

Ageing and national development in Nigeria: Costly assumptions and challenges for the future

Funmi Togonu-Bickersteth
Department of Psychology, Faculty of Social Sciences,
Obafemi Awololowo University, Nigeria.

Akanni Ibukun Akinyemi¹
Department of Demography and Social Statistics, Faculty of Social Sciences,
Obafemi Awololowo University, Nigeria.

Abstract

The Nigeria ageing population is becoming increasingly visible with its attendant challenges. This article attempts to set the tone for a pragmatic discourse on "costly assumptions" being made on the issue in Nigeria and its attendant challenges. This is with a view of linking the ageing agenda to a broader developmental framework. The paper adopted a reflective theoretical viewpoint with desk review of evidence and secondary data.

The paper identified critical areas of costly assumptions and challenges as it relates to the Nigerian ageing population including the changing family structure and roles for the elderly; the high burden on children; physical health-care and medical needs; poor finances and income; and the need for public intervention. The concluding remark reiterated the need to assess and recognize the reality of the social changes and the effect of these changes on the elderly, now and in the future.

Keywords: Ageing, costly-assumptions, development, Nigeria.

Résumé

Le vieillissement de la population du Nigeria est de plus en plus visible, avec ses défis qui en découlent. Cet article tente de donner le ton pour un discours pragmatique sur les " hypothèses coûteuses " sont faits sur la question au Nigeria et ses défis qui en découlent. C'est en vue de lier la politique du vieillissement à un cadre de développement plus large.

Le document adopté un point de vue théorique réfléchissant avec examen documentaire des preuves et des données secondaires.

Le document identifié des domaines critiques du hypothèses coûteuses et les défis qui ont trait au vieillissement de la population nigériane , y compris la structure et le rôle des personnes âgées famille changeant , le lourd fardeau sur les enfants , les besoins physiques de soins de santé et médicaux; finances pauvres et les revenus ; et la nécessité d'une intervention publique. La remarque de conclusion a réitéré la nécessité d'évaluer et de reconnaître la réalité des changements sociaux et l'effet de ces changements sur les personnes âgées, aujourd'hui et dans l' avenir .

Mots clés : vieillissement, coûteux, les hypothèses, le développement , au Nigeria.

Introduction

Nigeria is the most populous country in Africa and the demographic profile shows a total population growth rate of 3.2 percent per annum (NPC, 2009). The population is projected at 169,952,993 for 2012 and 186,965,085 for 2015 (NPC, 2009). Although described as a youthful population, a major concern is the growing elderly population (60 years or more). According to reliable estimates, the elderly population in Nigeria will increase from 6.4 million in 2005,

to 11.5 million in 2025 and 25.5 million in 2050 (United Nations, 2012). By this estimate, the elderly population will constitute about 10percent of the total Nigeria population by year 2050. This implies that in less than 37 years, the population of elderly people in Nigeria will be more than the current population of Ghana and double the current population of Senegal. This quantum in itself and the challenges of changing social order raises concern on what the future holds for the elderly. More important is the fact that the prevailing discourse on the issues of the

1. Corresponding author: e-mail akakanni@yahoo.ca, Phone: +2348033816486

elderly have tended to be undergirded by many assumptions which in the long run could turn out to be very costly. These assumptions are greatly

indebted to traditional beliefs and culture, a premise that is in itself cloudy and greatly altered by social changes.

Table 1 Population 65+ (millions and percentages in the world) more Developed Regions, Less Developed Regions (1950 – 2050)

	World	Developing	Developed	Developing	Developed
1950	131	67	64	51%	49%
1960	159	81	78	51%	49%
1970	200	101	100	50%	50%
1980	261	135	126	52%	48%
1990	322	179	143	56%	44%
2000	421	250	171	59%	41%
2010	529	333	196	63%	37%
2020	719	482	238	67%	33%
2030	977	694	283	71%	29%
2040	1,259	949	310	75%	25%
2050	1,492	1,166	326	78%	22%

Computed from United Nations, 2007: World Population Ageing.

Table 2 World population by age and sex for 2009

Age	Both Sexes Population	Male Population	Female Population	Sex Ratio
Total	6,577,987,239	3,402,604,524	3,353,382,715	101.5
0-4	616,801,748	318,903,140	297,898,608	107.1
5-9	596,639,799	308,946,549	287,693,250	107.4
10-14	594,347,637	307,475,778	286,871,859	107.2
15-19	599,877,899	308,822,140	291,055,759	106.1
20-24	586,566,937	299,459,414	287,107,523	104.3
25-29	540,401,698	275,192,459	265,209,239	103.8
30-34	498,634,953	253,763,838	244,871,115	103.6
35-39	491,295,433	249,687,448	241,607,985	103.3
40-44	454,619,296	22,834,713	224,784,583	102.2
45-49	392,649,932	196,237,823	196,412,109	99.9
50-54	345,891,205	171,601,261	174,289,944	98.5
55-59	293,960,551	144,222,580	149,737,971	96.3
60-64	224,664,869	109,174,852	115,490,017	94.5
65-69	176,433,287	83,749,236	92,684,051	90.4
70-74	141,372,267	64,686,768	76,685,499	84.4
75-79	100,337,445	43,675,201	56,662,244	77.1
80-84	61,420,265	24,263,596	37,156,669	65.3
85-89	28,592,075	9,774,543	18,817,532	51.9
90-94	8,844,150	2,543,050	6,301,100	40.4
95-99	2,309,474	528,467	1,781,007	29.7
100+	326,319	61,668	264,651	23.3

Source: U.S. Census Bureau, International Data Base, <http://www.census.gov/cgi-bin/broker> accessed on June 19th, 2013.

An assumption is something that is accepted as true without question or proof and becomes costly when the price required to access or sustains it is too high. Therefore, costly assumptions in this regards are

things accepted as true about ageing without verification and whose acceptance will in the long run cost a lot. In reality, everything which in the past made old age pleasurable is being taken away by

internal and external forces (Togonu-Bickersteeth 1997a, 1997b, 2001, 1989, Togonu-Bickersteeth et al., 1997; Uzoma & Akinyemi, 2010; Akinyemi, 2009). Reactions to this particularly from government has been through one of three ways; deliberate negligence in which there has been no attention; attending to some of the issues without analyzing the problem of old age holistically; or, a *laissez-faire* approach in which case the system refuses to recognize the problems with such supposition that the problem will disappear or as a popular slogan in Nigeria "things will sort themselves out".

The principal assignment for social researchers is observing and closely studying how natural and social processes influence the lived experiences of humans and how these in turn affect intra-group and inter-group relations. There is therefore a scholarly and moral burden to bring to the fore, the social consequences of rapid ageing population in present circumstances and what these changes portend for ageing experiences in Nigeria in the future. There is the need to critically examine the issue of old age and welfare of the elderly in Nigeria and examine how external and internal changes may have called into question some of our age-old assumptions about general livelihood of the aged population. Those assumptions, we will argue, are divergent from reality and are becoming quite costly.

It is very important to acknowledge that population ageing is a global phenomenon. The number of the world aged 65 years and above has risen more than threefold between 1950 and 2000 from 130million to 419million representing an increase in the proportion of the elderly from 4% to 7% (Waite, 2004; RAND, 2012). Evidence also suggest that the proportion of people aged over 60 years is growing faster than any other age group, and about 2 billion people will be aged 60 and older by 2050 (WHO, 2012). As a phenomenon, the ageing of the world population caught nations at different stages of their development and occurs at varying rates (see Tables 1 and 2). While population ageing in the developed countries was gradual and occurred when they had more or less resolved issues having to do with infrastructure, maternal and infant mortality, and population ageing in most developing countries is occurring when vital development issues are still unresolved as evidence in Uganda and Ghana (Golaz and Rutaremwa, 2011, Tawiah, 2011) when financial resources are dwindling, and when institutional structures to address these issues are either non-existent or very weak. Furthermore, the experiences which accompany the process are greatly

influenced to a large extent by the prevailing socio-cultural context in which the ageing is taking place. It is generally recognized that the phenomenon of ageing is not just a natural process that reflects the biological and physiological changes, but a social fact of life with significant impact on society, community, and culture. The relationship between ageing experiences and the larger society was underscored by Riley (1987).

Generalist view of ageing in Nigeria

It is important to recognize that Nigerian cultural practices concerning ageing vary widely. The typical traditional Nigerian society involved an extended family structure. The extended family structure reflects a living arrangement pattern in which grandparents, parents, and their children lived in a primarily patriarchal society in communities, villages, towns, and some urban centres. Families served as political, economic units that provided food, security, and welfare for the group. Agriculture was the mainstay of the community, and so the supply of food for consumption and trade, as well as the protection of the group, were undertaken by small communal units. In the past, the traditional society was grouped and organized according to age.

Many groups have elaborate rites of passage that accompany both individual and group transitions from one stage to another. It was assured that old age would bring responsibility and respectability. This stage was acknowledged as a period of great wisdom and soberliness. Indeed, this phase of life was so central to the social processes of growing up that indigenous tradition struggle to juxtapose it with the early period of childhood, adolescence and adulthood. For example, the Yoruba¹ will state: "The founding of the great city of Ile-Ife² came about as the result of the combined wisdom of both the old and the young" (*omode gbon, agba gbon lafi da Ile-Ife*). This is a proverb cited to recognize the achievement and importance of youth in a society that is dominated by adults and that privileges the elderly. Put another way, the English version of the proverb is: "The old age of Methuselah has nothing to do with wisdom of Solomon." Furthermore, in most African societies, old age is celebrated in copious rites of passage. The Owo people among Yoruba tribe, for example, celebrate the *Ero* festival as the last right of passage into old age before the ultimate, which is death. It is a time similar to the Christian marking of seventy years, when adults become elders and are regarded as traditional consultants to youth who are still governing the society.

1. Yoruba is one of the major tribes in Nigeria

2. Ile Ife is a town historically bequeathed as the source of human race

Another Yoruba proverb, whose equivalent can be found among other ethnic groups, suggests that “It is better to die young with dignity than to die old in abject poverty,” (o san ka ku ni kekere ju pe ka dagba ma toro je). What is interesting about this proverb is that the goal of Yoruba life is to live to old age, having accumulated riches that guarantee one’s well being. However, this proverb suggests that although one should live long and die of old age, one should avoid dying old in poverty. Instead, one should live and die in dignity and with honour. In the last few decades, however, due to changes in social and family relationships, people are increasingly not guaranteed a secure old age, and instead, see old age as a vulnerable, unpredictable phase of life. This change is due to a number of factors, including urbanization, westernization, industrialization, and the advent of new religions in which access is no longer through ancestors. The experiences of ageing then, has been influenced by transformations in the larger social context.

The elderly in Nigeria: demographic picture

By the early 1980s, the United Nations had sounded a note of warning that the Nigerian population was showing early signs of ageing. At that time, it predicted that among world countries with over 15 million members of their population aged over 60 years, Nigeria would move from its 27th position in 1950 to 11th position in the year 2025 (United Nations, 1985; 28). Estimates from the 1991 and 2006 National Population Censuses in Nigeria indicate that though the proportion of the elderly dropped from 5.2% in 1991 to 4.98% in 2006, the number of the elderly soared from 4,598,114 in 1991 to 6,987,047 over the same period. However, some states, including Imo, Ogun and Osun have higher than the national average of the elderly, while Lagos and Abuja have lower than the national average (see Table 3). Over two-thirds of the elderly live in rural areas. These are the areas least likely to have modern infrastructural facilities. In addition, over 75% of the elderly have no formal education, and the illiteracy rate is even higher in rural areas and among female elderly.

Table 3 State by percentage of elderly (Nigeria, 1991 and 2006 Censuses)

States	Population and Percentages of Elderly in each Age group-1991 Census													
	60+	%	60-64	%	65-69	%	70-74	%	75-79	%	80-84	%	85+	%
Borno	124,116	4.9	52,938	2.1	14,895	0.6	26,053	1.0	7,050	0.3	12,659	0.5	10,521	0.4
Imo	185,239	7.5	67,282	2.7	38,971	1.6	33,397	1.3	15,508	0.6	16,014	0.6	14,066	0.6
Kano	292,369	5.0	118,498	2.0	32,391	0.6	64,753	1.1	15,457	0.3	35,425	0.6	25,844	0.4
Katsina	176,789	4.7	74,725	2.0	19,542	0.5	39,051	1.0	9,095	0.2	21,235	0.6	13,141	0.4
Kwara	107,462	6.9	33,158	2.1	20,642	1.3	19,847	1.3	9,580	0.6	11,206	0.7	13,030	0.8
Lagos	139,271	2.4	54,760	0.9	30,606	0.5	23,012	0.4	11,150	0.2	10,480	0.2	9,263	0.2
Ogun	185,357	7.9	59,239	2.5	37,999	1.6	33,574	1.4	18,053	0.8	17,866	0.8	18,627	0.8
Osun	174,148	8.1	58,829	2.7	32,964	1.5	32,390	1.5	14,261	0.7	17,918	0.8	17,785	0.8
Abuja FCT	12,301	3.3	3,581	0.9	2,105	0.6	2,244	0.6	1,104	0.3	1,320	0.4	1,947	0.5
	Population and Percentages of Elderly in each Age group-2006 Census													
Borno	194,202	4.7	73,307	1.8	24,150	0.6	40,518	0.9	13,265	0.3	23,576	0.6	19,386	0.5
Imo	255,241	6.5	85,172	2.2	49,220	1.3	48,160	1.2	24,777	0.6	23,668	0.6	24,244	0.6
Kano	426,795	4.5	147,085	1.6	47,495	0.5	92,792	0.9	27,520	0.3	61,554	0.7	50,349	0.5
Katsina	250,318	4.3	90,269	1.6	29,437	0.5	52,812	0.9	18,271	0.3	33,423	0.6	26,106	0.4
Kwara	116,099	4.9	41,163	1.7	20,681	0.9	21,163	0.9	9,696	0.4	11,576	0.5	11,820	0.5
Lagos	331,071	3.6	122,888	1.3	71,719	0.8	52,619	0.6	27,974	0.3	27,901	0.3	27,970	0.3
Ogun	219,118	5.8	70,051	1.9	43,512	1.2	40,337	1.1	21,631	0.6	22,021	0.6	21,566	0.6
Osun	201,480	5.6	72,449	2.1	38,063	1.1	36,404	1.1	16,675	0.5	18,834	0.5	19,055	0.6
Abuja FCT	33,438	2.4	11,482	0.8	6,307	0.4	5,348	0.4	2,737	0.2	3,510	0.2	4,054	0.3

Source: Nigeria, 1991 and 2006 Population Censuses

In terms of marital status, although 66% of the young elderly (60-75 years) are married, this percentage decreases with age and women are more than six times as likely to be widowed as males. In

terms of labour force participation, census figures indicate that most elderly men and a significant percentage of elderly women continued to participate in the labour force almost until the end their lives

(Tables 1 to 2). More importantly, long term projections of the elderly population in Nigeria indicate that the proportion of the elderly will increase to 6% in the year 2030 and to 9.8% in the year 2060. Some states, for example, Osun State with a current figure of 201,480 (NPC, 2009), is already close to this figure two decades in advance of the projection. Also significant is the projection that during the same period, the proportion of children under 15 will decline from 44.2% in 2000 to 40.1% in 2030 and to 23.7% in 2060. The comment of the former Vice President on the Census Report of the Elderly underscores the concerns:

This Report on the Elderly indicates that in the coming years, Nigeria will experience rapid changes in the relative numbers of the elderly population. The challenge that we, as individuals and as a nation face is to understand the dynamics of ageing, to anticipate the changing needs of the elderly, and to strengthen social institutions and national capacities to address them (Atilku Abubakar, GCON, Vice President, Federal Republic of Nigeria. MARCH 2004).

So, the nation is at a cross-road, at which the expectation of the dignified, well-supported ageing process described earlier is rapidly disappearing and there are no new structures to fill the gap. This arises because actions seem to be guided by assumptions of how the elderly are being cared for.

Ageing and the costly assumptions in Nigeria

One of the assumptions about old age care is that adult children are responsible for the support and care of their elderly parents to the satisfaction of both set of parties. This assumption is supported by the wealth flow theory (Caldwell, 1974). The theory posits that parents in Africa demand for large family sizes in order to ensure that their needs are supported by their children when old age sets in. However, the reality in contemporary Nigeria society is far more complex than this.

In the study on the performance of filial responsibilities by adult children in the Yoruba-speaking area, majority of the respondents observed that while giving to their parents was a moral duty to which they strongly subscribe, it was only part of their financial obligations which also included supporting their immediate family, younger siblings, and relations (Togonu-Bickersteth, 1989). This financial squeeze created for them a moral dilemma of how to balance their need to seek personal success and all the appurtenances of success and, at the same time, fulfil adequately the obligation of taking care of parents.

This moral dilemma arises out of two competing sets of expectations to which an adult working child in Nigeria is exceedingly sensitive.

The first is an outcome of the belief that educating a child is an investment which should yield abundant dividends to parents when the child becomes economically active and the parents less so. A Yoruba proverb which expresses this cultural expectation most succinctly is: "When the bush rat gets old, it feeds on its children's breast" (*Ti okete ba dagba, omu omo re lo nmu*). Hence educated working adults are expected (in fact, duty bound) to provide better care and opportunities for their parents. If they do not, people consider them renegades, bad investments, or simply callous (*omo buruku*).

The second set of expectations is that working adults should possess the various appurtenances of success (material wealth) which are commensurate with their changed status from rural to urban dwellers or from students to workers as the case may be. For a man, his diet, where he lives, how he lives, the clothes he wears, the cars he drives, and the type of modern home he has built back in the village are supposed to reflect a certain level of affluence. If after some years of working the adult child does not appear successful, his peers, parents, and other relatives are bound to ask the questions: "On what does he spend his money?" (*Ki lo nfi owo re se?*). Thus, reports show that adult children experience a constant tension between spending money on meeting their extended family obligations and the need to "enjoy" some of the fruits of their labour (Togonu-Bickersteeth, 1997; 1998).

Thus, on the general level, most adult children believe in the idea of taking care of their old parents and do indeed do so. But how the assistance is given, and how satisfactory the care can be are the nuances that need to be examined. There is evidence that unlike what happened in the past when the entire extended family was involved in the care of the elderly, the provision of care and support for the aged is gradually becoming the specific responsibility of the children (Togonu-Bickersteeth, 2010; Akinyemi, Adepoju and Ogunbameru, 2007). This finding points to deeper issues, particularly when we examine the situation of the typical adult children in today's Nigeria.

Given the high rate of unemployment, a large percentage of adult children who have migrated to the urban centres are barely surviving. According to the data from the National Bureau of Statistics (2012), about 67% of adult population in Nigeria are engaged in the informal sector. Most live on survival lane. The prospects of financial support for them in old age are also precarious, as they were not currently covered by the government pension scheme.

Some of these adult children, if they are 50 years old and above, have children who have left school, are not able to further their education, and have not found employment. Unemployment rate for the country was estimated at 23.9% in 2011 and about 55 million were reported to be working in informal sector (National Bureau of Statistics, 2011). Thus, a considerable number of adult children have few resources with which to care for their ageing parents back in the villages. This is why, contrary to the trend of declining labour force participation among older people in many parts of the world, in rural areas in Nigeria, the elderly poor are working until they practically cannot work anymore.

The other group of adult children in the urban areas are civil servants or those working in the private sector that may have more disposable resources to share with their parents. However, the hectic life styles of most urban-based adult children limit significantly their ability to provide either regular personal visitation, or routine daily care. Some have tried to solve this challenge by moving their aged parents (particularly the elderly female, who often may be widowed) to the city to live with the adult child and his or her family. The adult child may feel satisfied that he or she has solved the problem, yet in reality, has he/she? The working adults leave work in the morning, and the children leave for school, leaving the aged in the house with the domestic assistant, with whom there may be a language barrier, as the principal companion. By the time the entire family return after the day's work, very limited interaction between the aged and the others is possible as preparation for the following day commands the family's attention. The result is that the old person feels like a fish out of water, torn away from her familiar environment. Some old people described the experience as being "in detention" (Togonu-Bickersteeth, 2011).

A third group of adult children is composed of those in diaspora. Since the 1980s, there had been a heightened outflow of adults from Nigeria to Europe, USA, and more recently to South Africa. These adults or youth who married and started their families there, are raising their children in a culture different from the one in which they were raised, and far away from the reach of their grandparents. This denies the young what has been called the "gentling effects" of grandparents in the raising of the future generation (Thomas, 2004, 304–305). The children in diaspora therefore represent a generation that is growing to maturity without the guiding hands of their elders. This arrangement also disadvantages the elders who spend the latter part of their lives without knowing the tender embrace of the very young in their daily lives. While remittances

from the adult children in diaspora to elderly parents form a significant source of support for the elderly who have children abroad, it does not in any way compensate for the personal care and the sense of emotional connectedness that is associated with feeling of well being in old age. At any rate in the Nigerian cultural philosophy, worth, and money particularly, is considered insignificant when the human element of compassion is missing. The Yoruba proverb "Aajo jowo," meaning, "Loving care is more valuable than money," is an indication that money is no substitute for care giving. Money by itself, important as it is, does not easily translate into adequate care for the elderly.

Thus, one of the costly assumptions we need to assess is the belief that the extended family is still actively involved in the care of the elderly. The prevailing reality is that for the current generation of the elderly, the burden of care has shifted to the adult children. Among the adult children there seems to be an informal division of labour the most resource rich among the children tend to provide the financial resources for care, while the children who are not-so-rich and so busy provide other types of assistance. The previously held belief that the number of children an elder had determined the care he or she receives also no longer holds. Rather, studies have shown that the "empowerment of a child rather than the number of children an old person has, is the crucial factor in securing the well-being of the elderly (Akinyemi, 2009).

It appears that the idea of "returns" on educating children as strategy for ensuring old age support may no longer hold, at least for the current cohort of adult children. With the prevailing high level of youth unemployment, the reality is that parents have to support their children economically for longer periods than was the case in the past. Further still, the cost of living and the new preference for expensive consumer goods had led to the fear that the adult working children of the future (i.e. our own children) might not have enough to support us when we become aged parents. In fact, observers of the social scene have suggested that when children of current middle-class parents become working adults, they may not be able to afford for themselves the luxuries to which they are currently accustomed. Thus, they may need to retain a substantial part of their earnings for their own use and have very little left to expend on meeting extended family obligations. These changes in economic arrangements may result in situations where economic constraints will limit an adult child's ability to fulfill filial obligations and where the sheer inability to fulfill obligations might lead to changes in attitudes in order for individuals to maintain cognitive balance. This is one of the new

realities which have to be considered in discussing the future of ageing experiences of the current cohort.

So far, we have argued that the new reality is that with the nuclearization of the family structure, the situation has become “*Olomu da omu re gbe*” – i.e. care of the old has become the full responsibility of adult children. We have also described factors which may limit the capacity of adult children to deliver on this mandate, even though the value of parent care is still upheld in theory. With the current pension system which covers only those who have engaged in formal sector employment, there is therefore no safety net for those old whose children may be incapable of assisting and who, as we can guess, have no savings, having spent their entire life on farms or in other non-formal labour engagement. One of the second consequences is that some old people have already fallen through the net and can be found in the street begging. Their number appears to be increasing in the urban centres particularly as can be seen at markets and motor parks.

Study of the elderly beggars in Ibadan, Osogbo, and Ife revealed that, contrary to the general belief that the old were begging because they had no surviving child (ren), or sibling – the two categories of relations considered by the Yoruba to be the most closely concerned with one’s welfare. The study revealed that all but a few had surviving children and sibling, but that their children are unable to help. Indeed, close to 50% of the males and 68% of the females report not receiving any support from their adult children. In some cases, elderly beggars have to share their own meagre resources. Thus, this study, though exploratory, provides an indication of what happens when those who are traditionally expected to fulfill needs are incapable of doing so and the society provides no “fall back” position (Togonu-Bickersteth *et al.*, 1997).

In short, the evolving dynamic societal changes which affect the distribution of economic rewards between generations, the increasing tendency towards the nuclearization of family life, the increased urbanization of society, the phenomenon of globalization which has introduced greater heterodoxy into our value system all have potential for creating structural changes which in the future may make adult children, even if willing, unable to care for the old at the same level that their parents are caring for their grandparents (Togonu-Bickersteth & Akinawo, 1990:312). Therefore, if as Finley *et al.* (1988) suggest, attitudes of filial obligations are a product of the social and structural conditions in which a person lives, then one can expect that the changing socio-economic condition in which the current youths are living may affect their eventual filial

obligations and expectations.

Another costly assumption that holds concerns the physical health and medical needs of the elderly and the extent to which the society is able to meet current and future needs of this group of people. The figures we had in the 1980s described the general health status as very low. The life expectancy at birth for males was 45.9 years and for females, 49.2 years (United Nations, 1979). The estimated crude death rate (number of deaths per year per 1000 people) was 18.9, and only 35% of the population was covered by any form of modern health care services (Federal Republic of Nigeria, 1980). Sixty percent of the population lived more than 20 kilometers away from the nearest hospital (Egunjobi, 1983). In addition to their paucity is the fact that the location of these facilities, the training of the personnel engaged in service delivery, and the focus of their interventions are often unresponsive to the needs of the elderly.

The primary health services are set up and have recorded some success in responding to preventing and treating acute childhood diseases and also other ailments prevalent among the general population, e.g. malaria. This is a reflection of the perceived youthfulness of the Nigerian population, and also of the desire to improve maternal and child health. Thus, the current primary health system is unresponsive to the needs of the elderly, whose major disease characteristic is their chronicity – the need to offer medical support to a situation which will not “go away but whose neglect can lead to other damages, compromising quality of time left or leading to untimely death. The situation is not much better at the secondary or tertiary levels of health care.

In a recent study of morbidity patterns among elderly patients who attended the outpatient clinics of the University of Ilorin teaching hospital, Abdulrahman reported an average illness per person as 2.56 with a higher morbidity rate among females. They also found that close to a third of the elderly (31.8%) were malnourished. What was informative was their conclusion that some of the diseases and conditions found in the study could have been identified and treated at the primary and secondary health care levels through an organized geriatric health care programme (Abdulrahman *et al.*, 2008).

Thus, in light of the current and growing size of the elderly and the attendant changes in morbidity patterns that this will engender, it is no longer sensible to assume that the existing health care system will take care of the needs of the elderly. Very few, if any, of our Colleges of Medicine offer residency in Geriatrics. Studies conducted recently revealed low level of awareness and knowledge about elderly males health status (Fatusi *et al.* 2005; Akinyemi, et

al.; and 2008, Akinyemi, 2012).

Another characteristic of the old age morbidity pattern and which calls for a reassessment is that treatments for some of the ailments are life-long and tend to be expensive, and therefore may be unaffordable to a large majority of the old, who are not covered by any work - related health benefits. The care for these ailments can become exorbitant even for the retired, ageing middle-class person. For example, the cost of dialysis or injection of insulin daily, a week is quite high. How many of the elderly unfortunate enough to need such medication can afford it? In the traditional setting when the elderly were fully embedded in a robust social network consisting of children, grandchildren, and siblings, most of whom had control over their work, arrangements for home care of the frail/ sick elderly could be worked out, in the least disruptive manner. This was especially true when the physician was the traditional healer who often brought his services to the doorstep of the elderly.

Given the increased pace of life, formalization of employment away from residence, and the whittling away of the enacted support that can be expected or received from the extended family, there is a need to rethink the typical Nigerian abhorrence for nursing home care for the very sick elderly. This will ensure that even their last days can be made as comfortable as possible. We should not allow our own sense of guilt to result in making their lives undignified.

To recap at this point, it is a costly assumption to suggest that current health care policies and programmes are responsive to the needs of the elderly. They are not – in terms of orientation, location, affordability, or availability of personnel. A more realistic approach is to have a fully integrated, inclusive primary health service which will focus on sensitization and education to ensure that we as adults do not engage in practices that will compromise our quality of life in old age. It also must include provisions of support to families who can and are willing to care for the frail elderly at home, but also structures and services to those elderly who may need extensive nursing and medical care which cannot be reasonably provided at home by adult children.

A major reality to be faced is that of income security in old age. As has been noted earlier, superannuation is confined exclusively to wage earners, whereas a large percentage of the current old have spent their economically productive years outside of the formal sector and therefore ineligible. In the light of the weakening of the traditional role of the extended family and the increasing burden of care on adult children, there is a need for measures aimed at providing monetary and/or no monetary supports to needy old persons who fall outside the

system. Currently, some states in the Southwest (Osun and Ekiti) have commenced some system of social pension for the elderly (see The Nation of November 12, 2012). There is the need to implement universal or targeted no contributory social pension to take care of the poor elderly. Nigeria can borrow from the achievement of other countries like South Africa, Brazil, Botswana, and India, who have successfully instituted such schemes.

While income insecurity is the prevalent problem of a sizeable percentage of the current crop of the old, the problem of the educated aged of the future decades may be that of loneliness. Of the many factors that may cause this loneliness, the most obvious one is occasioned by larger geographical distance between parents and their grown children. The signs are already with us. Couples appear to be experiencing the “Empty Nest Syndrome” much earlier than their parents ever did. The prevailing unfavorable educational and economic conditions have led many youths to seek greener pastures outside the country, leaving their parents behind and with no clear idea of when they will return to the country. The fact that most of these youths are going to Europeanized/Americanized societies makes it unlikely that they will hold as tightly to the value of filial obligation as they would have if they had not left country.

Ageing as a public policy issue in Nigeria

The point of emphasis from the foregoing is that Nigerian academicians and policy makers can no longer ignore the very obvious signs that the ageing situation has been transformed from personal problem of individuals to one of the key public issues of our time. Our assertion is derived from C. Wright Mills' (1959) four propositions regarding the defining features of public issues. These features are as follows:

1. Issues have to do with matters that transcend the local environment of the individual and the range of his inner life;
2. Issues have to do with the ways in which various milieu overlap and interpenetrate to form the large structure of social and historical life;
3. An issue is a public matter when some values cherished by public is felt to be threatened;
4. An issue often involves a crisis in institutional arrangements.

Examined against these four features, ageing no longer constitutes a personal problem but rather has become a public issue currently affecting over six million Nigerians. Additionally, since ageing is an

ascribed status for all those who live long enough, it is a public issue that affects not only the currently old, but also the non-old who will eventually become old. This emerging public issue poses a number of challenges to academicians in Nigeria, for it has been observed that the perception of how one's old age will be lived is in large measure derived from one's observation of the way the current elderly are being viewed and treated (Togonu-Bickersteth, 1986 & 1987). It has also been argued that among the consequences of the neglect of the old is the pervasive corruption of public officials who want to make a little bit extra to feather their nests to ensure their own very comfortable old age (Orubuloye, 1987).

Unfortunately, there exists an academic lag in the social sciences about the old in Nigeria. The rate of changes in the society since the mid-80s and the impact of these changes on the old has been so rapid and portentous that there now exists a lag between knowledge in Nigeria about the old and the reality of the old in Nigeria today. The challenging mandate for the academic is to facilitate the emergence of clearer and more reality-based picture which will aid our outstanding of the possible impact of the looming social problems of the old on present-day Nigeria's socio-political and economic arrangement.

This task of closing the academic lag with respect to our knowledge about the old and ageing in Nigeria can be accomplished without borrowing blindly from the Euro-American experiences. The burning empirical issues in those cultures – institutional care of the old, streamlining social security benefits to respond to the need of the old -old, coping with chronic old-age diseases like Alzheimer's disease, and how to make the third age more fulfilling – all reflect the demographic structure, morbidity patterns, and the ageing experiences in those countries. Similarly, the issue of nursing homes or old People's homes is relevant in the West, where advanced medical technology coupled with the high geographical mobility of children necessitates reliance on formal support services during the periods of inevitable medical dependency. For the majority of the old who are in good health, a major concern is now to occupy themselves during the third age. This is particularly pertinent in those societies, where the third age can run into three to four decades, like Sweden and Japan.

Thus, it is the existential conditions of the society and the experiences of the older members which have dictated the direction and content of knowledge building in those societies. It will therefore be necessary that the Nigerian attempt at knowledge building and knowledge application in this vital area be guided by the current concerns and challenges which the public issue generates as well as by the

possible future dimensions of the issue. It is to these challenges and concerns that we now turn.

Further research on ageing in Nigeria

The first challenge is the absence of current data on the elderly for the purpose of preparing policy-makers for the new demographic reality. Commenting on this inadequacy of data, Smith (1994) noted:

“Unfortunately, the policy issues of the next decades will reflect a different time bomb than one for which policy makers have been preparing. The loud ticking that they should now be hearing is of the count of the ageing in their populations.”

It is therefore essential that new data, preferably of an interdisciplinary nature, be collected on different aspects of ageing in Nigeria. A national comprehensive interdisciplinary survey of the elderly will provide the necessary baseline data from which pictures of the aged in Nigeria will emerge. Availability and accessibility of such data will also encourage post-graduate students to conduct secondary analysis on various aspects of ageing in Nigeria. This process there will yield a steady accumulation of general and specific knowledge about the ageing experiences in Nigeria. In addition, appropriate social interventions will be informed by facts and not by some imagined perception of whom the old are and what they want. A rich source of data yet to be tapped by Nigerian researchers in the field is the success stories on ageing in Nigeria.

Another line of research which will likely bring empirical reality to the issue of the care and welfare of the old is to identify and study objectively, the emerging forms of family substitutes for the old traditional family system, for example, Akinwowo's concept of “*ajobi and ajogbe*.” Akinwowo argues that increasingly there is an emergence of a new association, which is not base on blood or kinship relations but on cohabitation and membership in social clubs, religious organizations, and kinship of proximity (*ajogbe*). These new sets of social networks that are replacing the indigenous traditional ones have to be studied and if necessary, supported to enhance quality of care in old age.

Besides, there is the need for studies on patterns and challenges of grand-parenting of Nigerian women who go to U.K., Europe, or the USA to assist with caring for their grandchildren. There is need for data on how such experience plays out for the family of the child in diaspora, for the grandchildren or for the elderly male often left behind.

Developing effective ageing policies

In order, therefore, for all disciplines in academia to

meet the challenges of researching, theorizing, and providing informed advisory services to policy makers concerning the ageing issue, it is essential that an interest group on ageing be formed in each university. The objective of the ageing interest group will be to generate interest in all disciplines to focus on how the contents and structure of their curricula are sensitive to ageing issues, to promote interdisciplinary collaboration on ageing research, and to organize and hold seminars in which ageing issues will be addressed from different academic perspectives. Such interest groups will also form the local point for discussions of ageing issues with social service delivery personnel and other municipal staff in their geographical area of influence.

Nigeria has no operational National Policy on Ageing – again a sign of the neglect of the issue. Some have claimed that we rarely identify public policy issues or mobilize to address them until some external development partner makes an issue a focus of intervention and provides resources. In the early 70s, it was the Youth, followed by the disabled, the gender issue, the environment, and HIV/AIDS, each issue canvassed and resourced by a different development partner who, pick up now, will the issue of ageing? A few developing countries such as Thailand and Tanzania have formulated national policies and programmes on ageing. Nigeria needs a policy on ageing in order to ensure the mainstreaming of ageing concerns into the various development agendas, which will lead to a commitment of resources to the programmes arising from such policy. It must also begin with a sound national philosophy on ageing in which Nigeria declares in unequivocal terms the role and centrality of the aged population in the social development of the country. The policy must reaffirm that ageing is both a biological and a social process and that the aged, like youth and adults, occupy a significant place in the population. The policy will then develop tangible programmes on ageing supported by appropriate ministry structures and instruments of government to make the policy viable.

Conclusion

In conclusion, the traditional Nigeria societies in which the cultural arrangement which ensured the embeddedness of the elderly in their respective communities and which gave them a relatively secure and privileged position in the society have been weakened significantly by internal and external forces. The specific ways in which each of these forces impinges on family life have been documented by researchers. What seems missing is the required paradigm shift. There is the need for a change in

thinking so that we do not tenaciously hold on to a glamorized version of how well the aged are being cared for and in the process miss out the opportunity to study, assess, and recognize the life-changing significance of the changes. These changes are real and dynamic, and are going to be intensified as the number of elderly increases. It is disingenuous and unreasonable to proceed as though nothing has changed. Pretending that nothing has changed is to behave like an ostrich, as “somebody who tries to avoid unpleasant situations by refusing to acknowledge that they exist.” We should instead be eagles-sharp eyed, focused, and realistic. There is need to study all these emerging practices to get a realistic picture of the factors affecting the diversity of ageing experiences and their consequences for the society. There is need to break a conspiracy of silence on this issue or make costly assumptions that will in the end hurt the individuals and the nation.

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