacuum in policy formulation and execution in which the older persons are not provided for within the social safety nets in the neoliberal state. This exploratory, qualitative study is based on interviews and narratives of interviews with government officials. The findings of the study show that, in the face of rapid demographic change, one of the major challenges facing Nigeria is developing policies and appointing personnel capable of understanding and responding to the current social priorities and complex needs of an increasingly ageing population in the country. Based on the findings, the study provides recommendations that may assist the government to table policies that will promote the well-being of the elderly in Nigeria.

Subjects: Social Work; Education—Social Sciences; Sociology & Social Policy



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PUBLIC INTEREST STATEMENT

Changing demographics in Nigeria, the breakdown of the family structure and absence of a social security system, present unique challenges to the elderly in Nigeria. This paper analyzes the current policy lacuna and future issues concerning older persons in Nigeria. It argues that the introduction of neoliberal economic policies in Nigeria created a gap in policy formulation and execution in which older persons are not provided for within the existing social safety nets. This study is based on interviews with government officials in Nigeria. The findings show that, in the face of rapid demographic change, the major challenge facing Nigeria is developing policies and appointing personnel capable of understanding and responding to the current social priorities and complex needs of an increasingly aging population in the country. The study provides recommendations that may assist the Nigerian government to table policies that will promote the well-being of the elderly in Nigeria.

Keywords: ageing; family support; Nigeria; neoliberal state; pension scheme; policy; retirement

1. Introduction

The fast-growing number of older adults during the last few decades has impacted significantly on the political, economic, and social functions of societies in both industrialized and developing regions. According to the Population Division of the United Nations Department of Economic and Social Affairs (United Nations Department of Economic and Social Affairs: Population Division [UNDESA], 2015), the proportion of older persons aged 60 years and above make up 12.3% of the global population, and by 2050 that proportion will rise to almost 22%. Sub-Saharan Africa, which has the smallest proportion of elderly and which is ageing slower than the developed regions, is projected to see the absolute size of its older population grows by 2.3 times between 2000 and 2030 (UNDESA, 2015). People are living longer because of better nutrition, sanitation, health care, education, and economic well-being. An ageing population poses numerous social and economic challenges, but the right set of policies can equip society to address these challenges in time.

Like any other country in sub-Saharan African, Nigeria's elderly too is increasing rapidly. In Nigeria, those aged 65 years and above (the elderly) make up 3.1% or 5.9 million of the total population of 191 million, which in crude numbers represents an increase of 600,000 during the 5-year period 2012–2017 (Population Reference Bureau, 2012) (National Council on Ageing 2016). The rising numbers of the elderly in Nigeria are among others attributed to the crude mortality rate that is gradually decreasing (Adebowale, Atte, & Ayeni, 2012). Ageing in Nigeria is occurring against the background of socioeconomic hardship, widespread poverty, the HIV/AIDS epidemic, and the rapid transformation of the traditional extended family structure (Adebanjoko & Ugwuoke, 2014). Another cause for the increase in the older segment of the Nigerian population can be found in the declining fertility rate (although still one of the highest in Africa) that has continued to drop since the 1980s. In 2017, the total fertility rate registered at 5.5 compared with 6.8 in 1980 (Population Reference Bureau, 2017; United Nations Population Division & United Nations Statistical Division, 2015). Apart from the decline in fertility, improved health and sanitary conditions have also contributed to the rise in life expectancy. Ageing causes people to be less active, frail, and exposed to more risks of contracting a disease, leading to prejudice or discrimination against the elderly, social isolation, and, sometimes, abandonment.

Despite the demographic impact of the AIDS epidemic, the Nigerian population is projected to continue ageing over the next two decades. Current demographic projections indicate that Nigeria will experience a doubling of the population over the age of 65 by the year 2020 (United Nations Population Division, 2015). Furthermore, of all age groups, the group over age 85—i.e. the oldest old—is increasing the fastest. Amidst this demographic reality and the challenges it is about to unleash in future, Nigeria will be hard-pressed to meet the economic, health, psychological, and material well-being challenges of the elderly, especially as traditional family support systems for the elderly are breaking down and disappearing in the country (Okoye, 2012). This paper reports on a study that investigated the challenges that are associated with ageing in a neoliberal state, care of the elderly, and the views of government officials on this matter. Recommendations are also made that may be considered to promote the well-being of the elderly in Nigeria.

1.1. Problem statement

A major challenge facing most governments in Africa is the development of policies and training of officials capable of understanding and responding to the current social priorities and complex needs of an increasingly ageing population. The ageing of populations across the globe is a demographic reality of our times. By 2050, there will be more older people worldwide (aged 60 years and over) than children under 15 years for the first time in history (Pelsler, 2012; UNDESA, 2013). Developing countries are now faced with an ageing revolution at a different scale than what

is already unfolding in the industrialized nations. Statistics show that the more developed regions have experienced the most significant extent of ageing, while many of the less and least developed countries have only just begun to experience the ageing transition in full (South African Institute of Race Relations [SAIRR], 2012; UNDESA, 2013; Goodrick & Pelsler, 2014). However, the less and least developed regions are catching up in terms of progression through the ageing transition. On average, the most rapid increases in older populations are occurring in the less developed world, where it is projected that between 2006 and 2030, the number of older persons in less developed countries will increase by 140%, as compared to an increase of 51% in the more developed countries (Botchway, 2018; Powell, 2011). By 2012 only the more developed regions were characterized by having “old” populations, with more than 14% of their populations aged 65 years and older (UNDESA, 2013). Comparatively, only 5.8% of the populations in the less and least developed regions were aged 65 years and older. The less developed regions, however—because of their overall superiority in total population numbers—have far more elderly than the more and least developed regions.

Even though population ageing is seen as one of the great triumphs of human development because the majority of people now expect to survive to old age, an ageing population has implications for, among others, labor markets, health care, and social security. With relatively low levels of social and economic development and little access to adequate health care, a country like Nigeria will be hard-pressed to meet the challenges of large numbers of elderly people, especially as traditional family support systems for the elderly are breaking down (Abanyam, 2013; Okoye, 2012).

In anticipation of this growth in the elderly population, employers, health, and social service providers, as well as the general public, will increasingly turn to government for help. The government will be expected to initiate policies that will support older people, train and empower health and social service professionals, and supply employers with a trained workforce to take care of the older adults. Thus, authorities at all levels of governance have a direct stake in arguably the most significant demographic shift of the twenty-first century.

By responding to the demands of employers and health-care providers, as well as the demands of the general public, governments in the developing regions will be faced with both new and old challenges, including the education of the general public and the recruitment and training of professional officials to care for older people. The government of Nigeria, therefore, has to position itself to face and address the economic, health, social, and psychological challenges that will be unleashed with ageing in the twenty-first century. Against this background, our paper explores the following two questions: First, what are the challenges that come with ageing in Nigeria? and second, what is the current state of the policy environment in Nigeria when it comes to matters that impact the well-being of the elderly in that country?

1.2. The neoliberal state and care for the elderly in Nigeria

Nigeria, the country with the largest population in Africa (191 million), has an elderly projected population growth rate of 3.2% (Population Reference Bureau 2012, 2017)—a rate that has been estimated to double by 2050 (Mbah, 2016). This trend calls for concern as it poses major economic, psychological, health, and social challenges to the Nigerian state. What really heightens the challenge is the absence of clear policy, or any functional social security service, for the elderly people in Nigeria. Consequently, social policy for the elderly people remains turbulent, especially with the retrenchment of the welfare system in favor of the adoption of neoliberal policies in Nigeria. Two major distinguishing attributes of the neoliberal state are privatization, which trades on the profit motive, and the removal of state subsidies. The latter in particular marginalized both the elderly and the poor (Ekanade, 2014). Studies of the elderly have always emphasized the need for Nigeria to make serious efforts to cater for the needs of this group and highlighted the fact that the elderly needs special policy intervention for care and protection (Animasahun & Chapman, 2017). Hence, it has become imperative to explain why the poor and challenging situation of the

elderly exists and why policy intervention aimed at the interests of the elderly has become a pressing issue in Nigeria.

During the oil boom era (1971–1980) in Nigeria, the period saw free medical services, including food for hospitalized patients who were admitted to public health facilities (Alubo, 1987, p. 453). In this sense, the government was really spending a huge amount of money on social welfare services, not only for the elderly people who retired from the civil service but for the entire populace. However, the drop in oil prices in the international market resulted in a deficit of Nigeria's balance of payment. This led to the retrenchment of the welfare system and the provision of basic amenities and to the introduction of a neoliberal policy in 1986 (Ekanade, 2014; Mbah, 2016). In the neoliberal context, democracy was reestablished to satisfy market demands without adequate regard to social needs. Neoliberal reforms were not concerned with social issues, but with market efficiency, which worked against the basic tenets of human rights and constitutional safeguards for Nigerian citizens.

2. Theoretical discourse

The study that informed this paper drew extensively on existing knowledge of public welfare in Nigeria. Hence, our principal epistemological point of departure is a social contract theory of social security. In this social contract, everybody surrenders to the government all their rights; the surrender is complete (Ibeanu & Mohammed, 2005). This perspective suggests that people accept to give up their rights to protect themselves to the state—including the right to public welfare and security—on the understanding that the state will provide adequate physical and social security (Ibeanu & Mohammed, 2005). As such, people transfer the realm of public welfare to the state and its agencies and resorting to self-protection and self-care when the state fails to fulfill its part of the social contract. This can be described as the General Will (Guillemette, 2002). People transfer the responsibility of the provision of the welfare to government on the understanding that government, the central agency of the state, incarnates this General Will rather than any combination of Sectional Wills that may exist in society. The concept Sectional Will refers to the sum total of the Sectional Wills that compose society. The failure of social security and social policy in Nigeria is a reflection of a general failure of this social contract. The citizens confer possession on government and once this is done, it is sustained insofar as government incarnates the General Will rather than the Sectional Will. Policies are supposed to be an expression of the General Will and can be made only by government on behalf of the people.

Logically, the introduction of the neoliberal state has deflated the social contract and worsened the situation of the elderly in Nigeria. The removal of state subsidies and privatization of programs emasculate the elderly people who have no economic means of livelihood. This condition exposes the elderly to diseases and death because it has brought the elderly under the dead weight of privatization, removal of state subsidies, and alienation from social welfare and care (Mbah, 2014). In Nigeria, ageing is perceived as a burden, especially to family members, as the country has failed to provide financial help or benefit from the abundance of experiences that come with old age in the form of wise counsels in the resolution of conflicts or crises in the community. Thus, this reminds the Nigerian government of the social policies which she is supposed to provide to serve the citizens and justify their existence. However, the burden of care for the elderly squarely rests on family members despite the provisions made in the 1999 Constitution. Section 14.2(b) of the Constitution states that the security and welfare of its people shall be the primary purpose of the government, and it promises in Section 16, sub-section 2(d), that suitable and adequate shelter and suitable and adequate food, reasonable national minimum living wage, old age care and pensions, and unemployment, as well as sick benefits, will be provided to all citizens (Mbah, 2014; Federal Government of Nigeria, 1999, p. 12). Unfortunately, the Nigerian government seems not to have kept up to this social contract and has reneged on these promises, as most elderly people are not covered by any social policy within the new planned social security scheme, but instead has opted for the creation of employment opportunities for the

youth. Thus, the introduction of neoliberal and neo-economic policies has brought to the front burner the hopelessness of the poor and the elderly in Nigeria (Mbah, 2014).

3. Methods and procedures

The data for this paper emanate from an exploratory and qualitative study that was based on interviews conducted with and narratives derived from government officials. Interviews were conducted by the first author with chairpersons in Nsukka local government area in the Enugu State of Nigeria who held a degree in any discipline in the social sciences and who were knowledgeable on issues concerning the elderly. A total of three local government chairpersons were interviewed: The chairperson of Nsukka urban area; the chairperson of Ibagwani local government (suburban), and the chairperson of Utobolo (rural area). The participants were all males, because at the time of this study no female was a local government chairperson in Nsukka local government and there were only three local government chairpersons who had a Master's degree. The rationale for targeting only those with a degree was because we believed they were educated and exposed to policy issues in Nigeria, especially issues concerning the elderly, and also because they were well informed about all the transitional periods and policies in the country. Another major reason for selecting the chosen chairpersons as our respondents is because they can influence the local government level policies in favor of the elderly. The respondents' ages ranged between 48 and 57 years, and all of them were married and had children. Nsukka local government is located on the north-western part of Enugu state and is predominantly rural with Nsukka town as the only urban area. The choice of Nsukka local government as the study area was, first, because of its peculiar characteristics in attracting many academic activities. Nsukka is a university town and has local government chairpersons who are educated, knowledgeable about the ongoing political, social, and economic situation in Nigeria, and, more importantly, issues concerning the elderly in Nigeria. Thus this gave the researchers the opportunity to elicit information from these chairpersons. Second, the first author is familiar with the area and could get the desired information in a relatively short period, thereby minimizing the costs of fieldwork and data gathering.

An interview guide was constructed to explore the dilemmas of the elderly and the range of resources available to them. The research purpose was explained and viewpoints sought on questions in the interview guide. Questions addressed the major problems impacting upon the welfare of the elderly, formal and traditional (informal) forms of support, means of income, and access to key resources and welfare services, if any, that are available to the elderly. On average, interviews lasted 45–60 min. Interviews were tape recorded for those who gave consent. The local government chairpersons were approached directly at convenient venues in their offices.

Interviews, guided by the interview schedule, with framed questions ensured consistency and reliability. This permitted an objective appraisal on forms and levels of support by the government if any. All respondents were assured of confidentiality and advised that they were free to withdraw at any time.

Narratives and accounts were put together. Narratives reflect the challenges that come with ageing and the welfare schemes in Nigeria. The narratives are teased out based on a review of government policy response. Thematic data and subthemes, analyzed in consonance with the research questions, captured the issues on welfare schemes and challenges faced by the elderly in Nsukka, Enugu state of Nigeria.

4. Findings and discussion

The findings are divided into the following subheadings. Section one: Challenges that come with ageing and care of the elderly, section two: General and social policy aimed at the elderly, section three: Strategy for policy and advocacy on issues concerning the elderly population in Nigeria, and section four: Recommendations.

4.1. Section one: challenges that come with ageing and care of the elderly in Nigeria

Studies carried out by Animasahun and Chapman (2017) reveal that demographic changes in Nigeria present several challenges that may influence the modification of federal regulations,

health policies, or social programs that may promote physical, social, and health through active ageing. Interviews with our participants revealed that the elderly in Nigeria are faced with challenges of retirement, ageism, and social isolation.

4.1.1. Retirement

Many people envisage the idea of retirement as a life stage of leisure, untroubled and carefree living, relaxation, and traveling. However, this vision of retirement does not happen too often in Nigeria. In the current economic dispensation, more and more individuals have no choice but to work well past the age of even 80 years if they are given a chance, because going on retirement poses several challenges in Nigeria (Odaman & Ibiezugbe, 2014; Oladeji, 2011). The abrasive reality is that most of the elderly in Nigeria find it very difficult to adjust to life after retirement. One of the respondents captured it this way:

Apart from money, another part of the challenge of retirement is adjusting to retired life. Work provides many people not only with income but also with social interaction and a sense of purpose. So, our job is often an important part of our identity. When it ends, it's common to struggle with the loss of that identity. Many Nigerians, especially those in the top position in this country, when they retire you find that they find it very difficult to integrate into society. This is because when they were working, they were driven around, they had body guards and were living in luxury. But when they retire they lose all these and it affects them negatively. Frustration sets in and you find them living a miserable life. (56-year-old local government chairperson; urban dweller)

The Nigerian government has failed pensioners who had high expectations of the implementation of pension regulation schemes existing in the country. These expectations arose from the need to have a sustainable standard of living in retirement and their benefits paid when due. The different pension regimes operating in Nigeria, namely a defined benefit (DB) and a contributory pension scheme (CPS), gave rise to a varying set of problems that limited the capacity of key stakeholders within the Nigerian pension industry to meet pensioners' expectations.

According to Apere (2015), the problems that surround pensioners in Nigeria include: (1) Delayed or nonpayment of pension entitlements and misappropriation of existing pension funds; (2) low standard of living (or high poverty incidence) among pensioners due to pension increases not in line with salary inflation or no pension increase at all; (3) too frequent verification of pensioners by pension transitional arrangements directorate (PTAD) (section 42 of PRA 2014) leading to pensioners dying during verification exercises; (4) inadequate enforcement of pension regulation: After more than 10 years of existence of the CPS, not all state governments had enacted their pension laws to establish the CPS, which is a sign of regulatory weakness (Apere, 2015). The actuarial valuations of the old DB schemes required by PenCoM (National Pension Commission) at the point of implementation of the new CPS have not been carried out even for those State Governments that have already established their CPS.

The greatest problem we have in this country is that our leaders don't keep to their words. The people managing the pension scheme don't keep their word. Many elderly who depend on pension suffer to get their pension, many even die before the pension starts coming. Some of the elderly who are retired cannot even pay their rents. Some who retire and move to the rural areas die immediately they get home because of suffering. (48-year-old local government chairperson; rural dweller)

Since poverty remains a major challenge in Nigeria, elderly persons who have retired from the economic productive phase are most vulnerable to experiencing economic hardship. Since the statutory age of retirement in Nigeria is 60 and 70 years (depending on where you work) and is the cut-off for being categorized as an elderly person, the majority of this group of (elderly) people are not socially and economically secure (Oladeji, 2011). Elderly people are usually forced to cope with the paradox of dwindling financial resources, increased health challenges, and a geometric rise in

medical expenses. In particular, elderly people living in urban areas in Nigeria only utilized health services and other services when they were available, accessible, and affordable (Odaman & Ibiezugbe, 2014). The patterns of the economic lives of older persons in Nigeria vary by urban and rural residences (Odaman & Ibiezugbe, 2014). In urban Nigeria, elders with high physical and psychological functioning are forced to retire once they reach the statutory retirement age. They face abrupt declines in their income and can feel less self-worth or even experience depression, since they perceive themselves as still being fit to work. One respondent articulated the situation as follows:

The problem we have in Nigeria is lack of planning. Most of our people don't plan for their retirement and when it comes it takes them by surprise. Some of them immediately fall ill because of no money. Some of them die just a few years after their retirement because of poverty. Coupled with the fact that Nigerian government has no clear policy for the elderly it affects the retired people so much. Some of the elderly people die even before their pension has been processed. (56-year-old local government chairperson; urban dweller)

However, in rural Nigeria, since many older persons are not formally employed with a company or some other form of governmental organization, they continue to engage in menial jobs and manual work on the farms with meager earnings as long as their physical strength can afford. The rural elderly may suffer from health disorders and physical exhaustion and often have no retirement benefits to serve as social security. One respondent put it this way:

Poverty is the watch word in many of the rural communities in Nigeria. Most of the elderly people residing in the rural communities have no support from the government. They get support from faith based organizations or from their relatives. Elderly people who don't have any relatives suffer a lot in Nigeria. (50-year-old local government chairperson; suburban dweller)

Another respondent echoed the plight of the rural elderly as follows:

In this community there are no basic amenities. For example people have to walk so many kilometers to get drinking water, electricity is not regular. The elderly in the rural communities cannot even afford electricity bills, there are no health facilities in this community. The elderly have to travel long distances to get medical attention. The rate of suffering is just too much. The government has not done anything to improve the lives of the elderly in this community. (48-year-old local government chairperson; rural dweller)

For many people, it can be unpleasant to grow older in Nigeria, especially those in the low income sectors. Our society and culture value youth, and being old is sometimes treated like a disease that has no cure. It's a reality that all of us have to get old at some point, so ageing is a huge challenge in this country. The elderly people face a lot of challenges and there is nothing they can do about their situation. (56-year-old local government chairperson; urban dweller)

4.1.2. Ageism

Another challenge of ageing that seems more obvious than retirement is ageism. Although it can target any age group, ageism generally refers to prejudice and/or discrimination against older people (Abrams & Swift, 2012). Ageism can be either blatant or subtle. For example, it involves anything from refusing to hire an elderly worker to assuming an older woman needs help crossing the road.

The elderly are often victims of negative stereotypes: They are perceived as slow, confused, helpless, resistant to change, and/or generally unhappy (Abrams & Swift, 2012). Like racism and sexism, discrimination can happen when unfair generalizations like this are made. Although the stereotype is not true of every older individual, age-related bias, unfortunately, exists in some settings in Nigeria. Said one respondent:

In some rural communities elderly people are called witches and wizards. This is common amongst elderly women who don't have children. They are being labeled in the community

as being wicked and wizards. The incidence of abuse is common in Nigeria. At times you just see an elderly woman with bruises all over her body. They are abused physically, emotionally and financially. These elderly women are so ashamed to complain of any form of abuse, because they are not sure anyone will believe them. The government of Nigeria has no laws guarding against this act. (50-year-old local government chairperson; suburban dweller)

The authorities' neglect of the elderly was expressed in a different way by another respondent:

In Nigeria we [used to] have so much respect for the elderly. In fact, in some communities the elderly people are celebrated every year. But this generation is a different one. They believe that the elderly people are not useful in the society anymore. The government of Nigeria has no respect for the elderly people. They have no policy for the care of the elderly in this country. They are not even considered when major decisions are taken in the country. Let me give you an example. Last year some government officials came to this town to talk about HIV/AIDS. Many people came to the hall. When these people started they asked all the elderly people to leave the hall, they made them understand that HIV/AIDS has nothing to do with them. We were so angry and all of us left the hall. We know in our community that the elderly people are the ones taking care of children orphaned by HIV/AIDS. That is how we ended up not listening to the government officials. (56-year-old local government chairperson; urban dweller)

Let me tell you how the Nigerian government neglects the elderly. There is no special medical care for the elderly in this country. When the elderly are sick they go to the hospital where every other person goes. We have very few doctors who are knowledgeable about illnesses that come with ageing. The elderly in Nigeria are really suffering. If an elderly falls sick he/she prays to die rather than stay alive and suffer. They are not given any special treatment in the hospital. They are expected to queue in the line and wait for their turn to see the doctor like others. (50-year-old local government chairperson; suburban dweller)

4.1.3. *Social isolation*

Another major challenge the respondents identified when it comes to the elderly is that of social isolation. Social disengagement theory argues that ageing can be thought of as a mutual withdrawal or disengagement which inevitably takes place between the ageing person and others (Cumming & Henri, 1961). The process leads to a relinquishment of roles since the ageing person drops out of the working sphere and children move out of the house. In addition, older people face a reduction of ties since peers start to die off. This process is conceived as removing the individual from a certain amount of normative control, free to become more individualized, and less likely to be easily assimilated into new groupings (Cumming & Henri, 1961)

While many older adults experience ageing as a positive time because they remain active and connected to others, the majority of other elders become disconnected from family, friends, and community. Understanding the causes of isolation can help position policymakers to help mitigate feelings of isolation among the elderly and contribute to a much-needed societal change.

The environment can play a big role in isolation among the elderly. Many community settings are not ageing-friendly. The vast majority of older adults prefer to age in place. As reported by Partners for Livable Communities (2007), a design that makes it difficult to walk may contribute to older adults' isolation and therefore may negatively impact their quality of life.

Research has shown that rural areas have higher incidences of poverty and less access to community resources, such as activity centers, grocery stores, pharmacies, and town halls (Fochingong, 2014; Hartman & Weierbach, 2013; Snedeka, 2017). For older adults in rural areas, lack of access to these services is often the greatest challenge faced. Without them, it is difficult to continue to live independently and meaningfully. But regardless of whether isolation is imposed by one's environment or chosen by the individual, its effects are of significant concern for the growing ageing population and require more attention.

There may be an assumption that urban areas, which offer public transportation, are more supportive to older adults. However, what many do not realize is that the physical problems that can make driving difficult for older individuals can also make using public transportation difficult. For example, individuals with physical disabilities may have trouble crossing wide streets to reach bus stops or may have difficulty climbing the high stairs of a bus or train. Or, perhaps, an individual has always driven but now has to rely on public transit and needs assistance with navigating the route or timetable. Customer service may not always be willing or able to respond to those needs (Burkhardt, McGavok, & Nelson, 2002).

All the roads in Nigeria are so bad... so bad that even some people with cars find it very difficult to drive their cars in some parts of the town. Many elderly people stay isolated because they are afraid to fall or to be knocked down by a car. There is nothing in Nigeria like an age-friendly environment. (56-year-old local government chairperson; urban dweller)

Stigma also contributes to both voluntary and involuntary isolations of the ageing population. Many people make assumptions about ageing and focus on ageing stereotypes, i.e. of what an individual cannot do, without knowing an individual's capabilities. Statements such as "You're too old for that," are uttered so often that perhaps they are perpetuating a self-fulfilling prophecy. Ageism has long been present in society and is a form of discrimination. It is important not only to do away with these stereotypes but also to avoid paternalistic tendencies. Older adults affected by HIV/AIDS may also isolate themselves:

In this community I find so many older people who are so withdrawn, they stay indoors, they don't even go to the market or church, and this is because they don't want to be called names. Elderly people who have lost children to HIV/AIDS or who have children suffering from HIV/AIDS are not comfortable. Some elderly people who are HIV/AIDS positive don't even go anywhere. They stay in their homes alone because they don't want to be called names or be abused by others. (48-year-old local government chairperson; rural dweller)

Retirement for many older adults can symbolize a significant life transition. People may have different attitudes toward this new phase of life based on their circumstances. Some may look forward to traveling and exploring other activities, some may be wondering what they will do to occupy their time, and still others may be forced to retire due to age. Undoubtedly, retirement can cause a decrease in the amount of social contact an individual experiences throughout the day. Retirement not only impacts social connectedness but also can cause a shift in income and social roles (Kaplan & Berkman, 2016). For some, retirement can be symbolic of an end. In as much as Nigerians live a communal type of life, the issue of social isolation is becoming an issue now, especially among the elderly people.

The local government chairperson in the urban area had this to say:

Many of the elderly who retire from the civil service now don't go to their village homes. They retire and stay in the city center. At times they live alone in their apartments. Their children have their own apartments. Some of the parents will not want to even stay with their children because of either their lifestyle or because they want their own space. There is nothing in Nigeria like an adult day care center where they can go and relax with their friends and come back to their homes. They stay alone in their homes and become isolated.

4.2. Section two: general and social policy aimed at the elderly

Provision of social services such as income, security, health care, housing, and legal assistance can positively influence the well-being and health of the elderly (Oladeji, 2011). However, in Nigeria, there is no national social security system to provide an economic buffer in old age. In 1989, the Nigerian government developed the national social development policy which aimed to provide a framework for protecting elderly persons from moral and material neglect and provide public assistance when necessary. Despite the development of the national social development policy to

care for the elderly, there has been no effective execution of this policy by any federal agency (Abdulkadir, 2016; Oladeji, 2011). For older adults in rural areas, lack of there are indications of policy frameworks for the elderly to be carried out in Africa, policy changes have not been observed in Nigeria (Mudiare, 2013). The failure of the Nigerian federal institutions to regularly disburse pension funds to retirees and provide adequate social services for the aged poses a significant threat to food security, social security, and national security (Ajomale, 2007).

We also tried to understand if there were any cultural practices that contribute to the care of the elderly or stopping the government from taking care of the elderly. All the local government chairpersons made us understand that there is no cultural practice stopping the government from taking care of the elderly in Nigeria.

Culturally, we respect the elderly in our communities. We take care of them when we have the resources. In our culture, we consider the elderly people first in everything we are doing, so if there were any policy from the government they would have been considered first. However, the respect is supposed to be incorporated that, the oldest should be catered for first. The elderly are not supposed to be undermined. However, the reverse is the case in Nigeria. You will notice that the government has all kinds of policies for children and reproductive health, but they don't have any functional policy for the older people. (56-year-old local government chairperson; urban dweller)

On the question of whose responsibility it was to take care of the elderly people in Nigeria, one respondent replied as follows:

The first group that is supposed to care of the elderly people are the immediate family members. It is culturally acceptable across the communities that family members should care for the elderly people. Secondly, the committee of concerned citizens may decide to take care of the elderly people in our community, or faith based organizations who usually visit the elderly. For instance, in the Catholic Church, they have a donation for the poor. These faith based organizations will make donations and take it to the elderly people in the villages and towns. (50-year-old local government chairperson; suburban dweller)

Asking whether the care given to the elderly by the family members and the faith-based organizations was adequate or not, the following responses were received:

It depends on the wellbeing of the family taking care of the elderly one. If it's within a rich family you will notice that the elderly person will be properly taken care of. The person will even have a special person assigned to her to wash her dress, cook food, even wash her body for her. She will even have a personal doctor who visits her in the home to care for her health needs. But if the person is poor and from a poor family you will see that the level of care will be limited. In the community individuals try their best to provide the elderly who are poor with feeding, medical attention, clothing and affection. (56-year-old local government chairperson; urban dweller)

In Nigeria there are few geriatric departments in teaching hospitals. It is not like what they have in other developed countries and some parts of Africa. We have the generalist method of treatment in this country. We do not even have doctors who specialize for the care of the elderly like they do for children (pediatrics) and for women (gynecologists). We do not have doctors who specialize for the care of elderly people. Most of the elderly people from poor families go to the government hospitals because they cannot afford the bills in the private and teaching hospitals. Even the government hospitals at times do not have medications or even the equipment to take care of the older people, so at times they just die out of carelessness. (48-year-old local government chair person; rural dweller)

Compared to the early 1970s, 1980s and 1990s a lot has changed in the present dispensation. In Nigeria back then there were free medical facilities to people, including the elderly people. In the 1970s in Nigeria there was the oil boom. We had free medical services not only to the

elderly, but to all Nigerians, free feeding in public health facilities and in universities. However, with the introduction of the structural adjustment programme in 1986 and onwards, privatization came and all the luxury disappeared. This structural adjustment programme introduced in Nigeria brought poverty and suffering on the masses. (56-year-old local government chairperson; urban dweller)

4.3. Section three: strategy for policy and advocacy on issues concerning the elderly population in Nigeria

An ageing population in Nigeria poses several challenges to both the policymakers and the elderly themselves. One such challenge, for instance, is the dysfunctional public and private pension regulatory schemes which affect the elderly (Olukorede, 2013; Odo & Igbeka, 2011; Ubhenin, 2012). Some observers also mention that the family structure and traditional care for the elderly in Nigeria are also collapsing (Okoye & Asa, 2011). One respondent summarizes these challenges as follows:

In terms of policy for the elderly the three arms of government should take care of the elderly: local, state and federal level of government. They should have a data base for the elderly in each community to avoid double banded or corrupt practices that will infiltrate the funds kept for care of the elderly. This data base will help the people managing it to know those who will benefit from the program initiated by the government. Secondly, homes for old people should be established in every local government area where elderly people who do not have anyone to care for them, or any elderly person who wishes to stay there, can go and stay. Next, in each local government area the government should partner with NGOs to run the homes. Why they should partner with NGOs is because people in Nigeria do not value or take government establishment serious. But if there is a partnership the government will have people who will be on the ground to monitor the workers. Another reason for the government to partner with an independent body is to avoid corruption and embezzlement of funds. The Government should do something urgently to cater for the older people in society. (50-year-old local government chairperson; sub-urban dweller)

4.4. Section four: recommendations

The results of this study have implications for stakeholders such as public social service agencies (governments), private social service agencies (NGOs), family service agencies, social workers, medical assistance, and other professional institutions in meeting the needs of the elderly. With this in mind, the recommendations are tailored toward these agencies.

The growth in the ageing population is an opportunity for the Nigerian government not only to train more social workers, nurses, and medical doctors to offer the much needed services but also for individuals in different professions to come together and contribute to a positive and healthy societal change that will benefit the elderly. The many social and economic challenges triggered by ageing are an emerging issue and the government needs to table policies that will incorporate the elderly—policies that need to ensure that the elderly will feel valued and connected in their old age.

It is imperative that all government sectors design innovative policies specifically targeted to meet the emerging issues that come with ageing as indicated in the findings of this study. These emerging issues should be categorized accordingly: (1) The common challenges that prevail among the elderly in both urban and rural areas; (2) planning for retirement and management of pension schemes; and (3) issues surrounding social isolation.

Some of the challenges that are common among the elderly in both urban and rural areas are the diseases that come with old age and the lack of well-trained doctors to care for the elderly. The Nigerian government should make sure that there are trained geriatric doctors incorporated into the health-care system to take care of the health needs of the elderly. The government should either establish geriatric hospitals or have geriatric sections incorporated in all the teaching hospitals across the country to care for the elderly. There should be a framework for supportive

and protective care that comprises those services provided to frail, ill, or disabled older people to support them and their caretakers while maintaining their capacity to live in the community.

Apart from geriatric doctors, Nigeria needs more trained social workers and nurses to care for the elderly. The educational system should recognize the challenges of an ageing Nigeria and incorporate gerontology content into the curriculum. By doing so, these professionals will be taught about the process of ageing and how to care for the elderly. Another challenge common among the elderly in the urban and rural areas relates to the geographical environment. The rural areas have very bad road networks and so this makes it very difficult for the elderly to move around. Meanwhile, in the city centers, the roads are good but too congested for the urban elderly dwellers to move around. The government should create suitable transportation services in both urban and rural local government areas for the elderly to facilitate access to shops or marketplaces, attend church services, keep appointments with doctors, visit friends, and maintain contact with the family members. This is important for those who can no longer drive or use public transportation.

While many people in the developed countries view retirement as a period to travel around the world and spend time with friends/relatives, take trips to places they cherish, carry out home projects, tackle new hobbies, the majority of people in Nigeria want to stay at work because of the agony that comes with retirement. The Government of Nigeria needs to create awareness among all citizens about the importance of preparing and planning for retirement. The country could do this by organizing workshops where people will be taught how to prepare themselves for retirement. The planning component may include identifying sources of income, estimating expenses, implementing a savings program, and managing assets.

The pension scheme in Nigeria is not functional and because this affects the retired older population, the government needs to incorporate new ideas into the scheme so that pensioners, who are mostly the elderly, would not struggle to get their benefits when they retire from service. In this regard, the study recommends for the Nigerian government to consider the following steps: (1) Adopt a pragmatic approach to the pensioners' biometric verification process (a system of self-verification by pensioners capable of automatically updating the pensioners' database) consisting of an initial face-to-face verification in order to minimize the frequency of subsequent face-to-face verification exercises. (2) Pensioners' biometrics is to be included in a database that is suitable for future actuarial valuation, demographic and financial projections, which would also eliminate ghost pensioners. (3) An automation of pension/gratuity calculations and the pension payment system to ensure that pension increases are implemented on a timely basis relative to increases in workers' salaries, thus allowing pensioners to receive their pensions/gratuities as and when due. The Integrated Personnel and Payroll Information System for the federal public service should be emulated at the state and local government levels. (4) A periodic actuarial valuation of the old DB pension scheme as required by law needs to be carried out in order to ascertain the value of the pensioners' liabilities at a given date as the scheme runs off. This will enable a realistic annual pension budget estimate to be made for government(s) which will reduce the insufficient funds being allocated for pension payment. This would help in the administration of the PTAD in minimizing the delays and arrears in pension payment. (5) The PTAD should set up a realistic pension stabilization fund with the primary aim to stabilize the pension/gratuity payment system which is always in arrears. This will ensure that money is readily available to pay the arrears of pension liabilities.

5. Conclusion

In the face of rapid demographic change, the major challenge facing Nigeria is developing policies and appointing qualified personnel capable of understanding and responding to the current social priorities and complex needs of an increasingly ageing population. More fundamentally, Nigeria is passing through a phase of rapid socioeconomic and political transformation as well as unsustainable economic development that has a negative impact on the care of the elderly. Thus, old people have to count on either financial support from their children or other relatives or are otherwise left

to die in a depressed economy. However, the analysis shown in this study has revealed that the traditional emphasis on family-centered care is collapsing rapidly and is not a reliable financial safety net for elderly people. Therefore, to improve the living conditions of elderly persons in Nigeria, there is a need for an urgent policy engineering and refocus on the issues of older persons. This can be done by restructuring the pension scheme and other social policies in Nigeria to favor the elderly people, including those who never worked in any government establishments.

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References

- Abanyam, N. L. (2013). The changing privileges and challenges of older people in contemporary African society. *Global Journal of Art, Humanities and Social Sciences*, 1(4), 34–43.
- Abdulkadir, R. I., Abdullah, N. A. H., & Wong, W. (2016). Dividend payment behaviour and its determinants: The Nigerian evidence. *African Development Review*, 28(1), 53–63. doi: [10.1111/1467-8268.12166](https://doi.org/10.1111/1467-8268.12166)
- Abrams, D., & Swift, H. J. (2012). Ageism doesn't work. *Public Policy & Ageing Report*, 22(3), 3–8. doi: [10.1093/22.3.3](https://doi.org/10.1093/22.3.3)
- Adebanjoko, A., & Ugwuoke, O. W. (2014). Poverty and the challenges of insecurity to development. *European Scientific Journal*, 10(14), 361–372.
- Adebowale, S. A., Atte, O., & Ayeni, O. (2012). Elderly wellbeing in a rural community in North Central Nigeria, sub-Saharan Africa. *Public Health Research*, 2(4), 92–101. doi: [10.5923/j.phr.20120204.05](https://doi.org/10.5923/j.phr.20120204.05)
- Adediji, E. (2005). Small arms proliferation in Nigeria: A preliminary overview. In O. Ibeanu & F. K. Mohammed (Eds.), *Oiling violence: The proliferation of small arms and light weapons in the Niger Delta*. Lagos: Friedrich Ebert Stiftung
- Ajomale, O. (2007). *Country report: Ageing in Nigeria — Current state, social and economic implications. Summer newsletter of the research committee (RC11) of the sociology of aging of the International Sociological Association (ISA)* (pp. 15–20).
- Alubo, O. (1987). Power and privileges in medical care: An analysis of medical services in post-Colonial Nigeria. *Social Science and Medicine*, 24, 453–462.
- Animasahun, V. J., & Chapman, H. J. (2017). Psychosocial health challenges of the elderly in Nigeria: A narrative review. *Africa Health Sciences*, 17(2), 575–583. doi: [10.4314/ahs.v17i2.35](https://doi.org/10.4314/ahs.v17i2.35)
- Apere, P. (2015). Key challenges of Nigerian Pension Industry and possible solutions (1). *The Nation*. Retrieved September 3, 2015, from <http://thenationonlineng.net/key-challenges-of-nigerian-pension-industry-and-possible-solutions-1/>
- Botchway, T. (2018). Civil society and the consolidation of democracy in Ghana's fourth republic. *Cogent Social Sciences*, 4(1). Retrieved from <https://www.tandfonline.com/doi/pdf/10.1080/23311886.2018.1452840?needAccess=true>
- Burkhardt, J. E., McGavock, A. T., Nelson, C. A., & Mitchell, C. B. G. (2002). *Improving public transit options for older persons*. Federal Transit Administration, Transit Cooperative Research Program, Report 82. Retrieved from http://onlinepubs.trb.org/onlinepubs/tcrp/tcrp_rpt_82v1a.pdf
- Cumming, E., & Henri, W. E. (1961). *Growing old: The process of disengagement*. New York: Basic Books.
- Ekanade, O. V. (2014). The dynamics of forced Neoliberalism in Nigeria since the 1980s. *Journal of Retracing Africa*, 1(1), 1–24. Retrieved from <https://encompass.eku.edu/jora/vol1/iss1/1>
- Federal Government of Nigeria. (1999). *The 99 constitution of Nigeria-Lagos*. Spectrum Publishers.
- Fonchingong, C. C. (2014). Firming up institutional policy for deprived elderly in cameroon: Policy for deprived elderly in cameroon. *Politics & Policy*, 42(6), 948–980. doi: [10.1111/polp.12101](https://doi.org/10.1111/polp.12101)
- Goodrick, W., & Pelser, A. J. (2014). The greying of a rainbow nation; Policy response to the implications of population ageing in South Africa. *African Population Studies*, 28(2), 648–660. Retrieved from <http://aps.journals.ac.za/pub/article/view/522>
- Guillemette, J. (2002). Representation, poeticity, and reading in the writings of Jean-Jacques Rousseau. *French Forum*, 27(3), 31–54. doi: [10.1353/frf.2003.0021](https://doi.org/10.1353/frf.2003.0021)
- Hartman, R. M., & Weierbach, F. M. (2013). *National rural health association policy brief: Elder health in rural America*. Retrieved from <https://www.ruralhealthweb.org/getattachment/Advocate/Policy-Documents/>
- Ibeanu, O., & Mohammed, F. K. (2005). *Oiling violence: The proliferation of small arms and light weapons in Niger Delta*. Lagos: Friedrich Ebert Stiftung.
- Iyayi, F. (2005). Neo-liberalism and poverty in Nigeria. In J. Moru (Ed.), *Another Nigeria is possible: Proceeding of the first Nigeria social forum*. Abuja: Eddy-Asae Printing Press;170.
- Kaplan, D. B., & Berkman, B. J. (2016). *Effects of life transitions on the elderly*. Retrieved from <https://www.merckmanuals.com/professional/geriatrics/social-issues-in-the-elderly/effects-of-life-transitions-on-the-elderly>
- Mbah, P. (2014). Non-governmental organizations and public policy on HIV/AIDS in Nigeria, 1986–2006. *International Journal of Humanities and Social Sciences*, 3(2), 33–54.
- Mbah, P. O. (2014). The Neoliberal state and administrative reforms in Nigeria. *Afro Asian Journal of Social Science*, VII(III), 1–30.
- Mudiare, P. E. (2013). Abuse of the aged in Nigeria: Elders also cry. *American International Journal of Contemporary Research*, 3(9), 79–87.
- National Council on Aging. (2016). Falls prevention: Fact sheet. Retrieved from <https://www.ncoa.org/news/resources-for-reporters/>

- Odaman, M. O., & Ibiezugbe, M. I. (2014). Health seeking behavior among the elderly in edo central Nigeria. *International Review of Social Sciences and Humanities*, 7(1), 201–210.
- Odo, C. O., & Igbeka, V. C. (2011). Public sector pension reform in Nigeria: Progress and challenges. *The Geneva Association Information Newsletter*, 48, 14–17.
- Okoye, U. O. (2012). Family care-giving for ageing parents in Nigeria: Gender differences, cultural imperatives and the role of education. *International Journal of Education and Ageing*, 2 (2), 139–154.
- Okoye, U. O., & Asa, S. S. (2011). Caregiving and stress: Experience of people taking care of elderly relations in south-eastern Nigeria. *Arts and Social Sciences Journal*, 29, 1–9.
- Oladeji, D. (2011). Family care, social services, and living arrangements factors influencing psychosocial well-being of elderly from selected households in Ibadan, Nigeria. *Education Research International*, 2011, 1–6. Retrieved from <https://www.hindawi.com/journals/edri/2011/421898/>
- Olukorede, W. E. (2013). Pension challenges facing the older persons in Nigeria. *European Scientific Journal*, 9(8), 235–251.
- Population Reference Bureau. (2012). *World population data sheet (2012)*. Washington, DC: Author.
- Population Reference Bureau. (2017). *World population data sheet (2012)*. Washington, DC: Author.
- Partners for Livable Communities & The National Association of Area Agencies on Ageing. (2007). *A blueprint for action: Developing a livable community for all ages*. Retrieved from <http://livable.org/storage/documents/reports/AIP/blueprint4actionsinglepages.pdf>
- Pelser, A. J. (2012). The health, environment and development nexus in South Africa. In H. C. J. van Rensburg (Ed.), *Health and health care in South Africa* (pp. 189–236). Pretoria: Van Schaik.
- Powell, J. L. (2011). *Ageing in Africa*. Retrieved from: <http://www.popuec.net>
- Snedeker, L. (2017). Ageing and isolation – Causes and impacts. *Social Work Today*, 17(1), 24.
- South African Institute of Race Relations. (2012). *South Africa survey, 2012*. Johannesburg: South African Institute of Race Relations.
- Ubhenin, O. S. (2012). An assessment of the effectiveness of the Nigerian 2004 pension reform policy. *Pensions: An International Journal*, 17(4), 289–304. doi:10.1057/pm.2012.35
- United Nations Department of Economic and Social Affairs: Population Division. (2013). *World population prospects: The 2012 revision*. Retrieved from <http://www.un.org/en/development/desa/publications/world-population-prospects-the-2012-revision.html>
- United Nations Department of Economic and Social Affairs: Population Division. (2015). *World population prospects: The 2015 revision*. Retrieved from <http://www.un.org/en/development/desa/publications/world-population-prospects-2015-revision.html>



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