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AGEING IS NOT AN EMERGENCY: PREPARING FOR THE NEW REALITIES OF AGEING IN NIGERIA

BY

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Introduction

Mr. Vice Chancellor Sir, distinguished ladies and gentlemen, it is with deep humility and gratitude to God that I stand here today to present my inaugural lecture: **Ageing Is Not an Emergency: Preparing for the New Realities of Ageing in Nigeria** which is the 266th inaugural lecture series of this University and the fourth in the Department of Psychology. The timing of the inaugural is unique. It comes exactly thirty-four years after I joined this University on September 1, 1979, as the first PhD holder to be recruited into the Department of Psychology on full time basis. I served as the initial coordinator of the young department under the supervision of the Dean, the late Professor Omolade Adejuyigbe. I became the Acting Head of Department between 1995 and 2000, and Vice Dean of the Faculty of Social Sciences between 1988 and 1989. I was the Director of Centre for Industrial Research and Development between 2002 and 2007 and the second female Deputy Vice Chancellor (Academic) of this institution between 2007 and 2011. It has been an enriching and fulfilling experience within the University system. This University based experience has been further enriched by experiences garnered through my participation in various interdisciplinary and multi sectoral fora with other scholars and practitioners at the national and global level, working on understanding and seeking solutions to developmental issues, particularly the issue of how society supports and cares for its vulnerable members. I have given this brief overview to underscore the fact that this presentation will include not only my research engagements, but also by necessity it will include my

service to the University and various engagements with national and international agencies in the area of my concern, for after all, academe is about teaching, research and services.

My academic forays have been devoted to examining the interface between society and its dependent or vulnerable groups: persons with disabilities, children at risk and the elderly. This focus is borne out of my academic preparation in the field of Social Work and Social Research where the emphasis is on the generation and application of social science knowledge and methods to understanding the variety of human experiences, and in designing interventions at the policy and programme levels that ensure that human beings are provided with the opportunity for self actualization. At the philosophical level, it is my belief that much of the knowledge that is helpful to the African situation is the type that provides objective information that arms its government to respond to its major constituents, not leaving anyone behind. According to Hubert H. Humphrey in his last speech, on November 1, 1977, "*The moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; those who are in the shadow of life, the sick, the needy and the handicapped*" (http://news.bbc.co.uk/2/hi/europe/4543021.stm). My academic and programmatic engagements have been with those in the shadow of life, specifically those with developmental challenges, those who are at risk in the dawn of life, children engaged in exploitative labour, and those in the twilight of life, the elderly. In all of these three areas I have not only conducted research and contributed significantly to knowledge but also in addition, I have

had the uncommon privilege and opportunity to test out insights emanating from the research in programme activities, with the support of national and state governments and in collaboration with international development partners. However, a significant proportion of my presentation today will focus on ageing, reflecting the fact that most of my research exertions and research outputs have been in that area.

When I started my research work on ageing in 1980, not a few of my colleagues counseled against looking for an issue where none existed. It was then claimed that ageing was not and probably cannot be a social issue because in Nigeria, "we take good care of our elderly members."

When I became a professor in 1995, my knowledge of ageing was based principally on my reading, my research on the Yoruba elderly and my research related visits to the old and old people's institutions in Nigeria, South Africa, India and the United States. However, as I stand before you today, all that has been enriched by the fact that I have had the privilege of watching at close quarters, how both my parents dealt with the challenges of ageing. I have had what Gross (2011) called the "bitter-sweet experience" of personally caring for my mother in the last three years of her earthly existence. I experienced at a very personal level the challenges of combining work and family role obligations with caring for a frail elderly parent. I also have the privilege of being wife to a 76 year old husband who has already spent over fifteen years in retirement. To top it all, I myself qualify to be called an "old person" going by the United Nations definition of an old person.

Therefore, on a daily basis, I am becoming ever so aware of the challenges and opportunities that lie ahead of me. Thus, for me, the study of ageing and old age is one in which I am not only academically committed, but one in which my personal life experiences have made me quite passionate. It is an issue which should generate similar passion in all of us. Our prayers, fasting, and vigils for long life means that we all desire to grow old. However, ageing seems to be the only available way to live a long life. As individuals and as a nation, we need to position ourselves realistically for the inevitable experience.

Some years ago, the anchor man on the NTA Newsline programme, Frank Olise, used to open his presentation with the phrase, "where are your children now?" That sound bite was directed at parents concerning their teenage children. Permit me to use the same sound bite within the context of ageing and ask the question, now directed at the middle aged, educated Nigerian elite, most of whom are seated here, including myself, with children in the Diaspora, "Where are your children now and where will they be when you are old, frail and need personal care?"

GERONTOLOGY

The study of ageing is within the purview of Developmental Psychology -that branch of Psychology which describes the growth of human beings throughout the life span, from conception until death. Initially, developmental psychology was concerned principally with infants and children, but the field has expanded to include studies of adolescence, adulthood and ageing.

Indeed, in recent times, the field has expanded to include the study of death and dying (Kubler-Ross, 1969, Tucker, 2005), life before life (Wambaugh, 1978), and life after life (Moody, 1977, 2001; Osis, 1989). My work in developmental psychology is what has been labeled "Social Gerontology." It is a sub-field of Gerontology that focuses on the social as opposed to the physical or biological aspects of ageing. Social Gerontology is concerned with the impact of social and social-cultural conditions on the process of ageing and with the social-psychological consequences (Hooyman & Kiyak, 1996).

AGEING: A Universal Human Experience

Ageing is a universal human experience. It is something that happens to all of us all the time. It is a continuum that exists across the entire lifespan. We are all ageing. In fact, a day-old baby has already commenced its journey of ageing. Between the commencement of this lecture and the end of it, all of us seated here would have aged by at least an hour and by this time next year, believing we will all be alive, we all would have aged by a year. To be alive is to age. Only death puts an end to ageing.

Changes that accompany ageing occur in people at different chronological ages and progress at different rates (An exception is the unusual case of a fatal genetic condition, Progeria, characterized by an appearance of unusual ageing in children). Some of these changes include obvious visible changes in physical appearance and in physical abilities, while some of the changes are internal and not readily perceivable, except through bio-medical

investigations. With age, the skin tends to become wrinkled, more vulnerable, easily broken and heals slowly. Hair loss and graying may also occur. In the skeletal muscular system, there is stiffening of joints, particularly at the hips and knees. The total mass of muscle tissue is reduced progressively with age. Muscle strength and muscle coordination decline even though muscular efficiency does not. In terms of senses and reflexes, sensation of touch and pain are reduced and there is usually a decline in visual acuity. There is also less ability to distinguish the pitch and intensity of sound. Reaction time is reduced. Short term memory is reduced although long term memory is usually unimpaired. With respect to the nervous system, there is a loss in the total bulk brain substance. By age 75 there is a diminished brain weight to 92% of what it was at age 30. In the circulatory system, there is reduced cardiac output, and in the respiratory system, there is a decrease in the total capacity of the lungs. The reproductive, temperature control, digestive and kidney functions all show decline with age. (Kail & Cavanaugh, 2010) Understanding these changes is important to our social-psychological study of ageing because these changes represent the physiological limits around which social relationships and social arrangements are predicated.

Despite the obvious inevitability of ageing, the promise of a "fountain of youth" has appeared in every culture (Binstock, 2004). This fountain of youth is a spring that supposedly restores the youth of anyone who drinks it or bathes in it (Wikipedia). The myth finds expression in the Yoruba belief in "ajidewe": some concoctions which when applied or ingested enables a person to perpetually maintain his/her youthful looks. Today with

advancement in biomedicine and allied technology, varieties of age retarding, age denying, and age concealing techniques have been devised, and whole lucrative industries are built around them. We do tummy tucks, nose jobs, chin tucks, facial lifts; we wear wigs, dye our grey hairs, bleach our skins, use wigs and hair pieces, dress like teenagers or marry girls of our granddaughter's age. But as the Yorubas will say, "Olójó nka ojó." Or as a friend aptly put it, "the body may look fine but the engine inside is gradually wearing out." As long as we are living, we will be ageing, a day at a time. However, we age at different rates and in diverse contexts with different implications for the quality of our lives as elders. For example, a 60-year old woman living in the urban centre, in well ventilated homes, not engaged in physically exerting manual labour will most probably look younger (all other things being equal) than a 60-year old woman who is a farmer in the rural area or who is a labourer at a construction site. Much of my work in Social Gerontology has focused on examining the quality of life at old age, particularly among the Yoruba of South-Western Nigeria.

Who Is An Old Person?

The first natural question to ask is, "Who is an old person?" At what age does old age begin? Most developed countries take age 65 and above as the definition of an old person. This is principally because in most of these Western societies, an individual becomes eligible for pension benefit at that age. However, this figure is by no means universally applicable. It is generally well known that a number of factors determine when a person will be perceived as

old. One of these factors is occupation. For example, in boxing, the average age for those at the top of their careers is between 30 and 32 years and beyond which they will be regarded as occupationally old (www.boxingnews.com). Compared to a professional boxer, a 50-year old University lecturer is not occupationally old, but he/she is perhaps occupationally matured depending on when he/she started his/her career in academics. Culture is also a determinant of how agedness is defined. Most societies have a set of social markers which determine who is old. Glascock & Feinman's (1980) study of the definition of old age in developing countries in which a number of African countries were included, reported that definitions of old age fell into three categories: chronological age, change in social roles, and change in capabilities. Some have opined that the concept of who is old depends on how long people are expected to live in that community. This has led the World Health Organization (WHO, 2003) to suggest that if a definition of old age in Africa is to be developed, either it should be 50 years or 55 years in light of the fact that life expectancy in African countries lags behind those of Western countries. Complicating the issue of definition of old age is that in much of Africa, actual dates of birth are often unknown. Specifically, in Nigeria many individuals do not have official records of their birth. A past president of this country recently confessed that he really did not know his birthday. As of 2012, Nigeria had not implemented the compulsory registration of births and deaths as legislated since 1979 (National Bureau of Statistics, 2012). The current UNICEF report estimated that 70% of the children born annually in the country are not registered at birth (UNICEF, 2014). It is therefore reasonable

to surmise that the situation would have been worse for the older generation, particularly those born in the rural communities. Thus, effort to define old age by reference to chronology alone may be fraught with inexactitudes. In our study of age identification among the Yoruba, we found that there was a strong relationship between chronological definition of old age and some social markers, particularly for women. Women were more likely to be defined as old if they have attained menopause and have grandchildren, and men, as old if they are advanced in age and experience limitations in their physical capabilities (Togonu-Bickersteth, 1986). The Yoruba also differentiate between àgbà, àgbàlagbà, and arúgbó, indicating different levels of agedness, very close to the modern categorization of the elderly into the "Young-old," "Old" and "Oldest" Old.

Why Do We Age?

Human beings had always been interested in understanding ageing, sometimes out of curiosity, sometimes for self-preservation and most recently in a bid to prolong life and to enjoy a healthy ageing period. What causes ageing? Why do people age? Why do some people seem to age faster than others? Why do some subgroups of population experience greater longevity than others? These are some of the questions that have been raised over the years.

Ageing is a multidisciplinary field and answers to ageing questions come from a wide variety of disciplines - demography, economics, law, sociology, psychology, cognitive science, communication

studies, medicine, and biology. However for answers to the question of why we age, we need to turn to biomedical sciences.

Biomedical theories of ageing attempt to explain why ageing occurs in living organisms. One of such theories is the Free Radical Theory of ageing. The theory argues that free radicals produced during aerobic respiration cause cumulative oxidative damage, resulting in ageing and death. The theory has emerged as the major theory to explain not only ageing but the genesis of various negative health conditions in old age. The theory holds that organ damage is created by free radicals. (Stephen & Selman (2011), Harman, 1956, Sohal, Mockett & Ori, 2002; Rattan 2006, Marx, 1987).These free radicals are produced as a result of natural metabolism, exposure to UV and X-ray, exposure to certain toxic chemicals and by ingesting certain foods. The damage caused by the free radicals can manifest in hair loss, hypertension, diabetes, cancers, premature ageing and death. It is noted that oxidative damage to cellular macromolecules cannot be totally avoided; hence most organisms are equipped with repair and defence mechanisms. However, these defence/repair mechanisms, though effective in young healthy cells become less effective with age, possibly because of an increase oxidative burden or an inhibition of the repair/removal systems (Shringarpure & Davis, 2009). This theory has led to the common practice of taking anti-oxidant in form of vitamins and other supplements. However, recent experiments have shown that increases in certain free radicals in mice and worms correlate with longer life span. These new results have led to the suggestion that taking anti-oxidant in forms of vitamins and other supplements can do more harm than good in

otherwise healthy individuals (Moyer, 2013) It is in light of this new understanding that the American Heart Association and the American Diabetes Association have advised that people should avoid taking anti-oxidant supplements except to treat a diagnosed vitamin deficiency (Olshansky, Hayflick & Perls, 2004). This new understanding has led to the conclusion that oxidative damage, though very important in the ageing process, by no means represents the total picture of why we age.

A second set of biological theories generally called Programme Senescence theories of ageing argues that ageing is a genetically determined programmed process. Belonging to this perspective are three subcategories: programmed longevity, endocrine theory and immunological theory. The programmed longevity perspective argues that ageing is a result of sequential switching on and off of certain genes. It defines senescence as the time when age-associated deficits manifest themselves. The endocrine theory avers that biological clocks act through hormones to control the pace of ageing (Pankow & Solotoroff, 2007). The immunological theory of ageing affirms the central role of the immune system in ageing. It argues that the immune system is programmed to decline over time, leading to an increased vulnerability to infectious diseases and thus ageing and death (Jin, 2010). Studies have shown that the effectiveness of the immune system is at its peak at puberty and gradually declines thereafter with advance in ageing. For example, it has been documented that as one grows older, antibodies lose their effectiveness and the body loses its ability to combat diseases effectively, leading to cellular loss and eventual death. (Kay & Makinodan, 1982; Walford, 1982; Goidl,

Thorbecke and Weksler, 1980) Ordinarily therefore, no matter which theoretical perspective one examines, ageing is never an emergency for the individual. It happens gradually and presents the individual with many signs of its approach or imminence.

How Do We Adapt to the Changes

If theories from Biological Sciences address the issue of why our bodies age, theories in the Social Sciences can be said to address the issue of how the human person adapts to the changes and how society accommodates the changes to some of its members. Traditionally, psychologists have focused on three major theories: Disengagement theory, Continuity theory and Activity theory.

Disengagement theory stipulates that ageing is an inevitable, mutual withdrawal or disengagement between ageing persons and the social system s/he belongs to (Cumming & Henry, 1961). The Activity theory arose in reaction to the Disengagement theory and argues that life satisfaction in old age depends, among other things, on the active maintenance of one's relationships and continuing involvement in meaningful pursuits (Neugarten, 1964). Finally, Continuity theory argues that our personalities, our preferences, tastes and activities that we enjoy - and the ones we do not enjoy - remain relatively stable and predictable in old age (Atchley, 1989).

Another theoretical formulation which has been most useful in understanding the variety of outcomes in the lives of the elderly population is the Convoy model of social relations. As applied to the aged, the model seeks to describe, explain and understand the importance of social relations in health and well being in later life.

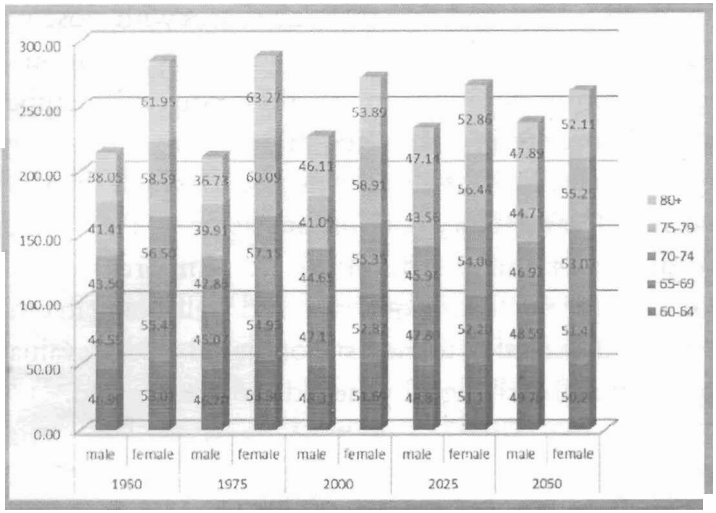
The model suggests that one's convoy is shaped by personal (for example, age, gender, ethnicity, religion, personality) and situational characteristics (e.g. social roles, expectations, norms, and demands) that influence the support relations experienced by an individual. Among others, Kahn and Antonucci (1980) have been identified with this perspective. They identified three types of social exchanges: Aid, Affect and Affirmation. Aid is the tangible assistance that an individual receives. This can include clothing, food, money, advice and information. Affect refers to emotional support such as love, and care that one shares with close relations like spouse, children and grandchildren. Affirmation is the intangible communication to another convoy member that members share or respect the same values, goals and assumptions. A very important point is also the degree to which the support is evaluated as satisfactory or unsatisfactory. This theoretical perspective calls our attention to the importance of social relationships for the feeling of health and well-being in old age. It also directs our attention to the issue of the subjective evaluation of intergenerational exchanges by the old and the non-old.

Why the Interest in Ageing: The Global Perspective

For the greatest part of human history and until the latter part of the 19th Century, the elderly comprised only a small portion of the population, hardly ever over 5%. The growth in the older population is a relatively new phenomenon which began during the second half of the twentieth century in the developed and

in the developing world. (Fig1). Two major factors are responsible for population ageing: declining fertility rates and increasing survival at older ages. The number of the elderly globally has been increasing by 8 million per year since 2000; and by 2030, this increase will reach 24 million (NIA, 2012).

Figure 1: World Ageing Population by Sex and Age Groups from 1950 - 2050



Source: 2000 World Ageing Population Chart

Evidence also suggests 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). Population ageing has been described as one of the most significant trends of the 21st Century. Some have called it the "grey tsunami" (WHO,

2012). It is celebrated as reflecting success in dealing with childhood disease, maternal mortality and in helping women achieve control over their own fertility. With the advent of intensive biomedical ageing interventions, it has also been celebrated as one of the gains in biomedical science and technology. The rate at which the population is ageing has been described as unprecedented in human history (United Nations, 2005). The report further averred that by the year 2050, the number of the old in the world will reach an alarming figure in human history. Population ageing has also been described as pervasive, affecting everyone; as profound, having consequences for every aspect of life; and as enduring. One in nine persons in the world today is aged 60 and over (UNFPA, 2013) The ageing of the population is more pronounced in the developed countries, where life expectancy is high and fertility rates are low, and the percentage of the elderly high, such as in Monaco (22.4%), Italy (19.3%), and Japan (18.8%). The 2013 report on population ageing indicates that the older population itself is ageing. Globally, the share of older persons aged 80 or over, called the "oldest old" was 14% in 2013 and is projected to reach 19% in 2050. If this projection is realized, there will be 392 million people aged 80 and above by 2050, a figure that will be three times the current size.

Global concern about ageing became evident with World Assembly on Ageing held in Vienna in 1982 and by the declaration of 1999 as the Year of the Older Persons. The 2nd UN Assembly on Ageing in Madrid in 2002 adopted an International Plan of Action on Ageing and recommended that countries make

concerns about older persons central in their development processes. The plan of action called for changes in attitudes, policies and practices at all levels to fulfill the tremendous potentials of ageing in the twenty-first century. The Plan made specific recommendations towards giving priority to older persons in development, advancing health and well-being into old age and ensuring enabling and supportive environment.

Nations, particularly developed nations, are concerned about population ageing because of its impact on the socio-political economy of their nations. There are said to be four principal areas of concern: the impact on the size and quality of the workforce, the upsurge in the incidence of chronic, non-communicable diseases (NCD) that ensue, the consequences on the country's pension schemes and the issue of ensuring quality of life for the elders who may need long term care.

The size and quality of the workforce: The size and quality of the workforce is an important determinant of a country's prosperity. As people attain age 50 and above, their likelihood of full participation in the labour force tends to decrease. The stock of the nation's assets could also decrease as the elderly in the developed countries increasingly turn to their savings to finance their spending. The combination of possible labour market tightening and the dissaving raises concern that the ageing countries may experience slower economic growth and that some countries may even face the shrinkage of their economies (Boersch & Ludwig, 2009).

Non-Communicable Diseases: Population ageing also signals

the advent of a tremendous health challenge: the upsurge in the incidence of non-communicable diseases (NCDs). NCDs are currently responsible for roughly 60% of all deaths and nearly half of the loss of actual or effective life years due to disability and deaths. (WHO, 2010) The most important NCDs are cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases. These diseases share four modifiable risk factors - smoking, physical inactivity, unhealthy diets and the harmful use of alcohol, and one non-modifiable risk - age. As treatment and care costs for these diseases tend to be high, nations have to give greater emphasis in their health strategies to disease prevention.

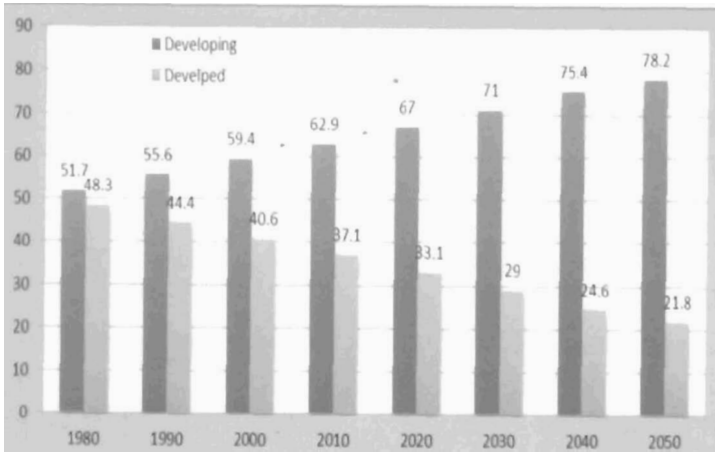
Financial Issues: In most countries experiencing ageing of the population, overall pensions remain the biggest spending item, followed by health care and long term care. Population ageing has great implication for the country's pension system as fewer and fewer workers may be called upon to support greater number of the old. This has led some countries to consider changes in their statutory retirement age, pushing it further and implementing systems of phased retirement. Related to this is the issue of influence of ageing on sovereign credit rating and the sustainability of public financing. Population ageing raises the debate and creates tension between two seemingly conflicting priorities - the need to sustain public spending on pensions and health care of the ageing population versus the need to hold down or reduce government budget deficits and debts *(https://ratings.standardandpoors.com/global-ageing-2013).*

Countries have adopted a variety of coping strategies to deal with

the consequences of the graying of their populations. Brazil, France, Germany, Italy, Japan, Poland and Spain have reduced pension benefits while France, Netherlands and USA have worked at reducing health cost. China, Korea, and Spain have put in place pro-natal policies to increase fertility rates. Germany, Japan and Korea have set high priority on immigration to attract needed labour force. Other countries are also beginning to raise retirement age and to cancel the no-penalty early retirement options. Some countries are also trying to expand existing pension schemes or start new ones in effort to fill the income gap that will result when the state pension is scaled down.

Population ageing is however not the exclusive preserve of the developed countries. While ageing occurred gradually over a relatively long stretch of time in the developed countries, the ageing structure in the developing countries is changing more rapidly and in a contracted period of time. (Fig. 2)

Figure 2: World Ageing Population: Developing and Developed Countries (1980 - 2050)



Source: United Nations World Population Ageing 2009

For example, it took France 115 years and Sweden 85 years, and it will take the United States 69 years to change the proportion of the population aged 60 years and over from 7% to 14%. In contrast, it will take China only 26 years, Brazil, 21 years and Columbia, 20 years to experience the same change in population ageing (UN, 2013). This pace of ageing raises challenges that are different from the ones experienced by the developed countries. It has been observed that many countries in the developing world are "growing old before they grow rich". Many of the countries are said to be ageing before they have had time to put in place the social

protections of a modern welfare state (Jackson, Howe & Nakashima, 2010).

The Elderly in Nigeria: Current Demographic Picture & Future Projection.

Ageing of the Nigerian population cannot be said to be an emergency. By the early 1980, 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 the 11th position in the year 2025 (United Nations, 1985).

Available figures from the 1991 and 2006 National Population Census indicate that the absolute number of the elderly soared from 4,598,114 in 1991 to 6,987,047 in 2006, even though their proportion dropped from 5.2% to 4.98% in the same period. However, some states (Imo, Ogun and Osun) have higher than the national average of the elderly while Federal Capital Territory and Lagos have lower than the national average. In Nigeria, as in most parts of the world, there are more female elderly than males.

Table 1: Elderly Population by Age Groups in Selected States of Nigeria.

60+	60-64	65-69	70-74	75-79	80-84	85+
194202 (4.7%)	73307 (1.8%)	24150 (0.6%)	40518 (0.9%)	13265 (0.3%)	23576 (0.6%)	19386 (0.5%)
255241 (6.5%)	85172 (2.2%)	49220 (1.3%)	48160 (1.2%)	24777 (0.6%)	23668 (0.6%)	24244 (0.6%)
426795 (4.5%)	147085 (1.6%)	47495 (0.5%)	92792 (0.9%)	27520 (0.3%)	61554 (0.7%)	50349 (0.5%)
250318 (4.3%)	90269 (1.6%)	29437 (0.5%)	52812 (0.9%)	18271 (0.3%)	33423 (0.6%)	26106 (0.4%)
116099 (4.9%)	41163 (1.7%)	20681 (0.9%)	21163 (0.9%)	9696 (0.4%)	11576 (0.5%)	11820 (0.5%)
331071 (3.6%)	122888 (1.3%)	71719 (0.8%)	52619 (0.6%)	27974 (0.3%)	27901 (0.3%)	27970 (0.3%)
219118 (5.8%)	70051 (1.9%)	43512 (1.2%)	40337 (1.1%)	21631 (0.6%)	22021 (0.6%)	21566 (0.6%)
201480 (5.6%)	72449 (2.1%)	38063 (1.1%)	36404 (1.1%)	16675 (0.5%)	18834 (0.5%)	19055 (0.6%)
33438 (2.4%)	11482 (0.8%)	6307 (0.4%)	5348 (0.4%)	2737 (0.2%)	3510 (0.2%)	4054 (0.3%)

Figure 3: Elderly Population by Age Groups in Selected States of Nigeria.

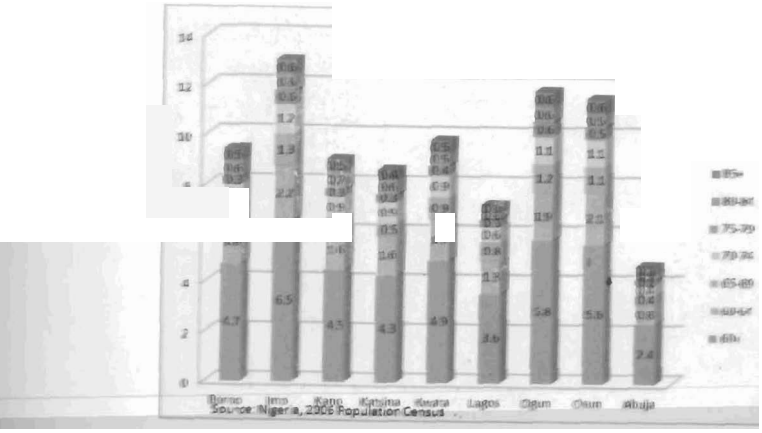


Table 2: Population of elderly, by age groups and sex -national

Age group	Males	%	Females	%	Total	%
60-64	1,363,219	34.97	1,087,067	35.19	2,450,286	35.07
65-69	628,436	16.12	522,612	16.92	1,151,048	16.47
70-74	765,988	19.65	564,609	18.28	1,330,597	19.04
75-79	327,416	8.40	252,422	8.17	579,838	8.30
80-84	408,680	10.48	351,373	11.37	760,053	10.88
85+	404,021	10.37	311,204	10.07	715,225	10.24
Total	3,897,760	100.00	3,089,287	100.00	6,987,047	100.00

Source: Nigeria, 2006 population Census

Figure 4

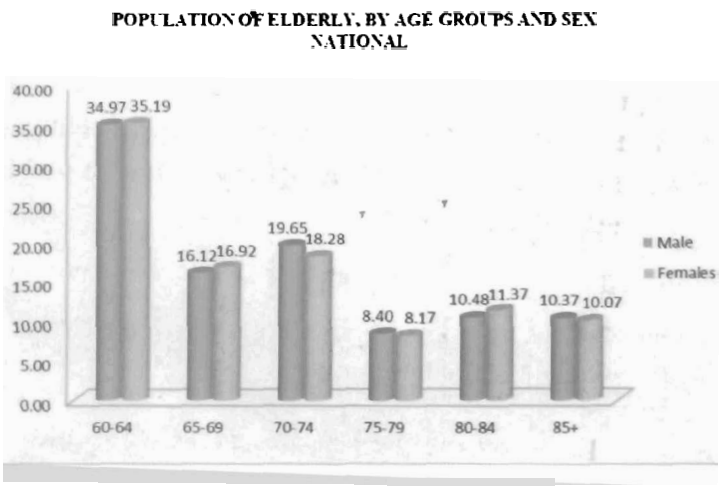


Table 3: Age, Sex, rural-urban residence of elderly in Nigeria

AGE	RURAL		URBAN		TOTAL	
	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES
60 - 64	667,016	553,170	231,785	238,403	898,801	791,573
65 - 69	289,107	236,780	117,433	120,620	406,540	357,400
70 - 74	373,837	276,014	118,349	118,102	492,186	394,116
75 - 79	145,063	104,872	50,392	51,496	195,455	156,368
80 - 84	201,021	156,045	57,038	66,582	258,059	222,627
85+	178,020	132,508	52,565	61,896	230,585	194,404

Source: Nigeria, 2006 population Census

Over two-thirds of the elderly live in the rural areas. As we know, these are areas least likely to have modern infrastructural facilities. In addition, over 75% of the elderly have no formal education, and this illiteracy rate is higher still for female elderly in rural communities. In terms of marital status, 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, the Census figures indicate that most of the elderly continued to participate in the labour force (principally agriculture and informal sector trading) almost to the end of their lives.

With a population growth rate of 3.2 percent per annum (NPC, 2008), the Nigerian population is projected at 169,952,993 for 2012 and 186,965,085 for 2015 (NPC, 2008). 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, 2005). By this estimate, the elderly population will constitute about 10 percent of the total Nigeria population by year 2050 (UN, 2012). 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. The question is, how prepared is Nigeria for the inevitable ageing of its population?

Using the distinction between "personal problems" and "public issue" as suggested by Mills, (1959), one can argue that while most of the Western world has accepted that the ageing of the population constitutes a vital public issue, in Nigeria, the issue of the aged and their care has been regarded as falling within the domain of "personal problems." The cultural values and norms appear unequivocal about the expectation that the extended family will take care of its elderly members. This informal system of helping the elderly worked fairly well when the aged were few in number and when they had prestige in the Leskian sense (Lenski, 1966). Studies conducted in Nigeria as late as the late 1970s indicated that the scale of power and privilege has been tilted in favour of the young, modern and educated members of the society (Faniran-Odekunle 1978; Eades 1980).

Despite these information/facts/data, the issue of ageing and the aged has not received concerted action from the Nigerian society. A number of assumptions undergird this apparent neglect of the issue. One overarching assumption extant in most parts of the

country is that the aged are receiving attention, care and love from the extended family system. Unfortunately, this assumption remains despite the plethora of published works attesting to the diminishing effectiveness of the extended family system to withstand the incursion of urbanization, nuclearisation of the family, and heterodoxy of values, among others (Eades, 1980; Adepoju, 1982; Faniran-Odekunle, 1978). Indeed, it does appear that with the diminishing effectiveness of the extended family system and in the absence of formal social security services, what now subsists is that adult children - and not some romanticized "extended family system," - provide the major care for the elderly. The matter has become "Olómú dá omú ìyá rè gbé" (every man for himself). This situation of the centrality of adult children to elder care is not unique to Nigeria as studies from Western countries continue to confirm that adult children are still the principal caregivers and care providers for their aged parents (Brody, 2004; Wolf & Kasper, 2006; Horowitz, 1985). However, the similarity between those societies and our experience ends here. While in the Western countries there are a variety of community services to support parent care by adult children, in the Nigerian society, very few community services exist for this purpose.

It is therefore no longer enough to keep repeating the fact that the extended family's effectiveness in caring for the aged had diminished. What is required and what my studies focused on were the consequences of this diminution on the nature of intergenerational relationships and their effect on the quality of life in old age. It is to these we now turn.

RESEARCH ON AGEING AND THE AGED

Our studies focused on understanding the new realities of the care of the old and its consequences on the quality of life of elderly in various social contexts. We also examined the factors which are likely to predispose towards the gradual emergence of a new definition of filial responsibility expectations of the succeeding generations of the old.

The first of such studies looked at four areas: (1) the types of assistance which working adult children provide for their parents, (2) the difficulties/constraints experienced by the adult child in the process of caring for aged parents, (3) the characteristics of parents or children which facilitate or impede parent care, and (4) the relationship between the adult child's perception of filial obligations and his/her expectations regarding the duties of children to him/her at old age. Our in-depth interviews with working adult children, aged 25-55 years, who were salaried workers in the public sector and who had at least a living mother, focused on their filial obligations to their mothers. We focused on the relationship between the adult child and the mother because though the Yoruba family is patrilineal and patrilocal, it is very much a mother-centered family and adult children tend to feel naturally protective of their mothers, particularly when raised in a polygamous family setting. Pertaining to the types of assistance, provision of monetary assistance and foodstuffs were the commonest. The prevalence of financial assistance by adult working children to their parents is not surprising as most of the parents would have spent their working life in the informal sector of the economy and would therefore not be entitled to any pension

benefits. With increasing age, decreased energy and decelerating economic activity, most can no longer support themselves financially, and they depend on adult children to augment their diminished income (Togonu-Bickersteth 1987a; Togonu-Bickersteth 1987b). Our results further revealed that the lower the adult child's income, the higher the percentage of the income that goes towards parent care. This percentage also increases in the cases of those whose mothers had health challenge. When asked to list the constraints experienced in the line of parent care, a large majority (70%) of the adult children mentioned financial difficulty. Those adults whose mothers were living with them were also those in the lowest rung of the income ladder and were also the ones who reported that parents' care was exceedingly burdensome financially. It is also interesting to note that the adult children in the lowest income groups had the highest number of children and other relatives in their households. Combined together, this scenario suggests that adults who are most adversely affected by financial support of parents are those on the lower rungs of economic ladder and who also have a number of poorer relations including their mothers depending on them for financial assistance. Even for those in the middle income group, most whose mothers live away from them, the financial constraint is real and leads to feelings of helplessness on the part of the caregiver.

This was succinctly put by one of our male respondents: *"I know the money I send to my mother is not adequate to meet her needs, but I can't do any better. I have my own children to take care of and also some nieces and relations whose fees I have to pay. By the time I send money home to my mother, send foodstuffs to her, pay school fees, meet other family obligations, I*

don't have anything left. By the sixth of the month, all my salary is gone and I have to get an overdraft from the bank."

In examining adult child characteristics which influenced filial obligations, we found marital status and gender to be important variables. Over 80% of the single adult children regarded parent care as financially burdensome as compared with 67% of the married adult children. Among married adult children, those who claim to be receiving financial support from their spouses towards parent upkeep also perceived parent care as burdensome. Regardless of marital status, more of the females than males perceived financial care of parents as burdensome. This is because females report that they not only respond to the needs of their parents but also to those of their parents-in-law. As one of our respondents put it: *"I have to give to my mother-in-law whenever I observe that my husband is broke or else his family will think I am the one teaching their child not to give money to his people."*

Since parent care tends to stimulate cognitively and emotionally one's future expectations from one's children, our study explored the types of expectations which adults have of their own children and whether there was any relationship between the adult's current experience with parent care and what he/she will later expect from his/her adult children. In general, most of the adults sampled (66%) said they will expect financial support from their children in old age. Also worthy of note is the fact that a greater percentage of females (82.2%), compared to males (56.8%), held this expectation. However, over seventy percent of those who reported that care giving to their parents created great financial

burden did not expect financial support from their children. That is, they did not expect to be dependent financially on their children so as to avoid creating a burden for them.

Thus, on the general level, most adult children believe in the norm 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 (Akinyemi, Adepoju and Ogunbameru, 2007, Togonu-Bickersteth 2010). This finding points to deeper issues, particularly when we examine the situation of the typical adult children - the sandwich generation - in today's Nigeria.

THE SANDWICH GENERATION

Even though over 50% of the Nigerian population lives in rural areas, a deconstruction of this figure reveals that a large percentage of the youths and young adults have migrated to the urban centres in search of better economic and social opportunities (Togonu-Bickersteth 2005; Adepoju, 1972). Often unprepared for the harsh realities of urban life, the new migrants soon join the informal sector to eke out a living. According to the National Bureau of Statistics, about 56 million, making up of 67% of the adult population, are engaged in the informal sector (National Bureau of Statistics, 2011). The prospects of financial security in old age for

this group remain very uncertain. However, whether working in the formal or informal sector, a new reality arising from the current high rate of youth unemployment is that adults who have invested in the education of their children, some struggling to get them through higher institutions, now have to provide financial resources to these children who would have been economically independent of their parents if they could find or create employment. According to the Federal Ministry of Labour and Productivity, more than 41% of Nigerian graduates are unemployed after the mandatory National Youth Services Corps (Vanguard, 2013). A recent working paper by the International Labour Organisation passed this comment on the situation: "A major *failure of the Nigerian labour market is the inability of many educated Nigerians to find decent and productive employment in the economy.*" According to a report, seven in ten graduates of higher education in the country are unemployed and almost the same proportion of secondary school graduates in the country is jobless" (Ugochukwu & Chijioke, 2011). An illustration of the precarious situation with respect to graduate unemployment is the story reported in the print media concerning the desperation of the unemployed graduates. A company based in Lagos had advertised for truck drivers and received 13,000 applications. Of interest about these applications was that 6 were PhD holders, 704 had Master's Degrees and 840 had Bachelor's degrees. (Vanguard August 2, 2013). A more recent pathetic event was what happened across the country when the Nigerian Immigration Service was recruiting graduates, and nineteen job seekers died in the ensuing stampede to apply. According to one of the applicants, "I have never seen this

kind of crowd in my life. Even if this was a FIFA World Cup football match, you will never get spectators this many" (Sahara Reporters, 2014). In some of the testing centres, the job seekers were flogged by security officers. One of the victims reported thus, "My brother, look at me, a Master's Degree holder. I was flogged because I'm looking for work. I cannot remember the last time I was flogged and looking for a job is the last place I expected such a thing would be done." Thus, amidst the need for economic survival in the uncertain informal sector and in the absence of safety nets to mitigate unscheduled, unpleasant life events is added the burden of feeding adult children long after they should have been giving back to parents or at least be economically independent of them. This financial squeeze is the reason proffered by many who though they wish to provide for their parents left in the village, they lack the wherewithal to do so (Togonu-Bickersteth, 2011). The soaring cost of ushering offspring to functional independence is one of the new realities that adult children (the sandwich generation) face in balancing the demands on their resources in ways that allow for mutually satisfying care for ageing parents.

Our research with the rural elderly also indicates that the old seem to understand the economic pressures on their city-based adult children. In assessing the adequacy of economic support received from their children, most confessed that the support was indeed inadequate, but they seem to appreciate the fact that there are competing demands on the adult children's economic resources. A phrase commonly expressed by the elderly was "*Awo won kò ká ojú ìlù,*" meaning the resources of the children are insufficient to meet

their needs (Togonu-Bickersteth, 1987). The inadequacy of support from the children coupled with the absence of any formal supplemental income in form of a social pension is why - contrary to the trend of declining labour force participation among the old in many parts of the world, old people in the rural areas of Nigeria tend to work until they are practically unable to do so. Our study confirms that some old people have already fallen through the safety net and have lost the dignity of old age. These old people can he found in the street begging. Their number appears to be increasing in the urban centers particularly as they can be seen at markets and motor parks. Our study of the elderly beggars in Ibadan, Oshogbo, and Ife revealed that, contrary to the general belief that the old were begging because they had no surviving child or sibling - the two categories of relations considered by the Yoruba to be the most closely concerned with one's welfare - our survey revealed that all but a few had surviving children and siblings, but that their children were 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 report sharing the proceeds from begging with their adult children and particularly in emergencies when grandchildren need medical care. 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, Akinnawo, Akinyele & Ayeni, 1997).

The other group of adult children in the urban areas is represented by the civil servants or those working in the private sector who

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 visitations, 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 adult leaves for work in the morning, and the children leave for school, leaving the aged in the house alone or with the domestic assistant, with whom there may be a language barrier, as the principal companion. By the time the entire family returns after the day's work, very limited interactions between the aged and the others are 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 have described the experience as being "in detention" (Togonu-Bickersteth, 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, the USA, and more recently to South Africa and to some Asian countries. It has been observed that some of these adults in Diaspora display what has been called a "*bleaching syndrome.*" The concept which takes its root from the common practice of skin bleaching is seen as a process of self dislike which culminates in attempts to bleach or tone the skin of large areas of the body or smaller more visible areas where the skin is thin, e.g., the face (Hall, 2009). This syndrome is characterized by readiness

to adapt their names to make it easier for Westerners to pronounce. Also, the emigrants gradually lose their language and fail to teach their children their native language in the belief that not speaking their native language makes them more "civilized" (*This Day Live*, 2013). Since language is a transmitter of culture it is logical to expect, that the cultural norms surrounding filial obligations may be unknown or little understood by the emigrants' children. These adults or youths, who married and started their families abroad, 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. 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. Recent studies have clearly shown that adult grandchildren are sources of instrumental, financial and emotional support to grandparents (Harwood and Hinn, 2000) and often provide them with a sense of generational continuity and satisfaction (Elder & Conger, 2000), and when relationships are emotionally close, they improve the elderly feeling of psychological well-being. (Lawrence, Bennett, & Markides, 1992). Nigerian grandparents with almost all of their grandchildren in other countries may be missing out on these benefits.

The growing grandchildren miss out on the opportunity to learn and experience changes in personal characteristics such as

patience, responsibility and kindness that could have resulted from care of grandparents (Evan-Zohar, 2011). They also miss out on the opportunity to observe filial piety in action and to imbibe appropriate cultural attitudes, values and behaviour necessary to providing support in old age (Lai, 2007).

Thus, while remittances from the adult children in the Diaspora to elderly parents form a significant source of support for the elderly who have children abroad, the income 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. The unavailability of adult children when an aged parent requires to make a "reverse migration" to the embrace of his/her children creates challenges for the dignified care of the very old, particularly in their dying days. At any rate in the Nigerian cultural philosophy, worth and money particularly, are considered insignificant when the human element of compassion is missing. The Yoruba proverb, "Àájò j'owó," (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.

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).

A large percentage of our studies was conducted among the rural

elderly in Ondo, Osun and Oyo states. (Togonu-Bickersteth, 1987a, 1987b, 1988, 1997, & 1999) In contrast to the glamorized version of rural life as tranquil, stress free, laid back, life in the rural areas is rough generally. We found that it was doubly rough for the rural elderly. The rural elderly face the "double jeopardy" of benign neglect derived from their age and their rural location. Income for the rural aged is very low and for a large majority of them, the concept of aggregated annual income is unreal. Both the income from their limited economic activities, mainly farming, and the remittances from their children are quite unpredictable and were judged by the elderly as grossly insufficient to meet their needs. (Togonu-Bickersteth, 1987) Even though the general belief is that the old worked for as long as they have strength, available evidence suggests that older farmers farm smaller and smaller amounts of land. A more recent study of farmers in Ondo State reported that the majority (67%) of the farmers were earning less than N8 333.33 monthly. The author argued that "given the $1 per day/person cut off mark for poverty and an average of four person per household in the study, a total of N19,200/month (N160=$1) will be needed. He therefore concluded that the household monthly income for the farmers was grossly inadequate. (Fasina, 2013)

Health care facilities in rural locations are generally poor for all but even more so for the elderly, and not surprisingly therefore their health status was quite poor (Togonu-Bickersteth, 1987; & Akinyele, 1999). Our study at the Apomu, Ajeigbe, Ikoyi-Ile and Asejire rural communities assessed the health status by respondents' self report on three objective measures: the number

of symptoms experienced by the elderly in the past twelve months from a list of symptoms considered serious enough to require a physician services (Anderson & Newman, 1973). Our results clearly indicated a high level of symptoms among the rural elderly and yet very low utilization of formal, Western health services. The lack of relationship between number of symptoms and health care utilized probably reflects the paucity of health services in the rural area. Our earlier study of health care utilization by urban dwelling elders where health facilities are comparatively plentiful showed that there was a significant relationship between self assessed health and number of doctor visits (Togonu-Bickersteth, 1985).

Although each of the three villages had a dispensary, the older people rarely go there because the dispenser was either unavailable or when the dispenser was available, drugs and other materials are unavailable (Togonu-Bickersteth, 1987). This finding of a high level of symptoms was evident also in the study conducted by Abdulraheem & Abdulraham (2008) in which the authors concluded that a large percent of the (symptoms) ailments presented by the elders in a tertiary hospital could have been caught and treated at the primary health care level, if well organized. Similarly a study conducted in a clinic affiliated with another teaching hospital reported that the elderly had multiple morbidities and underreported their health problems, often attributing it to ageing (Adebusoye, Modupe, Eme, Owoaje and Ogunbodede, 2011).

Thus, there was a high degree (number) of untreated ailments which if treated would have enhanced the quality of life of the

elderly. Closer analysis in our study showed that high limitations on the elder's loco-motor abilities and high symptoms level were negatively associated with feelings of well being. Also notable is the positive association between scope of informal networks, high functional ability and feelings of life satisfaction. This finding supports the earlier studies linking health and feelings of well-being (Larson, 1978; Bulterna, 1969). It also confirms the proposition that participation in informal social networks contributes to the elderly person's sense of well-being by counter balancing negative life aspects of the ageing process and by providing a buffer between the individual and life's strains and stresses. (Palmore and Luikart, 1972; Antonucci & Jackson1987; Valliant, Myers, Mukamala & Soldz, 1998).

Social Support Networks of Yoruba Female Elders

Our research on ageing and old age also examined the ageing experiences from the perspective of the old. We were particularly interested in the older females who have been identified by earlier reports as being disadvantaged in old age. In rural areas, although women work long hours compared to men, they earn less than 40% of the average rural income (Togonu-Bickersteth, Akinnawo & Akinyele, 1996). Throughout her working life, a rural woman suffers limited access to, and control of productive resources such as land, credit and technology (WHO, 1996). This gender disparity in economic control becomes even more accentuated as a woman ages.

Most female elders have scant resources that are highly valued.

The value of the exchange resources they have (wisdom, experience, intuition) is not so self evident in social exchange terms. The women will therefore be involved in "unbalanced" relationships and dependence may manifest itself in psychological and other negative consequences. However, where the "powerful" other in the exchange regards helping or assisting as intrinsically rewarding and does so joyfully, no negative consequences accrue to the elderly recipient of assistance. Our study of Yoruba female elders therefore examined the social network of the elders focusing on three areas.

- How satisfied are these elderly females with the support they are receiving from different categories of network members?
- Is there any relationship between perceived supportiveness of various network members and the health and feeling of general well-being of the female elderly?
- Which categories of elderly derive most or least satisfaction from their network associations?

The study focused on the perceived social support and particularly, how satisfying the support is for the elderly. This was measured by asking the question: "How satisfied are you with the care and assistance being provided to you by the following; daughters, sons, male relatives, female relatives, spouse, friends, neighbours, in-laws and grandchildren?" The elder could add any other category not covered on the list. To each category of networks others, the response categories provided included: "Very satisfied, Satisfied, Not Satisfied, Hardly Ever Assist, and does Not Assist." Thus, we

have a picture of elders' satisfaction with each category of network members.

In addition, a composite score called "Total Satisfaction with Assistance" was computed for each elder by treating the response categories as continuous data (assigning 3 to "Very Satisfied," 2 to "Satisfied," 1 to "Not Satisfied," and Zero to "Hardly Ever Assist"). This means that the highest possible composite score is 30 for an elder who feels very satisfied with all categories of network members and the lowest possible is Zero, for an elder who receives no assistance or no satisfaction from these others.

As suggested in the social support literature, (Antonucci and Jackson, 1987) we expected those who have satisfactory connections to their network others to feel generally more positive about their old age, to have less objective-subjective indices of illness and to have greater overall life satisfaction. The results of the analyses in which these suppositions were examined are presented below. In Table 5, we note that those who perceived their old age as very happy differed significantly from those who described their old age as sad in terms of their satisfaction with eight categories of network others as well as in their overall score of satisfaction with assistance from others. Those who perceived their old age period as "sad" seemed however, to derive greater satisfaction from friends and neighbours compared to those who described their old age period as "happy." Overall, total satisfaction with assistance and perception of old age were significantly related.

Table 4: ANOVA: Perception of own old age Period and Satisfaction with Assistance from Network others

Network	Mean satisfaction with assistance & description of own old age Period			F Ratio (DF= 2/153)	P-Value
	Sad	Slightly	Very Happy		
Daughters	1.25	2.16	2.45	10.0	0.0001
Sons	1.12	2.09	1.95	4.31	0.015
Male relations	1.56	1.15	1.60	3.08	0.048
Female relations	1.25	1.08	1.72	5.65	0.004
Spouse	1.00	0.81	1.41	4.32	0.01
Friends	1.00	0.68	1.00	1.47	0.23
Neighbours	1.31	0.73	0.89	2.14	0.12
Inrlaws	0.25	0.68	1.70	2.28	0.000
Grandchildren	0.62	0.44	1.01	4.93	0.008
Others	0.31	0.18	0.44	1.27	0.28
Total assistance	9.93	9.94	14.85	13.17	0.000

Concerning the relationship between health status and satisfaction with assistance, there was a significant negative correlation between number of symptoms and total satisfaction with assistance ($r=-19$; $p<0.05$). Those who felt satisfied with their supportive connections with the "network others" seemed to have experienced fewer health problems. (Togonu-Bickersteth, 1998).

Furthermore, in Table 5, we also found that those who described their own health as excellent seemed to have satisfactory supportive linkages with all categories of network others. Again,

overall satisfaction with care from others and self-assessed health appears significantly related.

Table 5: ANOVA: Self-Assessed Health and Satisfaction with Assistance from Network Others

Network others	Self-assessed health and satisfaction with assistance				F Ratio DF (3, 154)	P-value
	Not Good	Slightly Good	Good	Excellent		
Daughters	2.03	2.44	1.94	2.89	5.35	0.001
Sons	2.05	2.41	2.08	2.73	3.10	0.02
Male relations	1.28	1.55	0.98	2.42	8.44	0.01
Female relations	1.203	1.68	1.00	2.36	8.51	0.001
Spouse	0.79	1.31	0.92	2.16	7.15	0.001
Friends	0.79	0.96	0.60	1.42	2.48	0.06
Neighbours	0.96	0.79	0.70	1.00	0.75	0.52
In-laws	0.86	1.27	0.9	1.89	4.59	0.004
Grandchildren	0.66	0.72	50	1.32	2.58	0.05
Others	0.38	0.65	0.07	0.10	2.74	0.04
Total assistance satisfaction	11.06	13.51	9.80	18.21	10.22	0.001

Lastly, we found a positive correlation between Life Satisfaction Score and Total Satisfaction with Assistance. The higher the satisfaction with assistance, the higher the feeling of life satisfaction ($r=-0.33$; $p<0.05$).

We further examined the possible impact of age and marital status on our findings. We found age to be positively correlated with the number of symptoms ($r=0.32$; $p<0.05$), negatively correlated to life satisfaction ($r=0.22$; $p<0.05$) but not related to total satisfaction with assistance ($r=0.05$, $p>0.05$). On the other hand, we found marital status to be negatively related to the number of symptoms experienced. The mean number of symptoms for married elders was 2.42 and widowed, 4.23 [$F(1,156) = 14.09$; $P<0.001$]. Marital status was also associated with perception of old age period; greater proportion of the married, than the widowed viewed the old age period as "very happy" ($\chi^2= 42.27$, $df=2$; $P<0.001$).

In terms of relationship between marital status and satisfaction with assistance from others, we note (Table 6) that married elders appeared to have received more satisfaction from all categories of network others than their widowed colleagues. The married elders also had a significantly higher overall score of total assistance satisfaction than the widows [$F (1,156) =10.43$; $P<0.001$]. We further examined the joint impact of the three variables (marital status, self assessed health and perception of ageing) that our results indicate are associated with assistance from others. Table 8 presents our results. Among the married, those who enjoy excellent health and had a slightly happy perception of their old age appeared to enjoy the most satisfaction from their support network others ($x= 19.6$). Those who have good health and slightly happy perception of old age seemed to fare worst among the married group ($x=7.57$). Among the widows, excellent self-assessed health and slightly happy perception of old age was also associated with

high score in satisfaction with the assistance. The lowest score of zero was for the widow with slightly good self-assessed health but sad perception of her old age. In general, however, those whose self-assessed health was low and whose perception of their old age was negative received the least satisfactory support from their kith and kin.

Table 6: ANOVA: Elders' marital status by satisfaction with assistance received from various categories of network members

Network members	Mean satisfaction score		F Ratio (DF = 1/56)	P-level
	Married	Widowed		
Daughters	2.32	1.96	4.65	0.03
Sons	2.28	2.09	1.38	0.24
Male relations	1.56	1.06	7.42	0.007
Female relations	1.55	1.06	7.03	0.008
Spouse	1.46			
Friends	0.81	0.88	0.17	0.678
Neighbours	0.86	0.84	0.017	0.89
In-laws	1.24	0.809	5.18	0.024
Grandchildren	0.74	0.63	0.39	0.53
Others	0.25	0.38	0.67	0.41
Total assistance	13.27	10	10.43	0.001

Table 7: Association between marital status, self-assessed health and perception of old age.

Marital Status	Self-Assessed Health	Perception of Old Age Period	Number	Total Assistance Satisfaction
Married	Not g			
[illegible]	Not good	Slightly happy	14	11.57
[illegible]	Slightly good	Very happy	8	16.87
	Slightly good	Sad	0	
Married	Slightly good	Slightly happy	8	13.12
Married	Slightly good	Very happy	8	16.25
Married	Good	Sad	4	8.25
Married	Good	Slightly happy	14	7.57
Married	Good	Very happy	17	13.88
	Excellent	Sad	5	15.00
	Excellent	Slightly happy	10	19.60
Married	Excellent	Very happy	6	18.30
Widowed	Not good	Sad	19	9.83
Widowed	Not good	Slightly happy	7	8.05
Widowed	Not good	Very happy	1	13.14
Widowed	Slightly good	Sad		0.00
Widowed	Slightly good	Slightly happy	3	12.33
Widowed	Slightly good	Very happy	9	13.33
Widowed	Good	Sad	0	-
Widowed	Good	Slightly happy	8	4.25
Widowed	Good	Very happy	7	12.24
Widowed	Excellent	Sad	0	-
Widowed	Excellent	Slightly happy	1	21.00
Widowed	Excellent	Very happy	2	14.50
TOTAL			157	

Our third research question was to attempt to build a profile, based on our data, of the type of elderly who appears to enjoy the most, and the type that enjoy the least satisfying linkages with their support network. To do this, we identified the two extreme groups: those who scored above 19 points in the total assistance satisfaction score as representing the high group and those who scored below 7 as representing the low group, and we attempted to differentiate between them.

The first factor was location. Among those with high total satisfaction scores, the majority (60%) was from Oshogbo, a middle-sized urban centre, followed by Ibadan (34.4%) and Akanran village (6.25%). On the contrary, among the low total satisfaction group, those from Ife predominate (64.4%), followed at a long distance by Ibadan (22.2%).We also found that more (34.4%) of the high satisfaction group had some education compared with (15.5%) of the low satisfaction group.

A second differentiating factor was marital status and the type of family arrangement and whether or not the woman and her husband were still economically active. Over 80% of the high satisfaction group was married, 46.7% of them was in monogamous marriages, 56.2% of them was still working and 84.4% of their spouses was also still economically active. On the other hand, only 42.2% of the low satisfaction group was married, and 22.2% was in monogamous marriages, more (55.6%) of them was working but only 37.8% of their husbands was still working.

The high satisfaction group also seemed more involved in mutually balanced support exchanges with their siblings. They

have more of their siblings alive and exchange mainly visits, advice and moral support with one another. The low satisfaction group had less of their siblings alive and received from them tangible assistance like money and food and in return only gave occasional advice.

In terms of health and general feeling of life satisfaction, the high total assistance group described their health more positively, experienced fewer numbers of symptoms and had higher life satisfaction scores. Significantly also, while 69% of the high total assistance satisfaction group perceived their old age period as very happy, only 27% of the low assistance satisfaction group described their old age period similarly.

In summary, location, education, marital and other family variables, sibling relationships, and health and well-being status and overall perception of old age period differentiated the elderly in terms of whether they had high or low levels of satisfaction with assistance from others. Our data analyses thus revealed three important pointers to the issue of social support networks of the current generation of elderly Yoruba females. It also raises some issues for the future scenario of social support in old age for those women who currently belong to what gerontologists call the "middle generation." First, our findings have made more questionable the myth of extended family care of the old in the Yoruba area. Our research has shown that the most dependable members of an elder's family on whom she can count and from whom she receives satisfactory assistance are her children. Others either give no assistance or the type and quality of assistance that

does not fully satisfy the female elders.

Furthermore, our study provides no confirmation for the conventional wisdom in gerontology that friends/confidants are important parts of female social support networks in old age. (Cantor, 1979; Arling, 1976). On the contrary 53.8% of our elders claimed not to have any friends or confidants. Over sixty per cent of our elders (62.2%) received no assistance from friends and among the rest, only 13.9% described the assistance received from friends as satisfactory. Similarly, despite the fact that our sample of elders had lived most of their years in their immediate neighborhood, it is instructive that over half of them (54.4%) received no assistance from their neighbours. Being all women, a potential source of support to the elders are the in-laws, a general term for the elders own set of in-laws, derived from her marriage to that particular family and her in-laws derived from her children's marriage to outsiders. Here again, close to half (49.4%) of the study group received no assistance from in-laws. Two categories of network members whose assistance were found satisfying by the elders were male and female relatives. These were younger siblings who visit and/or bring occasional gifts of food and money to the elders.

Given the centrality of children and the absence of other formal social welfare programmes for the old, it appears reasonable to surmise that as the aged live longer and increase in number, the ability of the children to sustain a qualitative level of assistance may be diminished.

As noted in our introduction, most Yoruba women work almost

throughout their lifetime. In the past however, work in old age did not seem to have the compulsion that it does for this generation of old women (Fadipe, 1970). It is our contention that the need (as opposed to the desire) to work and earn income derives from the awareness by the women that the remittances from the children are no longer sufficient to meet their own needs. Most of them are aware of the many factors that compete for their children's earnings. They work because they have to work to augment what the children can provide. The wisdom of this action becomes obvious in periods when children are retrenched or suffer some economic reversal that prevents them from fulfilling their filial obligations for a period.

As explained by the women, their trading does not bring in "big money" but it provides them spending money on a daily basis. It was also learnt during our survey that some of the women engaged in local informal and formal macro-credit schemes. Examples of the former are the daily contributions *(Esusu)*. The most common formal example was the co-operative society *(Egbe alajeseku)*. Relating to us the benefits of membership in these co-operative associations, the women said it gave them opportunity to borrow small amounts of money to buy agricultural products at harvest time or on market days and resell at the local levels. We emphasized these points about the economic activity of the old because, being economically active provides for them a potential safety net when all else fails. It also predisposes them to feel less dependent on others and therefore more likely to have more positive stance towards whatever assistance they receive.

Another relevant issue relating to social support of women relates to childlessness and what that status entails in later life, given the centrality of children to old age care. There are two types of childlessness - one which the woman bears and loses all her children and one in which she never had children. We found that female elders in our study had borne large numbers of children but few had surviving children. Some of the examples are the 80-year old woman who had eleven children but has only one surviving 42-year old son; another woman who had six children, five of whom died as young adults, each time, exactly a month before their wedding; and another woman lost five of her ten children. Some had children and lost them in old age: a 78-year old woman lost her only child five years before our survey; an 89-year old widow who has lost all her children, the most recent one shortly after she was widowed. Then there are those who had no children at all. Thus, there are various types of childlessness. The circumstances in which the status was thrust on the individual varied and tended to determine others' relationship with her. For example, those who lost their children in old age are most likely to have fully embedded themselves in their husband's households, to have grandchildren and other surviving relatives deriving from the child or children, *e.g.*, in-laws. These "childless individuals" were still residing in their husband's households and received some support from stepchildren. As revealed to us by the 89-year-old childless widow mentioned earlier, *"It is my stepchildren who see to my welfare. If I didn't tell you, you will never know that they are not really my own children."*

The cases of those who never had children seemed more

precarious. They were all living within their own lineage and were being assisted by their own relatives. Thus, being childless, whatever the origin, leaves the woman very little power to demand assistance from others. The cultural obligations to take care of stepmothers are not as binding as the cultural obligation to take care of one's mother. Thus, when others assist her, they are perceived as doing her a favour. She also perceives it as a favour. This arrangement is a most unbalanced form of social exchange and the psychological consequences were very obvious in our survey. As a group, the six childless elders had the highest mean symptoms score (3.8) and had the lowest mean life satisfaction score (5.2). Four out of the six described their old age as "sad" and the rest, as "slightly happy."

Another issue concerning social support of women in old age pertains to the high probability of widowhood for women who live long enough. Widowhood does not generally affect aged males the way it affects females. Males and their cohorts tended to have multiple wives, as they were encouraged to remarry in cases where they lacked other wives. During our study among the Ondo Yoruba we were informed that it was better for a man to die before the wife because if the wife dies before him, then who would cook for him? (Togonu-Bickersteth, 1997). In our study, we found that marital status made a difference on a number of factors indicative of good life and certainly in the extent to which the elders received satisfactory assistance from network others. Widows had significantly more illness symptoms than the married. The former group had a mean of 4.2 and the latter 2.4 [$F(1,156) = 14.09$; $p < 0.001$)]. Close to half of the widows described their old age as "sad"

and compared to the married and had lower life satisfaction score. They were also chronologically older than the married. Economically, the widows were less active than the married. They had less number of children, less number of siblings alive and received fewer but more concrete assistance from the siblings. Despite this broad picture of need - old, not so well, few siblings, few children - it is the widows who received generally less satisfactory assistance compared to the elders who are married. One can conclude that the widows are not well integrated into the informal social support system and definitely derive minimal satisfaction from the exchange interactions that they do have.

The Youth's Perspective

If, as argued by Finely, Roberts and Banahan (1988), attitudes of filial obligations are a product of the social and structural conditions in which a person lives, one can expect that the changing socio-economic conditions of our nation may affect youths eventual filial piety and expectations. Our study examined this issue. We examined how university students define and characterize old age and the old (Togonu-Bickersteth & Akinnawo, 1989), and their filial responsibility expectations (Togonu-Bickersteth & Akinnawo, 1990).

In understanding the likely future trend in intergenerational support, the use of university students has a number of advantages. First, based on Inkeles & Smith (1974) and Caldwell's (1979; 1980) contention that schooling is the prime modernizer, then university students exposed as they are to modern ideas epitomize

the modern person. This modernity (if the assumption is true) should be reflected in their perceptions of the old, their filial responsibility expectations and also in their expected behaviour in old age. Secondly, since these students are not yet "caregivers" their filial responsibility expectations can be reasonably assumed to reflect a combination of beliefs, attitudes and values which they would have acquired through interactions with significant others in their own unique family living situations and those acquired from the wider society (peers, schools, other socialization agents and the global environment). Further still, since it is widely known that growing up together at around the same historical period tends to generate some similarities in the attitudes, values and world view of individuals (Kimmel 1980), the students' responses would also to some extent reflect this cohort effect and lead to an appreciation of how people of their cohort view old age and what they believe to be their duty towards their elderly parents and their future expectations from their own children.

Our research findings reveal that contrary to Euro-American findings in which the old are negatively viewed by the non-old (Barron, 1953, Roso, 1962; Tuckman & Lorge, 1953) the attitudes of youths in our sample were generally positive. The majority described old people as generally kind, wiser and more understanding than the non-old (Table 8).

Table 8: Perception of Old and Young by Young People.

	ITEMS	OLD		YOUNG		
		$\bar{x}$	σ	$\bar{x}$	σ	T
EVALUATION	1 Pleasant /Unpleasant	5.3	2.5	5.1	2.5	1.09
	2 Clean/Dirty	4.4	2.6	5.8	2.1	8.09
	3 Innocent/Guilty	5.7	2.1	3.8	2.7	10.75*
	4 Normal/Strange	4	2.7	4.9	2.6	1.55
	5 Sincere/insincere	6.3	1.7	3.7	2.7	15.78*
	6 Wise/Foolish	6.4	1.6	4.6	2.7	11 79*
	7 Valuable/Worthless	6.4	1.6	5.9	2.1	3.67
	8 Safe/Dangerous	5.6	2.3	3.2	2.6	13.42
	9 Happy/Sad	5.6	2.2	6	1.9	2.67
	10 Rich/Poor	3.2	2.5	4.8	2.5	8.77
	11 Fair/Unfair	6	1.8	4.5	2.6	9.19*
	12 Intelligent/Ignorant	5.3	2.4	5.2	2.5	0.55
POTENCY	13 Predictable/Unpredictable	3.8	2.8	2.9	2.5	4.45*
	14 Lenient/Strict	5	2.5	3.3	2.6	9.13*
	1 5Healthy/Sick	3.3	2.6	6	1.9	15.83*
	1 6 Strong/Weak	2.5	2.3	6.1	1.9	23.15*
	17 Rugged/Delicate	2	2.5	3.7	2.7	4.22
ACTIVITY	18 Relaxed/Tense	5.1	2.5	3.1	2.6	10.75*
	19 Passive/Active	2.8	2.5	6.2	1.7	21.77*
	20 Fast/Slow	1.9	1.9	6.3	1.7	33.33*
	21 Warm/Cold	3.7	2.6	5.7	2.1	11.63*
	MEAN EVALUATION	5.3	1.1	4.6	1.4	7.7*
	MEAN POTENCY	3.4	1.5	4.8	1.4	13.2*
	MEAN ACTIVITY	3.3	1.4	5.3	1.3	19.6*

*Significant at 0.005 level

In a related study (Togonu-Bickersteth and Akinnawo, 1990) in which we examined the perception of the old by Nigerian and Indian university students, we observe that both groups felt it was their responsibility to assist their elderly parents financially. However we observe that the Indian students described old people

as generally sad while the Nigerian students described old people as "happy." The evaluation of the old as "sad" by Indian students fits the picture of what is known about the emotional price which Indian elderly are paying for co-residence with adult children (Goldstein, Schuler & Ross, 1983; Biswas, 1985). Most Nigerian students we interviewed report paying only occasional visits to their grandparents during holidays. Such visits are often short in duration and usually characterized by indulgent behavior on the part of the grandparent towards the grandchild, and the student who sees the old in this celebratory mood most of the time is likely to characterize the old as happy.

Thus from our analyses, we argue that even among two developing societies each of which places high priority on support of the old, the imputations of certain attributes and not others to the old in each is determined by the particular organization of family residential pattern, intra-family economic relations and by the type of interactions these arrangements encourage.

Our study of Nigerian students attempted to elicit from the students their expectations during old age on four issues-expectations regarding financial assistance from their own children, living arrangements with their sons/daughters and continued economic activities even after retirement, and what they fear or positively anticipate during their own old age. The students expected monthly financial assistance from their children during old age and expect that their children will visit them often. They also believe they will have to engage in active employment even after retirement in order to be financially

comfortable in old age. However, those students who viewed old age more positively and endorsed the norm of financial assistance to aged parents were those who felt it was unlikely that they would expect financial assistance from their children when old. It is unclear whether this expectation of old age financial independence from children arises out of the inner feeling that their children would not be as dependable financially or that the students, being idealistic believe that they would have planned so well for their old age that they would not have to financially rely on their children.

The commonest fears of being old/old age expressed by the young were dependency, (40.7%), chronic illness (30.1%), widowhood and loneliness arising from neglect by offspring (15%), and nearness of death (8.8%). Prominent among the positive anticipations held by the youths about their own old age were having children and grandchildren around (35.4%), freedom from financial obligations to own children (24.8%) and more leisure time (16.8%). In our study of the elder's perception of what makes for happiness or sadness in old age, over 90% of the aged sample noted that having dutiful children makes for happiness and having no child makes for sadness in old age (Togonu-Bickersteth, 1986). That the issue of having children and grandchildren around featured so prominently in our young sample's picture of a good old age attests to the pervasiveness of the belief that offspring are invaluable assets to old people.

That childlessness or neglect by children can lead to destitution in old age for the Nigerian urban aged has been empirically

confirmed by the fact that over 90% of the current residents of old peoples' homes in the country are those without living children or caring relatives. But given that our sample of young are all educated and are likely to engage in salaried employment which will most likely include pension arrangements, one suspects that their desire to be surrounded by offspring later in life is one that springs from socio-emotional reasons rather than from purely economic ones. This interpretation is based on the result that while 46% of the females expressed the hope of being surrounded by offspring, 35% of the males expressed the hope that by their old age, they will be free of all financial obligations towards their children. The sex differences in the "hoped for" relationship between the aged and offspring reflect the sexual division of parenting role extant in the typical Nigerian setting where the father is perceived as the breadwinner and the mother, the caregiver. While female respondents see continuity into old age of this traditional role assignment for themselves, the males expect a cessation or a reduction in the obligations attached to their role as breadwinner.

Concerning the dreaded potential consequences of old age expressed by our sample, one notes that some increased awareness of one's mortality is a universal generalized human concern as one contemplates the idea of growing old. However, the other more specific fears reflect the existing cultural patterns and particularly respondents' evaluation of the plight of those currently occupying the aged status. For example, in the United States where studies have shown that persons over 65 are more likely to experience "predatory incidents" as compared to other age groups (Antunes,

et al. 1977) almost to the extent that most aged are prisoners in their own homes, it will not be surprising should one find out that for a young person in that society fear of crime against the self comes to his/her mind as he contemplates old age.

Within the Nigerian social context, since there are no nursing or convalescent homes where medically dependent elderly might be cared for, the burden of any illness in old age is usually borne (financially and emotionally) by the adult children and relations. Should the illness be chronic or debilitating, it is not uncommon for the aged to be removed from the rural residence where he/she has spent the greater part of his/her life, to an urban center where the medical facilities are concentrated. Typically, adult children will help the parent locate the appropriate health facility , link him/her to it, follow the parent to the hospital to help him/her navigate the confusing, bewildering and intimidating atmosphere of the hospital. Should the parent be admitted, it is the adult child who must "hang around" in case the parent needs to buy medications or other medical needs not available within the hospital. In some cases the adult child or a family member may need to sleep over around the hospital or come early in the morning to the hospital to assist a bed ridden elderly parent with matters of personal hygiene. Worse still, the chronically ill aged may be moved from one child to another in order to share the burden of care more equitably. Usually, the more the number of children shares the burden, the less likely it is for any particular child to feel overburdened and to experience intolerable caregiver strain. But, oftentimes, this process of sharing creates intra-familial tensions and discord. Some children may blame the others

for not contributing enough. Meanwhile, the sick old person feels caught in between and feels guilty for causing the economic and emotional hardship for the children. Thus, chronic illness in one's old age increases one's dependency on children and relations and creates economic and emotional strains for the elder's caregivers. This explains why sickness in old age would be a dreaded thing.

SUMMARY OF THE NEW REALITIES

Mr. Vice Chancellor, the weight of research evidence indicates that for Nigeria, ageing is not an emergency. The signs have been there since 1980's. The evidence is that Nigeria has a fast growing population and that the proportion of the elderly is increasing and will continue to increase at a much accelerated rate. Our research has provided evidence of the consequences of the socio-economic dynamics on the care of the old, now and in the foreseeable future. One of the new realities is that parent care is becoming increasingly "adult children's care" and no longer the idealized notion of care of the old by the extended family. Another reality is that though the norm of filial responsibility is not yet diminished, the adult child's ability to provide satisfactory care is greatly limited. Another new reality is that our health care system, as currently organized (in terms of human and material resources), is still unprepared for the ageing of the population, and particularly for the increase in non-communicable diseases. As is, we are yet to turn the corner on eliminating communicable disease. Still another reality is that the current middle generation of Nigerians has to expend higher levels of resources to launch their offspring to

functional independence, given the current high rate of youth unemployment. Moreover the new realities of the increase in geographical distance between parents and their offspring means the absence of intimate others that this current middle generation can run to when they inevitably have to make a "reverse migration" to children's homes, i.e., if they become incapacitated or need personal, intimate care. We need to face the challenges and opportunities presented by these new realities. We need to think about preparing for old age on both an individual and societal level. We start by looking at what the country needs to attend to on this issue.

WAY FORWARD

National Level

Many reasons account for the current neglect of the issue of ageing in our country. One is the competing demand for scarce safety net resources from other population groups, the youth, the newborns, the adults and particularly by women in reproductive ages. The country is beset with the challenge of "youth bulge." According to the recent statistics, 60% of Nigerian population is under the age of 30 years and close to 40% of these youth is unemployed (National Bureau of Statistics, 2010). This high youth unemployment poses economic as well as security challenges to the country. In addition, the implication is that the generation that will retire in 2050 is the current youth bulge and given the limited employment opportunities available to the young now, many of them may be entering their old age or retirement period with limited resources

to sustain them. Also making the ageing issue seem less important is the high maternal and infant mortality rates. Available figures for 2011 show that 80% of the world's Under-Five-Deaths occurs in only 25 countries and about half in only five countries - India, Nigeria, the Democratic Republic of Congo, Pakistan, and China. More disturbing is the fact that India and Nigeria together account for more than a third of Under-Five Deaths Worldwide (UNICEF, 2014). A recent newspaper report on maternal mortality raises similar alarm. There are claimed to be 52,000 cases of maternal deaths in Nigeria annually and the report further calculates this to mean that an average of 45 women died every day during the first quarter of 2013 (Oloyede, 2013). Thus, ageing in Nigeria is occurring against a background of social and economic hardship, widespread poverty, high rates of youth unemployment, high infant maternal mortality, a heightened feeling of insecurity and the challenges of HIV/AIDS.

These and other competing demands on the attention and resources of government may account for the scant attention being paid to the issue of ageing. Other reasons that have been adduced include lack of awareness of the importance of addressing population ageing and lack of political will for long range planning (Aboderin, 2005).

The consequences of continuing to play the "ostrich" are becoming apparent as revealed by Nigeria's "report card' on the 2013 Global AgeWatch Index report on the global survey of quality of life of the older persons (HelpAge,2013). The Global AgeWatch Index is the first global index to rank countries according to the

social and economic wellbeing of older people. The Index is fast becoming a central reference point for governments, employers, civil society, communities concerned with the issue of ageing.

Nigeria's Report card on the Index provides some useful information that should constitute a "wakeup call" to the country on the issue of ageing. The Report Card shows that Nigeria ranks 85 out of the 91 countries studied and ranks in the sixth position among eight African countries (Figure 5).

Figure 5: GLOBAL AGEWATCH INDEX

1. Sweden	21. Israel	41. Croatia	61. Venezuela	81. Morocco
2. Norway	22. Spain	42.Thailand	62. Poland	82. Honduras
3. Germany	23. Uruguay	43. Peru	63. Kyrgyzstan	83. Montenegro
4. Netherlands	24. Belgium	44.Philippines	64. Serbia	84. West Bank and Gaza
5.Canada	25.Czech Republic	45. Latvia	65. South Africa	85. Nigeria *
6. Switzerland	26. Argentina	46.Bolivia	66. Ukraine	86. Malawi
7. New Zealand	27. Italy	47.Bulgaria	67. South Korea	87. Rwanda
8. USA	28. Costa Rica	48.Romania	68. Dominican Republic	88. Jordan
9. Iceland	29. Estonia	49. Slovakia	69. Ghana	89. Pakistan
10. Japan	30. Panama	50.Lithuania	70. Turkey	90. Tanzania
11. Austria	31. Brazil	51. Armenia	71. Indonesia	91.Afghanistan
12. Ireland	32.Ecuador	52. Tajikistan	72. Paraguay	
13. United Kingdom	33. Mauritius	53. Vietnam	73. India	
14. Australia	34. Portugal	54. Colombia	74. Mongolia	
15. Finland	35. China	55. Nicaragua	75. Guatemala	
16. Luxembourg	36. Sri Lanka	56. Mexico	76. Moldova	
17. Denmark	37. Georgia	57. Cyprus	77. Nepal	
18. France	38. Malta	58. Greece	78. Russia	
19. Chile	39. Albania	59. El Salvador	79. Lao PDR	
20. Slovenia	40. Hungary	60. Belarus	80. Cambodia	

Source: Helpage International, Global AgeWatch Index 2013.

The report further reveals that even though Nigeria has the highest GDP among the eight indexed African countries, she ranks the third lowest for income security. On this domain, the Report concludes that "the present generation of older Nigerians has not benefited in any substantive way from the country's wealth, even from initiatives such as expansion of education during the 1970s" (Helpage, 2013a:32). Nigeria ranks 84 in the health domain, 70 in the employment and education domain and 76 in the enabling environment domain (Table 9).

Table 9: NIGERIA REPORT CARD ON GLOBAL AGEWATCH INDEX

DOMAIN: INCOME SECURITY: VALUE: 14.2/100

87
RANK

Income Security Rank	By Domain 87 Value 14.2 100
Indicators Data	What does this mean?
Pension Coverage 5%	% of people over 65 receiving pension
Old age poverty rate 15.7%	% of people aged 60+ with an income of less than half the countrys median income
Relative welfare 97.7	Average income/consumption of people aged 60+ as a % of the average income/consumption of the rest of the population.
GDP per capital. US$2,136.8	Proxy for standard of living of people within the country

DOMAIN: HEALTH STATUS. VALUE 26.4/100

84
RANK

Indicators Data	The average number of years a person aged 60 can expect to live
Life expectancy at 60 16years	
Healthy Life Expectancy at 60 14.4 years	The average number of years a person a ged 60 can expect to live in good health.
Relative psychological well being : 106.5	% of people over 50 who feel their life has meaning compared with people aged 35-49 who feel the same. The indicator measures self assessed mental health.

DOMAIN: EMPLOYMENT & EDUCATION:
VALUE 30.5/100

70
RANK

Indicators data	What does this mean?
Employment of older people : 70.5%	% of the population aged 55-64 that are employed.
Educational Attainment : 17.4%	% of population aged 60+ with secondary or higher education.

DOMAIN: ENABLING SOCIETIES & ENVIRONMENT. VALUE 53.6/100

76
RANK

DOMAIN: ENABLING SOCIETIES & ENVIRONMENT. VALUE 53.6/100 Indicators data	What does this mean?
Social Connections 74%	% of people over 50 who have relatives / friends they can count on when in trouble
Physical safety : 70%	% of people over 50 who feel safe walking alone at night in the city or area where they live.
Civic freedom : 53 %	% of people over 50 who are satisfied with the freedom of choice in their life
Access to public transport 30%	% of people over 50 who are satisfied with the local public transportation systems.

Source: HelpAge International: Global AgeWatch Index 2013.

These figures confirm the unfavorable quality of life for the old in Nigeria. Given this situation, what are the critical elements that should be of academic, research and policy concerns in order to position the country for the current and future challenges of ageing? It is essential that the country benefit from the "demographic dividend" of a large number of people of prime working age, who if gainfully employed would be able to support a growing number of older persons in the future.

The first major area of concern is the near absence of a reliable national minimum data set on the elderly in the country. For instance, a review of research conducted on ageing and health between 1995 and 2003 in selected African countries, including Nigeria, concluded that even though some good research has been done on various topics by a wide spectrum of disciplines, yet the coordination, collation and completeness of existing data are still inadequate to accurately and reliably inform policy formulation and implementation (WHO, 2003). Indeed the argument by Cooper, Osotimehin, Kaufman & Forrester (1998) that lack of valid and reliable body of data on the physical, social and economic wellbeing of older persons places policy makers and planners at a disadvantage is well borne out by the report concerning Nigeria's first attempt at formulating a National Policy on care of the old in 2003. Asagba (2005) reports that the only research evidence available at the time was limited in scope and lacked rigour or accuracy. Thus, according to the author the attempt at policy making was limited by the unavailability of comprehensive or in depth understanding of older people's situations or its implications. It has been argued that the absence of valid and

reliable data on the old will lead to myth driven as opposed to evidence based policies and more damaging still, is that the absence of information on the old may inadvertently exclude old age concerns from mainstream national planning efforts (Togonu-Bickersteth, 2010; Togonu-Bickersteth & Akinyemi, 2014).

Research evidence is needed to clarify the problem, frame the options to address the problems and to guide how the options will be implemented, monitored and evaluated. It is 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 in Nigeria is needed from which picture of the elderly in Nigeria will emerge. Subsequently, collecting, storing, aggregating, disaggregating, disseminating data on the situation of the elderly on a regular basis should be undertaken by the appropriate government agencies which will also have the obligation of monitoring and reporting trends at specified intervals (Kowal, Wolfoson & Dowd, 2000). The dynamic nature of the data will sensitize policy makers to the influence/impact of national and local human development initiatives on the quality of life of the old. In addition, appropriate social interventions will be informed by facts and not some imagined perception of what the elderly need. Furthermore, the availability of baseline data and its regular updates will be a vital step towards a true understanding of the ageing situation in Nigeria.

Another important function of a dynamic national data set is the opportunity it will offer for research by post graduate students and

scholars from various disciplines interested in the study of ageing and the elderly. Currently, a number of scholars are working in different parts of the country on diverse topics in their areas of interest but because of funding limitations, very few national or even regional cross disciplinary and multidisciplinary researches on ageing in the country has been conducted. The availability and accessibility of the data set will pave way for knowledge building in Gerontology, and the emergence of theories on ageing derived from our local contexts. In addition, useful research for policy making and planning should not only be interdisciplinary, but should facilitate international comparisons so that Nigeria can take advantage of global best practices while being sensitive to its own peculiarities. Thus, ageing research and knowledge utilization will be enhanced with the availability of reliable, dynamic national data base. This will be possible if funds are available for research and training of appropriate personnel.

In addition to creating the dynamic data base on ageing and the elderly, a number of emerging issues are suggested for closer study by researchers. Among these is the need to describe and understand the new forms of non-familial support groups available and being used by the elderly. An empirical study of these informal groups will be useful in identifying features of these groups which can be strengthened and replicated and those feature which need closer scrutiny in order to minimize the opportunities for elder abuse.

Another emerging area that should be of interest is the phenomenon of reverse migration by some retired/old individuals

back to the rural areas. We need to study the diversities of motives behind the reverse migration and its consequences on intergenerational relationship and quality of life of the returnees.

A third area which needs closer attention is the issue of parent care giving by female adult children. Research from other countries have demonstrated that when caring for an ageing parent, even the most devoted adult child caregiver will at times feel depressed, resentful, angry or guilty (Cavanaugh 2001 & Stephensetal, 2001). Studies have also shown that in terms of timing in the life course, caring for a parent typically coincides with women's peak employment years. Also, usually most women caring for parents are also mothers, wives and employees. Studies have shown that while parent care can be rewarding, the combination of these roles and the stresses they bring creates negative psychological and financial outcomes for the adult female caregivers. We need to study this phenomenon for its effect on the mental health of the female caregiver and the consequences of this on the quality of family life of the adult child.

A fourth area needing further research is the emerging phenomenon of "skipped generation families" in the semi-urban centers. Skipped generation families are families in which grandparents raise children and parents are absent from the household. There is evidence that there is an increase in this form of family arrangement, particularly in our local Ile-Ife community. Scholars from other countries (Bullock, 2005, Crowder & Rodriguez 2003; MinkLer & Driver, 1997; Grindstead, Leder & Bond, 2003: Kelly, 1993, Minkler & Fuller-Thomson, 1999;

Minkler, Rose & Price, 1992; Myers, Kropf & Robinson, 2002, Sands & Goldberg-Glen, 2000) have stressed largely the deleterious effect of this family set-up on the health and feelings of life satisfaction of the aged. The effect of this family arrangement on the health and well being of the grandparents and the psychosocial development of the grandchildren in our society need to be studied.

Another major area deserving attention if the country is to improve its ageing preparedness profile is in the building of the human capacities needed to respond to the challenges of ageing. Ageing is an issue that cuts across all disciplines. Psychology, Sociology, Economics, Architecture, Communication, Nursing, Biomedical sciences, and Demography, among many others have made important contributions to understanding the ageing of individuals and ageing of societies. Currently, very few universities in the country offer postgraduate programmes in this field. The National Universities Commission's current effort at developing a curriculum in Gerontology is a welcomed development (Olugbile, 2013: 48). Further efforts must also be made to mainstream ageing concerns into every aspect of the University's mandate of teaching, research and community services.

Of particular concern in the area of capacity gap is the paucity of trained medical personnel in Geriatrics. It is reported that in Nigeria, as in much of Africa, the burden of disease at old ages is compounded by continued high levels of communicable diseases, increased level of chronic disease, high rates of injury and violence as well as disease of poverty (WHO, 2003). The current health care

system though still greatly deficient, provides some level of resources to the health needs of the younger age groups but seems neglectful of the health needs of the aged. Specifically, none of the Nigerian medical schools currently runs a Residency programme in Geriatrics. (The Tony Annenih Geriatric Centre in the University Teaching Hospital which provides a one-stop medical facility for the elderly is a good start). Yet it is becoming evident that as more and more people attain old age and spend longer time in old age their medical needs are likely to change. Chronic, non-communicable diseases are likely to be more prevalent among the group and there is thus a need to train the specialist doctors and other medical professionals, paraprofessionals and technicians with expertise to provide appropriate medical and allied services that will enhance the quality of life of the elderly. Since early life style choices often affect the quality of health in old age, it is also wise for government to focus attention on public enlightenment campaigns about this issue. It is essential that medical personnel be trained to provide services to older persons at the primary, secondary and tertiary levels. As most of the elderly are resident in rural areas it is important that medical personnel at the primary health level be equipped to respond to the needs of the elderly.

In order to effectively provide the knowledge base for a greater understanding of the old in the country and to build necessary synergy within and between disciplinary perspectives on the issue, there is a need for effective networking among researchers in the field. The current "silo" orientation to research on ageing cannot advance the field. There is a need for academics in the field to come together to form a Nigerian Gerontological Society. The Society,

through its annual conferences can create a credible platform where researchers can exchange ideas and insights, where issues about ageing can be discussed from diverse disciplinary perspectives and where government policies can be analyzed and proposals for interventions critically examined. The Society will facilitate the publication of a dedicated Journal on Ageing and Occasional Papers on emerging issues in ageing in Nigeria. Through these processes - training of requisite academic and professional staff, research collaborations across disciplines, presentation of research outputs in academic/professional public space, and publication of research outputs in learned journals, accessible to academic and policy makers - a community of scholars on the issue of ageing can be built.

One of the factors possibly responsible for the neglect of the issue of ageing is the absence of consistent, effective advocacy by the elders themselves. Currently, there are many associations of retired persons across professional lines: association of retired nurses, association of retired teachers, etc. This is a good development as it enables the formation of an "iron triangle" of individuals, organizations and groups that have stakes in policies affecting the members. However, there are some cross cutting issues on ageing which affect all groups, e.g., the issue of health provision for the old, transportation, housing, and other policy issues with potentials for affecting the old and for which a unified voice will be more effective. There is therefore a need for an umbrella organization to which the different associations can affiliate and which will serve as a stronger voice on such cross cutting issues affecting all older people in the country. An example

of such association is the American Association of Retired Persons (AARP), founded in 1958 but which has now become an influential interest group in the American political landscape, and particularly in health care matters. Similarly, despite being one of the poorest countries, Bolivia is reported to have a progressive policy environment for old people because of the concerted pressure from older persons. It has a National Plan of Action on Ageing, free health care for the old and a non-contributory universal pension providing $30 per month for all people 60 years and over (Helpage, 2013).

In the area of family care/social support for the old, it is becoming increasingly clear that the informal system of care is under stress from many angles. The most recent National Bureau of Statistics Survey revealed a trend which has been reported in the past but which seems to be intensifying and with worrisome consequences for family based care of the old. The data reveals that women are getting married later than they did in the past. Accordingly a sizeable number of these women that would have gotten married and stayed out of the labor market by being housewives are entering the labour market pending when they will get married. At the same time due to positive gender empowerment policies and improvement in female education, women are not only getting married later but also are increasingly becoming more insistent on financial independence and consequently entering the labour market and demanding more jobs than previously. The global crisis also affected the growth of disposable income in some families prompting families with previously just one working member being forced to send other family members for example,

previously housewives, into the labour market to look for work to supplement household income.(National Bureau of Statistics, 2011). Our studies have confirmed that women are key to old age care in Nigeria and their increasing participation in formal employment therefore raises a need to closely examine the issue of social support to the old within the family set up.

Our studies among adult children in the Yoruba speaking areas have clearly demonstrated that the care of the old is becoming the responsibility, not of the extended family, but of adult children (Togonu-Bickersteth, 1989). Those adult children, mainly daughters, who are still able to take care of their old parents and relations, can be provided with supports that enable them to keep the old at home for as long as possible. Such support may include deliberately capacitating interested adult children and other relevant family with knowledge and skills needed for caring for frail elderly. It may also include, in kind assistance such as subsidized transportation, medication for the elderly. Secondly, the reality on ground suggests that a considerable number of the elderly have fallen through the safety nets, they are homeless and can be found begging on the streets (Togonu-Bickersteth et al, 1997). The national government has no provision whatsoever for this category of elderly. Some state governments run old people's homes for this category of old people. Lagos State has one of the oldest of such homes and recent interviews with the staff indicate that a large percentage of the residents is destitute having lost contact with all family members and nowhere else to turn to. However an interesting observation is that increasingly enquiries for placement are now being made by "successful" adult children

who have the funds for care but whose life styles leave little space and time for the care of the old. While some of the adult children may be economically endowed enough to hire a caretaker to care for their aged parents, yet this arrangement if not properly supervised, leaves the aged at the mercy of the care taker who may knowingly or unknowingly subject the aged to psychological or physical abuse (Aderanti, 2014). Studies by researchers in Akwa Ibom State (Akpan & Umobong, 2013), Lagos State (Sijuwade, 2018), Enugu State (Asogwa & Igbokwe, 2010), Ekiti State (Ola & Olalekan, 2012), indicate that elder abuse, once an anathema, is becoming common. Ajomale (2007) has averred that there might be underreporting of elder abuse because the victims, being dependent on others for care, are likely to be afraid to disclose such matters in order not to provoke the wrath of their caregivers.

This brings us to the issue of desirability or otherwise of Elder Care homes in our society. The general feeling is that such formal residential arrangements are antithetical to our cultural value of caring for the old. This perception may be borne out of the mass media portrayal of residents of old people's homes as abandoned individuals with no hope. This unfortunately may be true to some extent. It may also be borne out of the collective guilt feelings or the unwillingness to admit that some old people have actually fallen through the safety nets and do indeed need some custodial care. There are currently thirteen Old People's Homes in the country with five of them in Lagos State. With increasing numbers of elderly juxtaposed with diminished capability of adult care givers to provide help, it appears inevitable that some form of non-familial care arrangements may be necessary for some elderly.

A "warehouse" approach for an ageing population where the elderly are progressively moved from their homes to retirement communities, to nursing homes, to hospital and eventually to mortuary is not being advocated here. However there is a clear possibility of different homes and scenarios of formalized care and support for the old which enables them to be fully integrated into national developmental framework, preserves their dignity, and enhances their quality of life.

Where policy decision has the appearance of contradicting revered values, a less offensive approach for implementation may be incrementalism; focusing on those areas which can yield "low hanging fruits." In this wise, government could start with promoting nonresidential institutions where the elderly can go in the morning and return in the evening - almost an equivalent of a crèche, also called Senior Citizen's Community Centres in some countries. I am reliably informed that AGES (Nigerian Chapter) has a plan to establish such an institution in Ibadan, and similar institutions are already in Lagos and some of our major cities. While there the elderly will have opportunity to interact with other people, have basic simple health checks - blood pressure, blood sugar, and provided with information to help them cope with health challenges in order to keep physically and mentally fit. Provision of this service will bring big relief to working adult children and will enhance the quality of life of the elderly.

Another platform is needed for the elderly who may be chronically ill and may require long term, end-of-life medical cum nursing care, which cannot be provided within the domestic family setting

without compromising the dignity of the old and increasing the burden of care on working adult children. Such services may be in form of home health care in which skilled home nursing care is provided for the elderly in his/her normal residence on designated days during the week. It may also be in form of skilled nursing residential facility in which 24 hour supervision, assistance, meals and health care is provided to the elderly. In terms of funding and institutional arrangement, there is room for public-private partnerships in the provision of extended care facilities. The overall aim is that various levels of care should be provided to supplement the care by the family, to encourage adult to provide the care for the elderly for as long as possible in their homes without compromising their own quality of life, and the provision of end of life support services that preserves the dignity of the old person. A number of faith-based and nongovernmental organisations are already involved in old age care provision, including residential hospice care. Government can support these organisations by setting minimum standards, monitoring their activities and providing reasonable subventions to assist them in their activities.

Furthermore, to the extent that some of these chronic diseases that come up in old age are related somewhat to early life style choices, public enlightenment campaigns by public health offices can be designed and disseminated to retard/postpone the early onset of these diseases. Also, because the diseases are not curable but treatable, tend to be lifelong in duration, and likely to be expensive, there is a need for government assistance to those elderly who may not be able to afford the treatment. Currently, the National Health

Insurance Scheme has provided coverage at N15,000 annual subscriptions for retired workers who did not register while employed. The old who worked in the informal sector are yet to be included.

The most critical need of the old and one of the distinguishing characteristics of countries highly rated in the global watch on the quality of life of the elderly is income security. Table 10 shows the percentage of elderly living in poverty in Nigeria.

Table 10: Percentage of the population living in poverty by age in selected sub - Saharan African Countries.

Country and Year	Children Aged 0 - 14	The Elderly	All People
Burkina Faso 1998	54.5	56.3	52
Burundi J998	62.5	59.2	61.2
Cameroon 1996	63.6	64.2	60.9
Cote d Ivoire 1998	39.1	46.7	36.7
Ethiopia 2000	4,1.6	43.7	40.9
Gambia 1998	65.6	68.2	62.2
Ghana 1998	47	45.5	43.6
Guinea 1994	40.5	44	38.1
Kenya 1997	53.5	53.8	49.7
Madagascar 2001	66.4	55.3	62
Malawi 1997	65.4	71,6	63.9
e 1996	71.4	65.8	68.9
Nigeria 1996	66.6	59.5	63.4*
Uganda 1999	SO. 1	52.2	48.2
Zambia 1998	67.8	79.4	66.7

Source: Kakwani and Subbarao 2005

It is reasonable to expect that those who have lived in poverty all their lives will enter old age with profound cumulative disadvantage. Indeed, the Madrid Plan of Action is premised on the observation that where poverty is endemic, persons who survive a lifetime of poverty often face an old age of deepening poverty. This appears to be the case in Nigeria. According to the National Bureau of Statistics, about 112 million Nigerians live below poverty line (National Bureau of Statistics, 2012). The percentage is higher among the female elderly. The recent World Bank report noted that a decade of high economic growth had not translated into much welfare improvement for the generality of the country's citizens. The report also noted the fact that poverty rates were particularly high in the rural areas (World Bank, 2013). With specific reference to the old in Nigeria, the poverty rate among them is significantly higher than the national rate on account of variety of reasons referred to earlier on. The AgeWatch global report notes that even though Nigeria has the highest GDP among the eight African Indexed countries, she ranks third for income security of the old. This is principally because only 5% of people over 65 is receiving any form of pension. Specifically, the group of the elderly who were engaged in the agriculture or the informal labour market has no pension to revert to in old age. While their case seems to be the most serious as there is no expectation of any pension payments, the case of those elders who retired before the promulgation of the National Pension Act of 2004 is as reprehensible.

The stories of the suffering of this category of the old are very well known. Some have yet to receive their gratuity or pension ten years

after they have disengaged from government. Some died on the queue while waiting for verification processes needed to authenticate their claims. A number also died from penury and inability to procure the medical services needed for managing their health challenges. The recent news about the looting of the pension funds leaves little hope that the situation will improve significantly.

In light of the gross unreliability of the earlier pension system and its fiscal burden, the 2004 Pension Act was a welcome development. It is a contributory pension scheme for employees of organizations with 10 or more staff with the employee and employer contributing 7.5% each to their selected registered Pension Fund Administrator. The concern about the possible maladministration of this new scheme is being addressed with the Pension Reform Bill of 2013 recently signed by the President and particularly the introduction of the "fit and proper person" test in the Bill (PTAD). The new arrangement will, among other things, ensure the security of the pension funds and direct payments of pensioners' money into their accounts. It will also ensure that in addition to years of cognate experience, only honest people with integrity will be appointed as CEO of the Pencom. However, promising as the scheme is, it does not cover an overwhelming majority of Nigerians who work in the informal sector. It is important to note that the Census figures reveal that in Nigeria, most of the elderly males are to be found in the agricultural sector and most of the elderly females in petty trading. These two categories as well as a large number of other operators in the informal sector are not currently covered by the National Pension

scheme. These categories of older persons are very dependent on the resources from their adult children most of whom have enough challenges coping with their own immediate needs and therefore may be unable to meet these expectations (Togonu-Bickersteth, 1998). The country needs a well-reasoned Social Pension scheme to provide safety nets for those who are not covered by the contributory pension scheme.

Nigeria is a signatory to the International Labour Recommendation No. 202 of 2012 in which member countries expressed their commitment towards making social security coverage a reality. It is therefore time for the country to consider the introduction of social pension to ensure a more inclusive pattern of economic growth (ILO, 2012). Nigeria can borrow from the experiences of countries in the same/similar economic band - South Africa, Brazil, Botswana and India. In Botswana the universal old age pension covers 5% of its 65+ elders, paying them the equivalent of $24 monthly. Brazil's rural old age pension covers over 6 million beneficiaries to whom it pays $87/month. South Africa old age pension covers 6% of its elderly population, providing them a benefit of $93/month as at 2003. Expenditures on the scheme as a percentage of GDP in each of these countries are 0.4%, 1.0% and 1.4% respectively. In these three countries universal pensions are limited to the very old and provide low level of benefit. This keeps the cost down and ensures that the less poor may find that collecting the pension is not worth their while. Studies from South Africa (Ferreira, 2006, Moller, 2011) have attested to the transformative power of pension payment to the elderly, for the physical and psychological well being of the old as

well as for the health and well being of all the members of the household.

There is evidence that Nigeria can afford the introduction of social pension as African countries with lower resource base than Nigeria are able to do so. Data from PensionWatch gives indications on the projected costs of universal pension in Nigeria, depending on coverage and levels of payment. With 7,793,000 people who are 60 years and over and receiving benefits at N10,000 per month, the annual cost will be N981.92 billion Naira, representing 10.18% of government expenditure and 3.05% of the GDP. If payment is keyed at N5,000 the annual cost will be N490.96 billion making 5.09% of government expenditure and 1.53% of the GDP (www.pensionwatch.net). (Table 11).

Table 11: Projected Cost of Social Pension in Nigeria for Nigerian's 60 Years and Over.

Level of Benefit	N10,000/mmth	N5,000/mmth
No of Beneficiaries	7,793,000	7,793,000
Annual Cost of the Government	N981,92 Billion	N490,96 Billion
% of Government Expenditure	10.18%	N5.09%
% of GDP	3.05%	1.53%

Source: www.pensionwatch.net

Consideration of the fiscal burden that will be entailed in financing and sustaining the scheme is important. Also very important is the need to create and continuously strengthen the human capacity needed for effective and efficient modes of delivery, particularly to rural, remote and difficult to reach areas. A national identification system, which continuously captures vital statistics, will also be an indispensable ingredient in such a scheme.

Two states in the Federation, Ekiti and Osun, are already responding in a limited way to this challenge by introducing social pension schemes for their older citizens. In order for efficient and effective delivery, these states may need to pay greater attention to the issues of targeting, beneficiary identification systems, payment procedures and monitoring systems. Lessons learned from these two states will be very useful in planning the Social Pension scheme for the country.

The elderly are however not a homogeneous group. While income insecurity is the prevalent problem of a sizable percentage of the current cohort of the old, the problem of the educated aged of the future decades may be that of loneliness with its attendant psycho-social consequences. Of the many factors that may cause this loneliness, the most obvious one is occasioned by larger geographical distance between parents and their adult children. Couples appear to be experiencing the "Empty Nest Syndrome" much earlier than their parents ever did. The prevailing unfavourable educational and economic conditions have forced many youths to seek greener pastures outside the country, leaving their parents behind with no clear idea of when or if they will

return to the country, except for occasional visits. Added to this early empty nest is that a large percentage of the educated elites no longer live in the traditional neighbourhoods but in estates (quarters) with high wall fence, large iron gates and huge Alsatian dogs, all necessary for security reason, but which further exacerbates the sense of loneliness.

Some countries, Japan, Singapore and many others, have found ways to harness for profitable developmental use, the talents, skills and experiences of its educated older persons. The Wisdom Corps and the Experience Corps in the USA and other intergenerational programmes across the world where the wisdom of the elderly is tapped to resolve problems and provide valuable community services are examples of the beneficent use of the elderly. Similar programmes can also be organized in this country.

Nigeria needs a holistic approach at enhancing the quality of life of the present category of the elderly and preparing for the coming generations. Unfortunately, this is currently missing. In a survey of how old age concerns is reflected in the National Population Policy in sub-Saharan Africa, the Nigerian Population Policy of 2001 made a number of claims reflecting its laudable intentions, but regrettably, thirteen years after, the country has not followed up these lofty intentions with appropriate actions.

Another attempt at formulating a National Policy in 2003 also ended at the level of intention and followed up only by haphazard actions. Recently too, a Bill for an Act to establish National Centre for Elderly Persons was passed in July 14, 2009, by Senate. The centre was to formulate policies affecting elderly persons in such

areas as recreation, sports, health and finance. The Centre was charged with liaising with national, regional and international agencies for the aged, to register and regulate residential facilities and implement all legislations on elderly. The Act was to create old age benefit fund for persons 60 years and over who are not employed, who lack support and are not covered by the Pensions Act 2004. Not much has been heard since the passage of this bill five years ago. Thus clearly, there is a nudging awareness that some policy response is necessary but then, what is the problem - is it contents or is it process?

The content of such policy should not pose difficulties for the country. Nigeria is a signatory to so many of the International agreements and Conventions which provide guidelines for the development of National Policies and Strategies for the implementation of programmes for old people. Prominent among these are the United Nations Principles for Older Persons (1991), Madrid Plan of Action on Ageing (2002), and closer to home, the African Union Policy Framework and Plan of Action on Ageing (2002). The absence of a workable Policy cannot therefore be ascribed to lack of information about what the Policy should cover.

A possible reason for the failure of the early attempts may be that the "process" dimension of policy formulation had been ignored. Successful policy outcomes depend not only on designing good policies but on managing their implementation (Brinkerhoff & Crosby 2002). According to the authors, the best technical solution cannot be achieved unless there is cooperation, which means making modifications to accommodate the views and needs of the various parties involved. The policy implementation process

is at least as political and technical and is complex and highly interactive (Schon & Rein, 1995). Countries that are responsive to the needs of the old and are continually preparing for future challenges of the old are those who have taken seriously the "process dimension" of policy formulation and implementation. A good example is the USA where there is a once in ten years White House Conference on Ageing. The Conference has legal backing through the instrumentality of the White House Conference on Ageing Act (Public Law 85-908). It has the mandate to make policy recommendations to the President and Congress on ageing issues and particularly on how to promote the dignity, health and economic security of older Americans. The major conference is preceded by mini conferences, solution forum and listening sessions on a variety of issues by stakeholders. Data collected before and during each of the conferences informs the Policy Committee's creation of the final report, which is sent to Congress and the President. The reportwhich focuses on suggestions for administrative action and legislation necessary to implement recommendationsreflects ideas developed throughout conference activities, as well as from input solicited directly from state Governors. The first Conference, held in 1961, led directly to the passage of the 1961 Social Security amendments, the Senior Citizens Housing Act of 1962, the creation of Medicare and Medicaid, the rise of various interest groups advocating for older persons, including the National Council of Senior Citizens and the American Association of Retired Persons (AARP). Discussions at the 1961 Conference also led to passage of the Older Americans Act of 1965, the establishment of the Federal Administration on Ageing, and the creation of Area Agencies on Ageing and State

Commissions on Ageing. Subsequent conferences have led to significant policy formulations, including the founding of the Senate Special Committee on Ageing and the Federal Council on Ageing. Tentative agenda are already been set for the 2015 Conference in which emerging issues such as end of life decisions, lifelong learning and drawing on the wisdom of elders are among issues to be examined.

The country therefore needs to show more commitment to forging forward with addressing the issue of old age care now and in the future. The policy formulation process needs to be participatory and must include the old and the various organizations representing the interest of old persons. Policy must be informed by empirical data and must have at its core the value of dignity for the aged. Policy for old age care is too important and too complex to be left with just a government department to formulate. Nigeria needs a national forum to focus attention on the problem of the old and propose solutions that are culturally acceptable, fiscally sustainable and with appropriate legal backing.

Some cynics have observed that Nigeria as a nation rarely identifies public policy issues or mobilize to address them until some external development partners make the issue a focus of intervention and provide resources. In the early 1970s, it was the Youths, followed by the physically disabled, followed by Gender, Child trafficking, the Environment and HIV/AIDS. Each of these was canvassed and resourced by a different development partner who "paid the piper and therefore dictated the tune." The development partner working as the silent hand directing the

affairs while the Nigerian governmental and non-governmental organizations visibly appeared to be working. The question is therefore, are we waiting for a development partner to pick up the issue of ageing?

Community Level

Closer to home, the recent increase in retirement age in the University system to 70 and 65 years for academic staff and for non-academic staff respectively cannot be said to be an emergency. It is something fought for and granted for good reasons. With this development, the age structure of the University personnel will begin to shift gradually as the mean age of the staff progressively increases. This, in essence, means that starting with the first generation universities, there will be an increase in the number of "latter career professors" on our campuses. Latter career professors are defined as those professors/academic staff over 55 years and with 20 or more years of academic work experience and who are near retiring (Baldwin & Zeig, 2013). The university, as a community of scholars should plan for the likely consequences this change will have on its core mandate of teaching, research and community services. There will be a need to re-adjust our health and medical services to care for the need of this growing population to ensure that the additional years granted can be used productively for personal fulfillment and for institutional and national benefits.

There have been many instances in which OAU has demonstrated capability to 'think ahead" of other institutions in responding to

emerging national issues. Few examples will suffice. Long before "environment" becomes a global concern, OAU ran a bachelor's programme in Environmental health and had established an Institute of Ecology and Environmental Studies. Before digitalization of everyday life took any form in Nigeria, OAU had established successfully an Information Communication Technology Unit (INTECU) and continues to date to enjoy the well deserved sobriquet as "the leading ICT University" in Nigeria. Here once again, Mr. Vice Chancellor, we have another opportunity to show our proactive responsiveness to the emerging issue of ageing. OAU, as far as I know, was the first university to offer postgraduate level courses in Gerontology in the Department of Psychology, and it had stimulated through postgraduate supervision, theses examinations, the progressive appreciation of ageing as a field of study from many disciplinary perspectives. The university now has researchers working on the issues of retirement, health of the aged, dental health of the aged and many other related areas. Many more post-graduate students are also being trained in the field. The university should build upon this community of scholars and eventually establish the first Institute of Gerontology in Nigeria to reflect the multidisciplinary nature of the field and to become the think tank on ageing issues in Nigeria and the sub region.

At the community level, our university has at its disposal, knowledge and skills to turn our community into an age-friendly and a healthy ageing model. Our legal luminaries of which we have a SAN should enlighten us about how to plan and make our wills. It is no longer safe to assume that because you have a monogamous

family arrangement you do not need to make a will. Recent event concerning the contestations among the four children of a legal luminary in this country should convince us of the necessity. Similarly, women no matter what assets they have should also be encouraged by our gender experts to make their will in the unlikely event that they predecease their husband or the husband decides to acquire additional wives.

Our many medical specialists could periodically sensitize the community about health promoting practices that will add quality to our lives as we age. Members of the OAU community will recall how a one-hour lecture by an inaugurant on the health of our heart in this same venue generated interest on early morning health walks in the quarters. Similarly, long before Nigerian government made the wearing of seat belt mandatory, it was an hour lecture by an orthopedic surgeon in this same venue that made us more safety conscious when we drive or are driven.

Our accountants can help us with financial planning for our post-employment economic/financial comfort. Our architects and builders can advise colleagues who may need to re-jig their personal residence (oftentimes built in younger years with multiple elevations) to suit their advancing years. It is also expected that these public enlightenments will not only benefit those who are ageing but will also positively impact on those still young and who desire good quality of life in later years, and can plan for it.

However, it is not only a case of the old benefiting from the system. The system should also derive tremendous advantages from having a collection of workers who know the system intimately

and who can still participate in the academic and research life of th community, at a time when pressure for promotion for them is n longer intense. Research reputation built over the years shou enable these seasoned academics/researchers attract resear grants to the university, providing grants for post-graduate trainir necessary for growing the 'timber" for the next generation researchers in their respective disciplines. They also have bro shoulders on which younger colleagues can perch to reach to th global academic community. Their deep, mature networks in th profession, industries and community can also be useful i cultivating friends and funds for the university.

Some Universities use these older professors to teach those bas courses, particularly in the basic sciences where the depth knowledge of the field plus patience of old age is applied to expla complex concepts. A recent example of this is from Californ Institute of Technology (CALTECH), ranked 10 of the wor universities in 2013 ranking. According to the Institute's websit CALTECH has a long tradition of having at least some of th sections in the Freshmen Physics taught by CALTECH professors. The institution also has the tradition of retaining a "teaching assistants," some of its retired professors. One of suc teaching assistants, Professor Steven C. Frautsch, 81 year ol Professor Emeritus of Theoretical Physics, won the 201 prestigious Feyman Prize for Excellence in Teaching. The prize awarded annually to a Caltech professor who demonstrates, in th broadest sense, unusual ability, creativity and innovation undergraduate classroom or laboratory teaching."

Another example is provided by Carlton University which offers late career lecturers the opportunity to teach a "dream course" before they leave the system. The institution does this to honour lecturers who are retiring, to celebrate the contributions they have made as teachers as well as scholars. The programme provides the soon to retire professor the opportunity to teach something special that they have felt they could not otherwise fit into their teaching schedule, or to teach final section of that course that is a special part of their legacy as teachers. It was under such programme that John Fisher, an Emeritus Professor of Anthropology and Asian Studies taught the dream course, "Anthropology of Humour." Usually such course is co-taught with a younger colleague to ensure that it lasts beyond the professor's time at the university. OAU can lead the pack of other universities in responding to and taking advantage of the new demographics of its staff.

Individual Level

At the individual level, a large majority of us, the fortunate ones, will approach our old age in good health, with strong family and social networks, secure financial status and opportunities to continue to contribute our quota to our various communities. For that to happen, we need to consciously plan for it by the way we live our lives before we get old. Even if there are predisposing genetic factors concerning particular ailment in our families, e.g., diabetes, the knowledge of this should inform our current life style so that the onset of the diabetes or whatever the ailment is can be significantly delayed. On a general note, we should pay close attention to what we eat, what we drink, and avoid sedentary

lifestyle so that the modifiable risks of morbidity in old age can b significantly delayed.

Also important is to pay attention to the life structures we ar building around us as we advance in age. The social relations of individual's convoy across time are exceedingly important becau of their influence on health and well-being in later life. Leading selfcentred life throughout life will most likely leave the individu with very few support network members and with very few whom he/she can enjoy satisfactory social exchange. Likewis multiple monogamies or indeed polygamy has lost its tradition supportive features for the man and the children. Observation suggest that such arrangement tend to leave the ageing male wit few trusting support from wives and children in old age. Th 'wives' will protect themselves and their children and have litt attention for the ageing husband. Also even our built environmen (our houses) must be built with the consciousness that at old ag climbing flights of steps between the living room and the bedroom may be challenging. The folly of erecting an eight bedroom duple on a sprawling acre of land because you have seven childre becomes obvious when the children leave the house and you hav an empty nest. Studies have also shown the importance of spiritua life in old age, and it is therefore reasonable to cultivate the practic of (interiority) moving closer to the creator as we navigate our o age, preparatory to our inevitable departure.

Vice Chancellor, ladies and gentlemen, preparation for a good o age entails avoidance of the modifiable risks factors of morbidity i old age (smoking, physical inactivity, unhealthy diet and harmf use of alcohol), creating and sustaining positive relationships wi

others, investing in generative endevours and making realistic financial planning.

My Other Contributions to Research and Practice

Mr. Vice Chancellor, Social Gerontology was a relatively new area of research when I stated my research work. I therefore had the disadvantage, challenge and opportunity of being one of the few pioneers in this important area of academic cum policy concern. My research has provided empirical/analytical documentation of various aspects of ageing in Nigeria. In instances where my studies replicated some of the works done in other societies, the purpose had been to distill out which patterns are universally applicable and which are culturally specific to Nigeria. My overall contribution has been towards a crystallization of propositions from which a better understanding of the uniqueness of the Nigerian ageing experience will be enabled.

In specific terms, my work filled to a great extent the vacuum of academic lag between the prevailing assumptions about the situation of the elderly in Nigeria and the reality of life for a large majority of Nigerian elderly. My research had also provided pioneering original source materials on Yoruba elderly which is being cited by other researches and post graduate students within and outside Nigeria.

My research works also provided empirical materials that are amenable to cross-cultural comparisons in Gerontology and therefore contributes to current efforts by Gerontologists to formulate culturally sensitive propositions about old age.

In the area of Social Psychology of deafness and vocational rehabilitation of disabled people, my research called for a finer differentiation between the cognitive, affective and behavioural components in future efforts at measuring attitude towards stigmatized others (Togonu-Bickersteth, 1982). My studies also made important contributions to a better understanding of the role of socio-cultural factors in the origin, sustenance and consequences of prejudice for the social psychological disposition of the deaf child, his significant others and the larger society (Togonu-Bickersteth and Odebiyi, 1985; (Togonu-Bickersteth and Odebiyi, 1986; (Togonu-Bickersteth, 1998).

My research and documentation of the status of vocational rehabilitation of disabled persons and particularly, vocational assessment techniques in selected African countries provided systematic and objective empirical materials that are being used by African rehabilitation experts to arrive at an African perspective on the issue of vocational assessment. (Togonu-Bickersteth, 1988, 1989, 1994) My research on child labour and child trafficking provided empirical, rich qualitative data of activities in a popular child labour camp, on the processes of trafficking and consequences of child trafficking, revealing possible areas of intervention at the sources and destinations of trafficking. (ILO, 2005)

Common to the three substantive areas of my teaching, research and practice (ageing, child labour/child trafficking and disability matters) is the overall theme of vulnerability and society's need to provide social protection. My work provides a better understanding of the socio-cultural dimensions of these

vulnerabilities as well as their consequences for intergroup and intergenerational relationships in the 21st century Nigerian society. Theoretically, the concepts which tie the three areas together for me are the concepts of roles and statuses and its socio-psychological derivations. In the case of the elderly, "Old Person" is an ascribed status for those who live long enough. To the extent that most people desire to live long, "old person" is a desirable status. Yet, there is some ambivalence about growing old, and a fear of old age if the natural declines in vigour and health is not satisfactorily mitigated by role partners.

Unlike the status "old person" the status "disabled person" or "child labourer" is a negatively achieved one. Both are stigmatized roles. My research focus is on how role occupants (the old, the disabled and the child labourer) are defined, operate their lives in light of the definitions, and the effects of the all of these on their socio-psychological adjustment.

I have examined how significant role partners perceive the old or the disabled and attempt to fulfill their obligations towards them (Togonu-Bickersteth 1982; 1985, 1985b 1985c, 1986) In some of our studies we asked those who do not yet belong to these categories to do "role-taking" - to learn about their ideals, fears and hopes about these roles. The crucial role of the larger social structure in shaping perceptions or in creating knowledge in issues relating to these roles also formed part of our theoretical framework. The research activities have been conducted within the phenomenological paradigm which emphasizes the perspectives of the experiencing person - hence the apparent emphasis on 'perceptions' in most of my work. This is because

when a person defines a situation as real, that situation is real in its consequences (Thomas, 2002).

Mr. Vice Chancellor, Sir, ladies and gentlemen, my contribution in the three research areas described above lies not only in my research but also in my lending a critical 'Nigerian' voice to the various conversations, debates, expert meetings that led to significant shifts in global thinking and practices in these areas.

In February 1999, I was invited by the United Nations Commission on Social Development to serve on a panel of fifteen global experts to deliberate on the issue of "Social Services for all," and in particular to discuss the challenges raised by efforts to implement the Copenhagen Declaration in developing African countries.

Between 2000 and 2004, 1 served as a member of the prestigious United Nations Committee on Development Policy (CDP). The CDP is a subsidiary of the United Nations Economic & Social Council. The Committee provides inputs and independent advice to the Council on emerging issues and on international cooperation for development, focusing on medium and long term aspects. The Committee is also responsible for reviewing the status of Least Developed Countries (LDCs) and for monitoring their progress after graduating from the category. Each of the 24 members of the CDP is nominated in his/her personal capacity by the United Nations Secretary-General and is appointed by Council for a period of three years. During my tenure, I made my contributions to such global issues as Capacity Building in Africa: Effective Aid and Human Capital, Participatory Development and

Governance, Poverty Reduction and Good Governance, Local Development & Global Issues; among others.

The application of insights derived from my studies in disability was tested out in Nigeria with good success. In collaboration with the International Labour Organization and the Oyo State Government, we established pioneer Oyo State Community Based Vocational Rehabilitation system, (CBVR) as a pilot scheme to demonstrate the advantages of using existing community based vocational training services for the training of people with disabilities. Based on the experiences of the beneficiaries, I prepared a training tool for sensitization of persons engaged in work with disabled persons . The success of the Ibadan experiment led to efforts to replicate it in Kano and Katsina states. I was the ILO Consultant that undertook all the preparatory work to explore the workability of the scheme in those states. Similarly, as the ILO International consultant, I conducted the seven countries survey of vocational assessment techniques used in seven African countries (Egypt, Kenya, Uganda, Zambia, Zimbabwe, Tanzania & Nigeria) which provided Afro-centric perspective on the issue and laid the foundation for the designing of culturally appropriate vocational assessment techniques in the continent. I was also engaged as the International Consultant to train rehabilitation workers in Ghana.

In the area of my work on Child Labour and Child Trafficking, I served as the pioneer National Programme Manager on the United States Department of Labour/ILO/IPEC programme on the Elimination of Worst Forms of Child Labour in Nigeria. In

this position, I worked with the traditional ILO tripartite partners (government, labour and employers) to mobilize national awareness about the problem, identified credible NGOs and researchers for funding of pilot schemes and research projects. These efforts eventually culminated in Nigeria's ratification of ILO Convention 182.

In the area of ageing, I can claim the "boasting right" that I am a member of the "African trio" (Self, Professor Monica Ferreira from South Africa and Professor Nana Apt from Ghana) who worked at the United Nations Consultations on the Research Agenda in Ageing in the 21st Century which held in Vienna, Austria, in February 1999, New York, USA, in December 1999 and in Salsomagore, Italy, in December 2000. The Research Agenda on Ageing for the 21st Century was designed to support the implementation of the Madrid International Plan of Action on Ageing 2002, adopted by the Second World Assembly on Ageing (8-12 April 2002, Madrid, Spain). The Research Agenda also identifies research priorities for policy related research and data collection. It specifically encourages researchers to pursue studies in policy-related areas of ageing where the findings may have practical and realistic applications.

I was a member of the United Nations Expert Group Meeting, held in Addis Ababa, Ethiopia in May 2000, to discuss the convergence of social policies and practices in relation to older persons in developed and developing countries. My presentation at that meeting, "What Can We Borrow From One Another" is published by the United Nations (Togonu-Bickersteth, 2002).

I participated as one of the fifteen global experts in the first technical meeting of the United Nations Committee for the Second World Assembly on Ageing, held in Frankfurt, Germany, in June 2000 and in the second Technical Committee held in Dominican Republic, in October 2000. These two technical meetings aimed at revising the 1982 International Plan of Action on Ageing, a central mandate for the 2nd World Assembly on Ageing.

On the local, national scene, in 2001, I brought together a group of academics concerned with ageing. We organized, through our personal financial contributions and support from one of our members outside the country-Professor J.K. Olupona, the first National Roundtable Conference on Ageing in Nigeria. Academics from various universities attended and presented their research at the conference. The papers were reviewed and published in the Journal of Ageing & Development. To date, the Journal remains the only one that was dedicated exclusively to the issue of ageing in Nigeria.

More recently, Mr. Vice Chancellor, at the 2013 Annual Scientific Meeting of the Association of Gerontology in Higher Education (AGHE) held in Orlando, Florida, USA, I was approached and invited by the USA National Association of Professional Gerontologists (NAPG) to submit my papers for evaluation for possible membership in the association. NAPG is the official association for promoting and credentialing professionals in the field of Gerontology. The association recognizes and invites for screening those who have contributed significantly to the field of

ageing to become professional/scholar affiliate. I submitted my papers in March 2013 which were reviewed by international experts in the field of Gerontology and in September 9, 2013, I was certified as a Professional Gerontologist by the association. This credential carries the priviledge of recognition and access to a global network of active Gerontologists. It however also carries the responsibility of continued professional development as the credentials are reviewed every two years and the membership is only renewed upon evidence of continued academic and research productivity showing currency in Gerontology. I am reliably informed that I am the only Nigeria-based Nigerian academic to receive this honour.

Also, I have served on the Editorial Board of a number of high impact journals in my field, the most recent being the Journal of Intergenerational Relationships (JIR) on whose editorial board I have served since 2006. In April 2014, I was invited to prepare the Editorial Comment for Vol. 12, No. 3. of the Journal. At first, given how busy I was, I wanted to turn down the request until my 'coach' counseled me that it is usually considered a recognition of scholarship and contribution when a high impact journal invites a scholar to prepare the editorial comment to a journal edition. I am glad I accepted the assignment and the Journal edition will be published in September 2014.

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I am grateful to the various educational institutions which nurtured me to date. I acknowledge that Queens College, Lagos provided for me early exposure to multi-ethnic, multicultural and an internationalized learning environment. It was also at Queens College that I developed interest in working with vulnerable

groups. As a member of the Social Services Club of the school, and later as one of its officials, we paid regular visits to the Federal School for the Blind, Oshodi, Old People's Home, Yaba and Cheshire Home, Surulere. My academic life at the University of Ibadan enkindled my interest in studying Human Behaviour. I am grateful to Bryn Mawr College where I did my Master's and doctoral work. Bryn Mawr is a unique institution: it was the first university in the USA to grant PhDs to women. The College provided very supportive learning environment to foreign students (we were only two Nigerians there for the period I was there) and did their best to avail me of all of the opportunities available for my education. The College also gave me a sound foundation in Research Methodology. From Bryn Mawr I learnt the essence of scholarship and the art of disagreeing with others' positions courteously¯a skill which later became useful in my various international engagements.

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my academic colleagues and policy makers in and out of the country. My work experience at the International Labour Organisation sharpened my project and programme design and administrative skills. It gave me the opportunity to work with multi-racial groups and fostered my deeper understanding of the opportunities and challenges of working with various types of donor agencies, and for this I am grateful.

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Mr. Vice Chancellor, ladies and gentleman, as I close this lecture, I will like to reiterate my main thesis that there are now new realities of old age and ageing which we need to prepare for as individuals and as a nation and the time to start is now. Finally, permit me to end with this quotation for our reflection:

> *"I regard the aged as travelers who have gone on a journey which we too may have to go and of whom we ought to inquire whether the way is smooth and easy or rugged and difficult."* Socrates, in Plato's *Republic.*

Once again, ladies and gentlemen thank you for your attention, good evening and God bless you all with long life in good health.

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