

**THE CHALLENGES OF RETIREES AND OLDER PERSONS IN NIGERIA; A
NEED FOR CLOSE ATTENTION AND URGENT ACTION.**

Daramola O.E¹, Awunor NS², Akande T.M³

1. AiicoMultishield Healthcare (HMO), Abuja, Nigeria.
2. Department of Community Medicine, Delta State University,
Abraka, Nigeria.
3. Department of Epidemiology and Community Health, University of Ilorin,
Ilorin, Kwara State, Nigeria.

Abstract

The Nigerian population is undergoing demographic transition, with a rising population of older persons. The population of the older persons in Nigeria is estimated to be around 6 million and a continuous increase is projected as a developing country in the second stage of demographic transition, with its high birth rate and lower death rate.

There are usually three main challenges confronting this age group. The first is poverty, due to loss or reduction of earning power. The second is the increasing prevalence of chronic diseases, with the accompanying increased healthcare utilization and financial burdens. Elder abuse has also been gaining attention as a major social problem.

Tackling these challenges requires multidimensional approach, joint collaborations and involvement of many stakeholders, hinging on strong government and political commitment, which is critical for effective implementation of any policy. It is essential to engage all stakeholders including; governments, institutions, organizations, civil society groups, private sector, community leaders, youth and youth groups, health-care providers, researchers, caregivers, families, older people, and the general public towards developing capacities for translating internationally agreed policy frameworks into practical realities and ensuring that older persons in Nigeria enjoy income security, access to health care and not subjected to abuse.

Keywords: Retirees; Older persons; Health; Diseases; Poverty; abuse; Nigeria

Introduction

The complaints and frustrations of retired Federal civil servants who are no longer enrollees of the National Health Insurance Scheme (NHIS), when they present to healthcare facilities to utilize health services represent a tip of the iceberg of the various challenges facing older persons, and it is a key pointer to a need for urgent action.

According to WHO, most developed world countries use the age of 65 years and above for the elderly and older population. However, the United Nations agreed cutoff is 60 years and above, and this appears acceptable in the African setting including Nigeria, as the retirement age of majority of civil servants in Nigeria hovers around this age. ¹⁻³

Due to global improving healthcare, life expectancy is increasing and with it the ageing population. As the number of elderly grows, their economic, social and cultural wellbeing is at risk, especially in developing countries. ⁴ Majority of older adults face various challenges in daily life and often require physical and psychosocial support and regular medical care.

The global population of people aged 60 years and above is estimated to rise from 900 million to 2 billion between 2015 and 2050; an increase from 12% to 22% of the total global population, with about 80% of these older people living in low- and middle income countries. ^{5, 6}

The Nigerian Situation

The population of the older persons in Nigeria is estimated to be around 6 million, ^{7, 8} and a continuous increase is projected as a developing country in the second stage of demographic transition with its high birth rate and lower death rate. ^{9, 10, 11} The life expectancy has also increased from 37 years at independence (1960) to about 53.4 years in 2016, ¹² with increasing number of older persons and the associated challenges. The population of older persons in Nigeria is increasing, but there seems to be no concrete existing plans on how to address the accompanying challenges and needs.

Challenges Facing the Elderly

There are usually three main challenges confronting the elderly. The first is poverty, due to loss or reduction of earning power, the second is that of increasing prevalence of chronic diseases, with the accompanying increased healthcare utilization and financial burdens. Elder abuse has also been gaining attention as a major social problem. ²⁻⁶ The challenges facing the elderly in Nigeria including many other developing nations may be due to weak or non-existent social security policies for older persons. ¹³

The Challenge of Poverty

Poverty among the elderly has been a global concern, as stipulated in the political declaration and Madrid International Plan of Action on Aging at the Second World Assembly on Ageing in April 2002. ¹⁴ People in sub-Saharan Africa are among the poorest in the world, not only in terms of real income but

also access to social services, ¹⁵ with the risk of poverty growing with older age and much higher among women than men. ¹⁶

The incidence of poverty among older persons is not only based on income, it also depends on factors such as health, education, and labor market opportunities. Thus, poverty is a multidimensional issue with probable causes such as: personal factors; low income, unemployment, lack of education, lack of financial planning, social factors; lack of support from children/family or community, and government factors; poor pension programs, poor health systems including lack of health insurance, poor social protection and non-existent social security systems. The rural urban migration in developing countries is also a contributory factor, as the expansion of underdeveloped cities is associated with a growing population of poor older persons.¹⁴

The Challenge of ill health

The health problems of the older persons are usually chronic diseases and comorbidities i.e. cardiovascular diseases, endocrine / metabolic diseases, diseases of the musculoskeletal systems, nervous disorders, dental and ocular diseases, diseases of the genitourinary system and mental health problems, including physical injuries due to falls etc., ¹⁷⁻¹⁹ creating the need for increased utilization of health services and taking a huge toll on the already dwindled finances of the older persons. ²⁰

A significant percentage of older persons in Nigeria have huge financial burdens arising from greater healthcare needs and increased out-of-pocket

health spending despite diminished incomes, with many unable to afford out-of-pocket payments for health costs, including prescription drugs.¹⁶ The limited financial capacity to absorb increasing medical bills is associated with severe consequences on access and utilization of health care and may result in financial catastrophe.²⁰⁻²² Also, apart from the financial constraints on the part of the older persons, there are no functional government policies concerning the care and healthcare provisions for the elderly.

The Challenge of Elder Abuse

Elder abuse has been gaining attention globally as a major social problem occurring in every social, economic, ethnic and geographic sphere,¹⁴ and some works have published about this in Nigeria.²²⁻²⁶ Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, causing harm or distress to an older person.²⁷ It has severe consequences including; physical and psychological trauma, pain, injury and even death.

Elder abuse takes many forms including; 1) physical abuse i.e. hitting or shaking, 2) sexual abuse i.e. rape and coerced nudity, 3) psychological/emotional abuse i.e. verbal harassment or humiliation, 4) abandonment, neglect or failure to provide adequate care, and 5) financial abuse or exploitation.^{27, 28} The impact of trauma may be worsened because of shame and fear, causing a reluctance to seek help,¹⁴ and it has been reported that victims of elder abuse are more likely die prematurely than people who are not.²⁷

Risk factors that may increase the potential for abuse of an older person can be identified at different levels and include: individual; poor physical and mental health of the victim, mental disorders and alcohol/substance abuse in the abuser etc., relationship; shared living situations, poor family relationships etc., community; social isolation of caregivers and older persons, and socio-cultural beliefs and practices. ²⁷⁻³⁰

The quest for better life and greener pastures has led to mass rural-urban migration of many young adults, leaving older parents in the rural areas. A lot of these youths struggle daily to eke out a living and are unable to meet up with the financial challenges of self/family sustenance, cascading into abandonment, neglect or failure to provide adequate care for their parents. Another risk factor for abuse may be linked with traditional philosophies, customary notions, religious beliefs leading to accusations of bewitchment by 'an old witch in the village.' ³¹⁻³³

The number of cases of elder abuse is projected to increase globally, as many countries have increasing population of older persons whose needs may not be fully met due to resource constraints, with the low- and middle-income countries bearing more of the burden. ²⁷

Tackling the Challenges through appropriate actions

Tackling the challenges confronting the elderly population requires multidimensional approach, joint collaborations and involvement of many stakeholders, ^{13, 14} hinging on strong government and political commitment, which is critical for effective implementation of any policy. ^{34, 35}

i. Tackling the challenge of ill-health.

The 2012 World Health Day; “Ageing and Health”, with the theme ‘Good health adds life to years’, focused on how good health throughout life can help older persons lead full and productive lives and be a resource for their families and communities. ³⁶ Older persons need to be provided with universal and equal access to physical and mental health services, including advocating for an elderly-friendly environment.

The National Health Insurance Scheme (NHIS) in Nigeria currently provides health coverage to mostly Federal civil/public servants and those retiring are exited from the NHIS register. There is a need therefore to extend health insurance coverage to include retirees and other older persons, to allow them access services when needed and to protect them from out of pocket spending and financial catastrophe. ³⁷

The Vital Contributors Social Health Insurance Scheme (VCSHIP), which costs Fifteen Thousand Naira (₦15,000) per person annually, being promoted by the NHIS, is designed to cover the healthcare needs of retirees, older persons and Nigerians who are not covered by existing programmes of the scheme. ³⁸ A few Health Maintenance Organisations (HMOs) also have health plans for the elderly, but the premiums are very high and unaffordable to many. The

VCSHIP has about ten thousand registered persons, of which less than 25% (2,500) are older persons, ³⁹ meaning that less than 0.1% of the elderly population is covered by the National Health Insurance Scheme.

Hence enlightenment campaigns and education on VCSHIP, especially for retirees and older persons should be intensified and actively included in NHIS sensitizations workshops and awareness programmes. There is a need also for more political will and advocacy for health insurance towards the achievement of Universal Health Coverage in Nigeria, with the elderly considered as one of the vulnerable groups.

Investing in health care of the elderly is worthwhile as it extends their healthy and active years. Family members, communities, religious bodies, politicians, NGOs and other philanthropic bodies should be encouraged to purchase health insurance plans for the older persons in form of gift-health plans.

Furthermore, the Nigerian government should explore means of reducing financial barriers and providing financial protection to the older persons by funding health insurance for elderly people through innovative approaches and special collaborations between the National Pension Commission, NHIS, donor agencies and other relevant stakeholders.

Training and capacity building of health workers and care givers on ageing and the special health needs of the elderly is also essential and of great importance.

ii. Tackling the challenge of poverty.

The provision of steady sources of income security throughout old age is essential, and in many countries, the public pension systems are foundations on which the least basic income security has been built,⁴⁰ hence the need for the development of efficient pension schemes and other social security systems cannot be overemphasized. Elderly people in Nigeria suffer a large financial care gap because of the lack of a comprehensive and adequate social security system.⁴¹

There is considerable evidence that targeted social pensions are effective in reducing poverty among older people and their households and there are claims that pensions can generate other positive wellbeing outcomes, including improved health status.⁴²⁻⁴⁵ Public social security pensions are essential tools for ensuring income security in older persons, and this along with access to quality health services are necessary for their dignity and wellbeing.⁴⁶⁻⁴⁸

There is a need therefore for the nation to develop a robust and well-structured pension system that can guarantee adequate and steady pension payments and provide income security the elderly.

iii. Tackling the challenge of elder abuse.

Many older persons suffer one form of abuse or the other from family members, caregivers and community members.⁴⁹ Hence there is a need for prevention through deliberate and concerted efforts on advocacy and behavioral change communications on the challenges and needs of the elderly, including re-orientation towards attitudinal change on stigmatization and the stereotypic labelling of aged people as witches/wizards by some individuals.³¹⁻³³ Preventing

elder abuse begins with societal and cultural orientation on morals, ethics and relationships which should be ingrained into individuals from childhood.

Children, families and communities are important sources of care, support and social security for older persons. Therefore, they should be encouraged through improved social integration and socioeconomic systems towards caring for the elderly and preventing all forms of abuse. Though the institutionalization of old peoples' homes is unpopular and alien to the Nigerian culture,^{50, 51} it may be necessary to foster the establishment of properly monitored care-institutions for the elderly, especially for those with little or no option. Furthermore, older persons should be involved in policy discussions/formulation.

Conclusion

The government should promote the development of capacities for translating globally agreed policy frameworks into local practical realities,⁵² while continually striving to provide the right policies and appropriate social/institutional settings to enable people to speak up when facing any untoward situation and seek help. It is essential to ensure that older persons in Nigeria enjoy income security, access to quality health care and free from any form of abuse; through the provision of a comprehensive social security system and strong social safety net. All stakeholders including; governments, organizations, civil society groups, communities and community leaders, youths and youth groups, health-care providers, researchers, caregivers, families, older people, and the general public should be engaged towards

addressing the challenges of older persons The plight of retirees and older persons in Nigeria needs a close attention and urgent action.

References

1. World Health Organization. Proposed working definition of an older person in Africa for the MDS Project. Available at URL: <http://www.who.int/healthinfo/survey/ageingdefnolder/en/> [Cited August 16, 2018].
2. Shofoyeke A, Amosun P. A Survey of Care and Support for the Elderly People in Nigeria. *Mediterranean Journal of Social Sciences*. 2014. Available at URL: <http://www.mcser.org/journal/index.php/mjss/article/viewFile/4820/4674> [Cited August 16, 2018].
3. Animasahun VJ, Chapman HJ. Psychosocial health challenges of the elderly in Nigeria: a narrative review. *Afri Health Sci*. 2017; 17(2): 575-583.
4. Frits de Lange. The Dignity of the Old: Towards a Global Ethic of Ageing. *International Journal of Public Theology*. 2009; (3)2: 204-221
5. World Health Organization. Ageing and Health Key Facts. Available at URL: <http://www.who.int/en/news-room/fact-sheets/detail/ageing-and-health> [Cited August 17, 2018].

6. Shrivastava SRBL, Shrivastava PS, Ramasamy J. Health-care of Elderly: Determinants, Needs and Services. *International Journal of Preventive Medicine*. 2013; 4(10): 1224-1225.
7. Nigeria Demographics Profile, 2018. Available at URL: https://www.indexmundi.com/nigeria/demographics_profile.html [Cited August 19, 2018].
8. Demographics of Nigeria. . Available at URL: https://en.wikipedia.org/wiki/Demographics_of_Nigeria#Vital_statistics [Cited August 17, 2018].
9. Akokuwebe ME, Okunola RA Demographic Transition and Rural Development in Nigeria. *Developing Country Studies*. 2015; 5(6). Available at URL: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.831.5719&rep=rep1&type=pdf> [Cited August 18, 2018].
10. Population Education. What is the Demographic Transition Model? 2014. Available at URL: <https://populationeducation.org/what-demographic-transition-model/> [Cited August 18, 2018].
11. Adebowale SA, Atte O, Ayeni O. Elderly Well-being in a Rural Community in North Central Nigeria, sub-Saharan Africa. *Public Health Research*. 2012; 2(4): 92-101
12. Life expectancy increases in Nigeria. Available at URL: <https://countryeconomy.com/demography/life-expectancy/nigeria> [Cited August 18, 2018].

13. Aiyede E, Sha P, Haruna B, Olutayo, A, Ogunkola E, Best E. The Political Economy of Social Protection Policy Uptake in Nigeria. Partnership for African Social and Governance Research Working Paper No. 002, Nairobi, Kenya. 2015. Available at URL: <http://www.pasgr.org/wp-content/uploads/2016/08/The-Political-Economy-of-Social-Protection-Policy-Uptake-in-Nigeria.pdf> [Cited November 12, 2018]
14. Second World Assembly on Ageing. Political Declaration and Madrid International Plan of Action on Ageing. 2002. Available at URL: <http://www.un.org/esa/socdev/documents/ageing/MIPAA/political-declaration-en.pdf> [Cited August 15, 2018].
15. Khan N, Khan S, Leng OT, Chen TB, Vergara RG. Explore the Factors that Influence Elderly Poverty. *Journal of Southeast Asian Research*. 2017: Available at URL: <https://ibimapublishing.com/articles/JSAR/2017/938459/938459-1.pdf> [Cited August 21, 2018].
16. World Health Organization. Risk factors of ill health among older people. Available at URL: <http://www.euro.who.int/en/health-topics/Life-stages/healthy-ageing/data-and-statistics/risk-factors-of-ill-health-among-older-people> [Cited August 22, 2018].
17. Paul ON, Ambrose OI. Chronic diseases and multimorbidity among elderly patients admitted in the medical wards of a Nigerian tertiary hospital. *Journal of Clinical Gerontology and Geriatrics*. 2016; 7(3): 83-86

18. Olumide A. Investigating determinants of catastrophic health spending among poorly insured elderly households in urban Nigeria. *International Journal for Equity in Health*. Available at URL: <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-015-0188-5> [Cited August 22, 2018].
19. Abegunde KA, Owoaje ET. Health problems and associated risk factors in selected urban and rural elderly population groups of South-West Nigeria. *Ann Afr Med*. 2013; 12: 90-97.
20. Joshi K, Kumar R, Avasthi A. Morbidity profile and its relationship with disability and psychological distress among elderly people in Northern India. *Int J Epidemiol*. 2003; 32: 978- 987.
21. Tari M.K., Wisdom S.K., Stephen Z.E. Financial Burden Associated With Ill-Health: Evidence from the Elderly Population in Nigeria. *Equatorial Journal of Social Sciences and Human Behaviour*. 2017; 2(1): 25-43.
22. Kaiser Family Foundation and Hewitt. The Burden of Out-of-Pocket Health Spending Among Older Versus Younger Adults: Analysis from the Consumer Expenditure Survey, 1998-2003. 2007. Available at URL: <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/7686.pdf> [Cited August 22, 2018].
23. Ajomale O. Elder abuse: the Nigerian experience. 2007. Available at URL: <http://www.eldis.org/document/A40874> [Cited August 22, 2018]
24. Sijuwade PO. Elderly Care by Family Members: Abandonment, Abuse and Neglect. *The Social Sciences*. 2008; 3: 542-547.

25. Cadmus EO, Owoaje ET. Prevalence and correlates of elder abuse among older women in rural and urban communities in South Western Nigeria. *Health Care Women International*. 2012; 33(10): 973–984.
26. Oluoha U, Obionu C, Uwakwe K et al. Assessing the Prevalence and Patterns of Elder’s Abuse in Imo State, Nigeria: A Rural – Urban Comparative Study. *Journal of Advances in Medical and Pharmaceutical Sciences*. 2017; 13: 1-11.
27. Elder abuse. Geneva: World Health Organization; 2014 (Fact Sheet No. 357). Available at URL:
<http://www.who.int/mediacentre/factsheets/fs357/en/>
[Cited August 22, 2018].
28. Ananias J, Strydom H. Factors contributing to elder abuse and neglect in the informal caregiving setting. *Social work*. 2014. Available from URL:
http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S0037-80542014000300007&lng=en [12 November 2018]
29. Chane S, Adamek ME. [Factors contributing to elder abuse in Ethiopia](#). *The Journal of Adult Protection*. 2015; 17(2): 99-110.
30. Pillemer K, Burnes D, Riffin C, Lachs MS. Elder Abuse: Global Situation, Risk Factors, and Prevention Strategies. *Gerontologist*. 2016; 56: 194-205.
31. Eboiyehi FA. Convicted without Evidence: Elderly Women and Witchcraft Accusations in Contemporary Nigeria. *Journal of International Women's Studies*. 2017; 18(4): 247-265.

32. Crampton A. No Peace in the House: Witchcraft Accusations as an "Old Woman's Problem" in Ghana. *Anthropology & Aging Quarterly*. 2013; 34(2): 199-212
33. Mariki MS. The Tragedy of Elder Abuse and Witchcraft Accusations: A Challenge to Church's Mission in the Elct, Elvd Sukumaland, Tanzania. Master's Thesis. MF Norwegian School of Theology; 2017.
34. Acierno R, Melba AH, Ananda BA et al. Prevalence and Correlates of Emotional, Physical, Sexual, Financial Abuse and Potential Neglect in the United States. *American Journal of Public Health*. 2010; 100: 292-297.
35. Bergman H, Karunananthan S, Robledo LMG, et al. Understanding and Meeting the Needs of the Older Population: A Global Challenge. *Canadian Geriatrics Journal*. 2013; 16(2): 61-65.
36. World Health Organization. Towards policy for health and ageing
Available from URL:
http://www.who.int/ageing/publications/alc_fs_ageing_policy.pdf
[Cited August 23, 2018].
37. World Health Organization. World Health Day 2012 - Ageing and Health
"Good health adds life to years" Toolkit for event organizers. Available at
URL:
http://www.euro.who.int/_data/assets/pdf_file/0011/159977/WHD_toolkit_2012_EURO_Version.pdf?ua=1 [Cited August 23, 2018].

38. World Health Organization. Universal Health Coverage and Ageing. Available at URL: <http://www.who.int/ageing/health-systems/uhc-ageing/en/> [Cited August 23, 2018].
39. National Health Insurance Scheme. Vital Contributor Social Health Insurance Programme. Available at URL: <https://www.nhis.gov.ng/vital-contributor-social-health-insurance-programme-vcship-/> [Cited August 23, 2018].
40. National Health Insurance Scheme. Vital Contributor Social Health Insurance Programme (VCSHIP) register. May, 2018.
41. Social Protection and Human Rights. Old age and survivors' pensions and related benefits. Available at URL: <http://socialprotection-humanrights.org/key-issues/social-protection-systems/old-age-and-survivors-pensions-and-related-benefits/> [Cited August 24, 2018]
42. Wahab EO. Pension Challenges Facing the Older Persons in Nigeria. *European Scientific Journal*. 2013; 9(8):1857-7881.
43. Long G, Pfau W. Aging, Poverty, and the Role of a Social Pension in Vietnam. *GRIPS Policy Information Center Discussion Paper*. 2008. Available at URL: <http://www3.grips.ac.jp/~pinc/data/07-10.pdf>. [Cited August 24, 2018].
44. Schatz E, Gómez-Olivé X, Ralston M, Menken J, Tollman S. The impact of pensions on health and wellbeing in rural South Africa: does gender matter? *Soc Sci Med*. 2012; 75(10):1864-1873.

45. Lloyd-Sherlock P, Agrawal S. Pensions and the health of older people in South Africa: is there an effect? *The journal of development studies*. 2014; 50(11): 1570-1586.
46. Tarh T. The Old Age Pension and Its Impact on the Livelihood Chances of Tribal Elderly People in Arunachal Pradesh, India. 2014. Available at URL: https://www.researchgate.net/publication/266678690_The_Old_Age_Pension_and_Its_Impact_on_the_Livelihood_Chances_of_Tribal_Elderly_People_in_Arunachal_Pradesh_India [Cited August 25, 2018].
47. International Labour Office. Pensions and other social protection benefits for older persons: Insights from the ILO World Social Protection Report 2014/15. Available at URL: <http://www.social-protection.org/gimi/RessourcePDF.action?ressource.ressourceId=48037> [Cited August 25, 2018].
48. Adeleke JO. Living With Modernity: Challenges of Ageing in a Transitional Nigerian Society. *Nigerian Journal of Applied Behavioural Sciences*. 2014; 2: 245-254
49. World Health Organization. Elder maltreatment. 2011. Available at URL: <http://www.who.int/mediacentre/factsheets/fs357/en/> [Cited August 25, 2018].
50. Michael SN, Emmanuel AE, Aliyu D, Salga MA, Saleh AB. Public Awareness and Perception on Care for the Elderly among Funtua Residents

in Katsina State, North-west Nigeria. *World Journal of Preventive Medicine*. 2016; 4(1), 20-24.

51. Oluwagbemiga O, Tiwalade OO. Concept, conception and misconception of old people's homes in Nigeria. *MOJ Gerontol Ger*. 2017; 2(6): 317–320

52. The Dave Omokaro Foundation. Available at URL:

<https://www.ifa-fiv.org/partner-profiles/the-dave-omokaro-foundation/>

[Cited August 25, 2018].