

Community of Practice Research on Eldercare in Nigeria



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Table of Contents

Acronyms.....	6
Executive Summary	7
1.0 Introduction.....	10
1.1 Scope.....	11
1.2 Approach.....	12
1.3 Objectives.....	13
1.3 Definitions.....	15
2.0 Eldercare in Nigeria	16
2.1 Values and Strategy Framework in Building Eldercare Structures	17
2.2 Gaps in Eldercare Systems	20
2.2.1 Social Issues and Support Structure for the Elderly	21
2.2.2 Shifting Family Tradition.....	22
2.2.3 Legality and Institutionalization of the Elderly	23
2.2.4 Financial Dependence of the Aged.....	23
2.2.5 Accessibility, Elder-Friendliness, Affordability and Demand Generation for Geriatric Healthcare	24
2.2.6 Existence of Social Safety Net for the elderly.....	24
2.2.7 Funding and Sustainability Plan for Eldercare Programmes across Nigeria	25
3.0 Thematic and Geopolitical Region Analysis of Eldercare Systems across Nigeria.....	26
3.1 North East Geopolitical Region	27
3.1.1 Social Demography of the Target Elder Population.....	27
3.1.2 Pension, Healthcare and Retirement Benefits for the Elderly	28
3.1.3 Role of women in Eldercare	29
3.1.4 Abuse on the Aged and Life Regret	29
3.1.5 Needs Assessment of the Elderly	30
3.1.6 Expectation from Younger Generation.....	30
3.2 North-Central Geopolitical Region	31
3.2.1 Social Demographic Distribution of the Target Elder population	31
3.2.2 Pension, Healthcare and Retirement Benefits for the Elderly	32
3.2.3 Mistreatment and Regrets of the Aged.....	32
3.2.4 Assessing the Needs of the Geriatric Demography	33

3.2.5	Expectation from Younger Generation	34
3.3	North-West Geopolitical Region.....	35
3.3.1	Social Demographic Distribution of the target Elder Population	35
3.3.2	Pension, healthcare and retirement benefits for the elderly.....	35
3.3.3	Women and Eldercare in North-West Region	36
3.3.4	Abuse on the rights of the elderly.....	36
3.3.5	Meeting the needs of the elderly	37
3.3.7	Expectation from Younger Generation.....	38
3.4	South-East Geopolitical Region	38
3.4.1	Social Demography of the Target Elder Population.....	38
3.4.2	Pension, healthcare and retirement benefits for the elderly.....	39
3.4.2	Role of women in Eldercare	39
3.4.3	Abuse and rights of the elderly.....	40
3.4.4	Measuring the needs of the elderly.....	40
3.4.5	Expectation from Younger Generation.....	41
3.5	South-South Geopolitical Region.....	41
3.5.1	Social Demographic distribution of the target elder population.....	41
3.5.2	Pension, Healthcare and Retirement Benefits for the Elderly	42
3.5.3	Abuse on the Aged and Life’s Regret	42
3.5.4	Needs Assessment of the Elderly	43
3.5.5	Expectation from Younger Generation.....	43
3.6	South-West Geopolitical Region.....	44
3.6.1	Social Demographic Distribution of the Target Elder Population.....	44
3.6.2	Pension, Healthcare and Retirement Benefits for the Elderly	45
3.6.3	Abuse on the Aged and Life’s Regret	45
3.6.4	Needs Assessment of the Elderly and their Expectation from Younger Generation	46
3.7	Thematic Analysis of Eldercare in Nigeria	47
3.7.1	Basic and Unmet Needs of the elderly	47
3.7.2	Coping Mechanism of the elderly	47
3.7.3	Financial Implication of Eldercare in Nigeria	48
3.8	Community and Social Support Structure for the Elderly.....	48
3.9	Youth Involvement in Eldercare	49
4.0	Conclusion	50

4.1	Recommendation.....	Error! Bookmark not defined.
4.1.1	Collective Contribution of Families and Social Development Organizations to Eldercare.....	51
4.1.2	Information and data Systems for long-term care	51
4.1.3	Institutionalization and sectorial integration of Eldercare system for long-term delivery.....	52
4.1.4	Strengthening of pension laws to capture persons in the informal business environment.....	52
	Reference	53

Table of Figures

<i>Figure 1: Distribution of target population</i>	<i>26</i>
<i>Figure 2: Demographic distribution of target population in North-East geopolitical region</i>	<i>27</i>
<i>Figure 3: Distribution of pension coverage of target population in North-East geopolitical region</i>	<i>28</i>
<i>Figure 4: Caregiver’s gender in North-East geopolitical region</i>	<i>29</i>
<i>Figure 5: Categorization of abuse suffered by the aged in North-East geopolitical region</i>	<i>29</i>
<i>Figure 6: Distribution of needs of the elderly in North-East geopolitical region</i>	<i>30</i>
<i>Figure 7: Old people’s expectation from the youth in North-East geopolitical region</i>	<i>31</i>
<i>Figure 8: Classification of regrets of the elderly in North-East geopolitical region</i>	<i>31</i>
<i>Figure 9: Social demographic distribution of elders in North-Central geopolitical region</i>	<i>32</i>
<i>Figure 10: Distribution of pension coverage of target population in North-Central geopolitical region.....</i>	<i>32</i>
<i>Figure 11: Categorization of abuse on old persons in the North-Central geopolitical region.....</i>	<i>33</i>
<i>Figure 12: Classification of regrets of the elderly in North-Central geopolitical region</i>	<i>34</i>
<i>Figure 13: Needs Assessment of the elderly in North-Central geopolitical region</i>	<i>34</i>
<i>Figure 14: Social Support and care of the elderly in North-Central geopolitical region</i>	<i>35</i>
<i>Figure 15: Elder’s expectation from the youth in North-Central geopolitical region</i>	<i>36</i>
<i>Figure 16: Demographic distribution of target population in North-West geopolitical region</i>	<i>36</i>
<i>Figure 17: Distribution of pension coverage of target population in North-West geopolitical region</i>	<i>37</i>
<i>Figure 18: Caregiver’s gender in North-West geopolitical region</i>	<i>38</i>
<i>Figure 19: Classification of regrets of the elderly in North-West geopolitical region</i>	<i>38</i>
<i>Figure 20: Needs Assessment of the elderly in North-West geopolitical region</i>	<i>39</i>
<i>Figure 21: Expectation from the younger generation in North-West geopolitical region.....</i>	<i>40</i>
<i>Figure 22: Education and demography of target population of target population in South-East geopolitical region</i>	<i>40</i>
<i>Figure 23: Distribution of pension coverage within the target population in South-East geopolitical region.....</i>	<i>41</i>

<i>Figure 24: Gender distribution for Caregivers and family support in South-East geopolitical region</i>	42
<i>Figure 25: Categorization of abuse suffered by the aged in South-East geopolitical region</i>	43
<i>Figure 26: Categorization of the needs of the elderly in South-East geopolitical region</i>	43
<i>Figure 27: Expectation from the younger generation in South-East geopolitical region</i>	44
<i>Figure 28: Social demographic distribution of target population in South-South geopolitical region</i>	44
<i>Figure 29: Distribution of pension coverage of target population in South-South geopolitical region</i>	45
<i>Figure 30: Categorization of abuse suffered by the aged in South-South geopolitical region</i>	46
<i>Figure 31: Needs Assessment of the elderly in South-South geopolitical region</i>	46
<i>Figure 32: Old people’s expectation from the youth in South-South geopolitical region</i>	47
<i>Figure 33: Social demographic distribution of elders in South-West geopolitical region</i>	47
<i>Figure 34: Distribution of pension coverage of target population in South-West geopolitical region</i>	48
<i>Figure 35: Regrets of the elderly in South-West geopolitical region</i>	50
<i>Figure 36: Categorization of abuse suffered by the aged in South-West geopolitical region</i>	50
<i>Figure 37: Expectation of the aged from the youth in South-West geopolitical region</i>	50
<i>Figure 38: Needs Assessment of the elderly in South-West geopolitical region</i>	51

Table of table(s)

<i>Table1: Distribution of Survey target population</i>	26
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Acronyms

BCU:	Birmingham City University
CBHMIS:	Community-Based Health Management Information Systems
COP:	Community of Practice
ELDFRHI:	Elderly Friendly Hospitals Initiative
FCT:	Federal Capital Territory
FMoH:	Federal Ministry of Health
MDA:	Ministries, Departments and Agencies
NCD:	Non-Communicable Diseases
NGO:	Non- Governmental Organization
NHIS:	National Health Insurance Scheme
UBTH:	University of Benin Teaching Hospital
WHO:	World Health Organization

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#AgeingIsABlessing

Executive Summary

This report, which presents the results from the Community of Practice for Voice grantees and NGOs working on Older Persons Care led by Dewdrop Foundation, conducting a survey in the six geopolitical zones and FCT, Nigeria, with a goal to identify the level of awareness, needs and challenges of the elderly population, how to care for the elderly, determine the availability and accessibility of Health and Social care facilities for the aged people across the nation. The report covers the survey period from November to December 2021, and mirrors the situation of long-term Eldercare developments from the six geopolitical regions consisting of the following states: Abuja (FCT), Akwa Ibom, Anambra, Bauchi, Borno, Cross River, Enugu, Gombe, Imo, Kaduna, Lagos, Ogun, Ondo, Oyo, Plateau, Rivers, and Yobe.

In the survey, 469 old persons (60 years and above) were identified in 17 states, representing 52% of the target population for this survey. The number of women and caregivers captured across the geopolitical regions represents 23% of the population compared to 18% of the youthful population and 6% being community and religious leaders in communities where the survey was conducted.

This report is divided into the following four Chapters:

Chapter 1 introduces the report, scope and the approach used in gathering the information regarding Elder Care Nigeria, including definition of terms used in the report.

Chapter 2 describes the values and Strategy framework in building Eldercare structures, the gaps in long-term Eldercare Systems in Nigeria, relating to issues of shifting family tradition, accessibility to healthcare, globalization and economic downtime forcing the

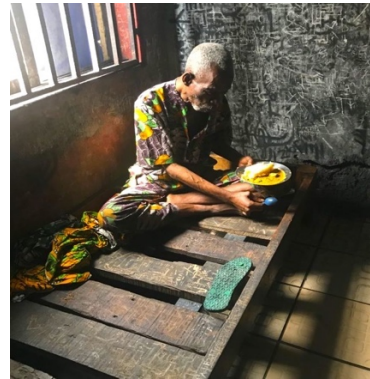
youthful population across communities where old people reside to adopt new social changes and Institutionalization for the elderly.

Chapter 3 of comprises of thematic and geopolitical analysis of Eldercare across the country, revealing the situation of geriatric care, needs of the aged and their expectation from young people, the intergenerational support of the elderly by the youth, tolerance request by the elderly in their care, abuse and violation of rights suffered by the aged. The effect of irregularity of Pension for pensionable retirees is a major source of concern and regret for the vulnerable and often marginalized population, available social support structures in communities, including thought on institutionalizing elders, healthcare settings, education, livelihood, and provision of basic needs, assistance and outside support services available to the elders in their communities.

Chapter 4 concludes the report with summary of findings on care for senior citizens and recommendation on the best strategy to strengthening pension laws and increasing coverage to capture persons in the informal business environment, and sustainability of long-term care for the elderly, including funding for Eldercare, and the support for the implementation and testing of innovative approaches; initiatives on ageing: Elderly Friendly Hospitals Initiative, health and universal health coverage; on social protection, gender equality and advancement of human rights; and education, employment and entrepreneurship opportunities for the young and active population.

1.0 Introduction

The population of older people in sub-Saharan Africa is expected to reach more than 165 million by 2050, and Nigeria's population amounts to about 206 million people as of 2020, where 9.4 million people were aged 60 years and older, with women constituting 46% of the elderly population of about 4.3 million people. However, the present situation of older persons in the country requires robust, inclusive and prompt intervention by every stakeholder as this vulnerable group of persons are exposed to injustice, irrationality mostly from untrained caregivers and impatient family members, including ignorant youths, who struggle with depression from human right abuses and societal intolerance, and usually facing lack of access to good healthcare services, absence of incentives as senior citizens or older persons, and the separation from family due to increasing pressure attributed to urbanization and eroding communal family system to more immediate nuclear concerns.



The impact of COVID-19 has also contributed to challenges in Eldercare in Nigeria, complexities in the treatment of the diseases and management of spread amongst the elderly population battling with dwindling immunity and access to proper healthcare for age-related sicknesses. Ageing is an everyday happenstance, and Eldercare requires the commitment of communities, the Government and the general public to make the predicaments of the elderly easy, especially educating the youth population that is mostly ignorant of the challenges associated with age. Create an understanding of the dynamics in the administration of social and medical support for the elderly, including catering for the economic dependency and ubiquitous lack of infrastructure for the administration of

Eldercare and Elder Laws that support the wellbeing of old people. The understanding that in future, a substantial proportion of a country's demography will require long-term care due to age and associated economic dependency and morbidity, interest have to be given to the elderly and planned activities undertaken by stakeholders to ensure that the human dignity and fundamental rights of the elderly are maintained in handling the affairs of this vulnerable group of persons.

The issues associated with age, mostly morbidity and mortality, are not caused predicament but natural phenomena that dictates the need for concerns on the part of the Government in creating policies and established laws to manage the wellbeing of the elderly and provide eldercare support across all the regions of the country, including the establishment of specific eldercare programmes, old people's home and institutes for the sustainability of learning and administration of organized knowledge and training to caregivers and families on the management of the aged.

1.1 Scope

This report outlines the Community of Practice on Eldercare in Nigeria, the inclusive provisions in the care of the elderly, underlining provisions by the Government in addressing the significant challenges in existing eldercare structures, approaches to long-term healthcare service, including Community support structures and programmes, awareness level on the issues surrounding elder care and elder abuse management, financing of programmes and resource mobilization for people's home, management of human resources, and organized caregivers demand generation.

In conclusion, provide recommendations to develop innovative and sustainable long-term care, inclusive of health and social care by the community of practice for Eldercare through funding from local and international donors to address identified critical issues of the elderly population in Nigeria.

1.2 Approach

A research team comprising enumerators and moderators from all COP on Eldercare partners collected data from the different target populations of elderly men and women aged 60 years and above, women, caregivers, and youths, Ministries, Departments and Agencies (MDA) of Government, community and religious leaders. The survey for this research was designed to address the objectives of the community of practice on Eldercare by engaging different target groups across the six (6) geopolitical regions of Nigeria with specific questions developed to provide a qualitative understanding of the different perspectives, improve the knowledge and interest of Communities of Practice on Eldercare in Nigeria, re-generate interests and concerns of all stakeholders on the issues surrounding Eldercare, elder abuse management, study of organized training of caregivers and drive demand and improvement of eldercare support structures by communities and Governments at all levels.



Pictures of some respondents



Pictures of some respondents

The team collected information about the current awareness approaches on Eldercare, existing support structures, and the need to influence performance through effective community engagement. This report also captures information on knowledge of Geriatric management, community and social behaviour towards the elderly, existing community support structures, the awareness level of the predicament of the aged, finance and resource mobilization for the complete wellbeing of the elderly, including human resources availability to delivery care, healthcare-seeking behaviour of the elderly, and caregivers' service demand generation. The methodology included individual in-depth interviews (IDI) and administration of questionnaires with a specified target population for the assessment. Data collection in the field took place between November to December 2021.

1.3 Objectives

The overarching goal of the Community of Practice for Voice grantees and NGOs working on Older Persons Care include:

To identify the level of awareness, needs and challenges of the elderly population, how to care for the elderly, determine the availability and accessibility of Health and Social care facilities for the aged people across the nation.

The immediate objectives of the project include but are not limited to the following:

1. Improve the knowledge and interest of Communities of Practice, including Voice grantees and other NGOs working on Eldercare in Nigeria, and encourage them to collectively implement projects and take actions that will achieve linking, learning, innovations and knowledge sharing among themselves and other stakeholders.
2. Re-awaken and redirect the concerns/interests of all stakeholders on the issues surrounding eldercare/elder abuse management in Nigeria. Primary target groups are Women/Mothers who are typically the primary caregivers in homes; Youths whose (often ignorant) actions have a direct adverse impact on the lives and welfare of the elderly; Community/Religious Leaders and other influencers and Government Authorities, and the general public.
3. Attract funding from local and international donors to address the identified critical issues of the elderly population in Nigeria.

1.3 Definitions

The following terms used in this report serve as a framework for describing Eldercare in Nigeria.

1. **Abuse** – all forms of violation of an old person, whether physical, emotional, financial, sexual, neglect, or exploitation, resulting in physical or mental harm, including dignity and human freedom.
2. **Aged** – are persons between the age of 60 years and above experiencing depreciation in mobility, physiological, mental and often sick due to vulnerability to certain diseases due to the declining immune system.
3. **Caregiver** – persons focused on providing non-medical services, emotional, homemaking, economic, nurturing, communal, and other services daily or intermittent for the aged, sick, injured, and disabled in their homes.
4. **Eldercare** – services aimed at fulfilling the needs and necessities of senior citizens, usually involving long term care, managing retirement and nursing homes, assisted living, operating elder-friendly centers and companionship for old persons.
5. **Family** – a group of persons living in a household, usually related by the same parentage and consisting of different generations of individuals with shared ancestry, partaking of specific characteristics like languages, geographical location, culture and traditions.
6. **Geriatric** – connected to an old person receiving exceptional care, especially concerning their healthcare
7. **Psychosocial capabilities** – coordination skills of old people that enhance communication and interpersonal relations abilities, mental intelligence, decision making, and self-awareness and coping mechanisms for stress.

2.0 Eldercare in Nigeria

The geriatric population in Nigeria is progressively growing due to the notable benefits of urbanization and globalization, innovations and advancement in medical sciences that have improved the existence of humans and a general increase in life expectancy. An increase in the population of the elderly in Nigeria necessitates that there will be increased demand for Eldercare and social care. In the last 10 years, the ageing population has faced a lot of risks, which challenges and contributes significantly to the loss of most of their functional ability and consistently deepened exposure to violation of their fundamental rights, freedoms, and the depreciation of their self-worth. Insurgency in the North-East, sequestration, cattle rustling, destruction of farmlands by floods and unauthorized cattle grazing on crops, herdsman-farmers clash, lack of formal education and banditry in North-West have significantly impacted on rural communities and elderlies residing there. In South-South and South-East regions of the country, militancy and agitations from separatists further expose elders to the abuse from the military and youth, including exposure to unsafe drinking water in communities where pipeline vandalism and crude oil theft occurs.

The ageing population's psychosocial health and overall wellbeing and the quality of life they lead underscore the need for a coordinated focus on long-term care of older citizens, based on changing demographics, cultural concerns, and lack of any social security system or communal structures constituting significant challenges for the elderly. According to WHO (2008) organized training for caregivers and family members will include a learning curve and key to providing the contextual framework and necessary evidence for the development of long-term care systems, exposing the prevalence of age-related health problems as a paramount public health concern as proportions of older individuals in populations worldwide grow.

Multiculturalism, industrial development, modernism, globalization, changing family structure, and consumerism have profoundly impacted ageing. Accessibility of healthcare, management of age-related diseases like dementia and cognitive impairment prevalent in older populations, and affordability contribute significantly to Government expenditure and are usually not considered at all levels of strategic planning for long-term Eldercare in Nigeria. Housing scheme support, stakeholder's engagement, gratuities for retired civil servants, strengthening pension schemes, improvement of labour laws, and contribution to the state's economic productivity and saving levels to support the various cultures and plan appropriate health care for elderly in each community.

2.1 Values and Strategy Framework in Building Eldercare Structures

In line with WHO's *Global Strategy and Action Plan on Ageing and Health*, the Nigerian Federal Ministry of Health (FMOH) and Birmingham City University (BCU) signed an MOU entitled "*Health Package for Improving Quality Care on Ageing Population and Diseases in Nigeria*" which became a project known as Healthcare Package for improving Quality of Care (HEPIQ-C) of ageing Population, a collaboration with the mandate to build capacity, support Disease Control and prevention and promote healthy ageing, occupational and environmental health, and in areas of research studies on Non Communicable Diseases (NCD), and training of care geriatric caregivers in line with the directive and health policies affecting the elderly in achieving the 2020 Global Strategy plan of action for the older population in the country; leading to the flag-off of the FMOH first International training of trainers in Geriatrics in the University of Benin Teaching Hospital (UBTH), and the eventual take-off of the Elderly Friendly Hospitals Initiative (ELDFRHI) themed "*Achieving Quality Healthcare for elderly in Africa*".

Understanding the psychosocial capabilities and vulnerability of the elderly gives a far-reaching concern and consideration of their physical wellbeing, rights, respect, freedom and human dignity by family members and the society they live in. Difficulty in fiscal

undertakings associated with the ailing global economy poses numerous social and monetary challenges for the ageing population, and failures in the health sector and related breakdown of traditional family support structures, including the gradual erosion of the extended family system, which used to be an avenue for the shared burden of care for the older family members.

In developing value and building a strategic framework for Eldercare in Nigeria, existing social care structure in the country was considered, the dynamics and complexities in geriatric care for families, caregivers and the role of the Government are understudied to identify the jointly implementable schemes and actions that will serve in linking, building learning curves, innovations and knowledge sharing among all stakeholders in the general principle of applying such innovation to the administration of sustainable eldercare systems in Nigeria:

1. Affordability and accessibility are critical components of Eldercare, requiring special attention for the poor and marginalized people to access healthcare services.
2. Drive the concept of sustainability and ownership of Eldercare in communities where the aged reside; by encouraging individuals, families, hospitals, traditional and religious institutions, organized private sector and commercial organizations to embrace the idea of supporting older persons to gracefully age. Promotion of improved health and wellbeing by involving them in the daily administration, execution of critical activities and playing roles as the advisory tank in homes, organizations, businesses, companies and societies where they live.
3. Eldercare should be viewed as long-term service and person-centered, focused on the needs of older persons, rather than the service structure, and where possible, help maintain and improve the critical capabilities of older persons while compensating for losses in another capacity. Eldercare workforce, whether salaried or voluntary caregivers, have to be accorded respect and recognized by family

members and the communities they support and given the social status and financial enumeration the task merits.

4. Endorsement of the more ELDFRHI and eldercare centers across the country aimed at demand generation for geriatric care and supporting older persons use affordable hospital services made for them, as these groups of individuals are more likely to frequent hospitals.
5. Geriatrics and associated healthcare are unambiguously dedicated to meeting the healthcare needs of older persons.
6. Governments at all levels must ensure the sustainability and the general responsibility of providing and driving the sustainability of long-term eldercare systems in line with the sustainable development goals (1,3,5, 8 and 10) of contributing to poverty alleviation, universal health coverage, gender and age equality, and promoting economic growth and employment for its populations as regards to Eldercare, family financial situation and remuneration of the healthcare workforce, especially those in geriatric services, including creating an enabling environment to attract funding from both local and foreign donors, as well as impact investments aimed at addressing identified key issues of the elderly population in Nigeria.
7. Implementing programmes that promote in-home care for the aged as elderly people's homes are considered taboo in Nigeria because children are expected to care for their ageing family members. Meanwhile, this creates a burden on women and young girls whose are not readily available to provide the care and support needed; where they provide such care, their economic and educational lives suffer.
8. Locally applicable and affordable training for caregivers and family members of the elderly based on benchmarked International standards that carters to multi-disciplinary professionals in Eldercare drawn from primary, secondary, tertiary levels of the health sector, including private sector participation and impact development investors.

9. Provision of spare time activities and recreational facilities as a form of relaxation and leisure for the elderly to help in improving intrinsic capabilities and a balanced lifestyle that continuously stimulate the memory and learning abilities of the aged.
10. The support of the youthful population in driving the human rights of care-dependent older people and rendering of cares in a manner that does not threaten the freedom, dignity and humanity of the senior citizens allows these vulnerable group of persons the liberty of self-expression, choice and possibly the acceptance of care method whether the kind of medication and podiatric methods available in health facilities or In-home care.

2.2 Gaps in Eldercare Systems

Globalization and new social changes are forcing extraordinary deviations in traditional cultures regarding the administration of care to the elderly, leading to adaptation of the Institutionalization of the elderly, mostly in urban settlements. The current economic situation resulting in the decline of communal involvement in elder care across the country due to lack of long-term funding plans for programs that support the elderly by families and Governments at all levels, and associated redundancy of institutions empowered by law to keep these groups of vulnerable persons. FMOH's position as the foremost health institution in the country makes it the key driver of the Eldercare system in Nigeria, with the expectation to work closely with other strategic MDAs and partners: notably Pension and housing schemes, in ensuring that both formal retirees and other old persons in the population benefit from long-term care upon reaching the statutory age considered retirement, create innovative National Non-Contributory Health Scheme targeted towards poor and marginalized communities and strengthen existing National Health Insurance Scheme (NHIS) to cover rural communities and persons outside current coverage for up to 70 years of age.

The absence of integrated geriatric focused programmes for stakeholders, volunteers, social workers, therapists, nurses, medical doctors and recreation officers provides a learning platform and knowledge exchange that strengthen the range of services and generate demand for a skillset that constitutes Eldercare in communities and healthcare facilities across Nigeria. Poor campaigns, involvement and awareness, policy drive for the elderly by civil society, Government or religious institutions further saddle older citizens with the enormous burden of self-care and execution of the independent activities that make up the running of their daily lives to the extent possible. The gap in the national policies and law, which significantly neglected aspects of sustainable systems for Eldercare in Nigeria, leaves the federating states to decide their participation, further creating gaps in the developed framework for integrating long-term care across different settings in Nigeria. Consideration of existing traditions and culture in caring for the aged, and even neglecting the modalities for engaging is widespread, as well as training and incorporating of support for caregivers and failure to specify the financial sustainability plan and continuous data gathering and needs assessments for the older population.

2.2.1 Social Issues and Support Structure for the Elderly

The civil liberties of old persons are often abused, and this mishandling of their human right and freedoms are usually unreported due to lack of support structures from the Government or communities to aid this vulnerable group to seek redress for the various injustices and wrong deeds meted of them by family members and caregivers. Mane (2016) posited that the needs and problems of the elderly vary significantly according to their age, socio-economic status, health, living status and other such background characteristics. The elderly are usually confronted with numerous challenges in the pursuit of their daily survival and will for complete wellbeing. They are faced with different social problems attributed to traditional and economic roles of taking care of family, tending to farmlands, and managing family estates in rural communities. The social responsibility of being custodians of oral traditions, leadership and advisory guardians, caring for sick family

members and orphaned children despite the medical challenges that continually challenge their health and lack of infrastructure that are not readily available or affordable, failing family social networks to provide support to them.

In light of changing dynamics in Eldercare, limited investment in older adult products, inadequate geriatrics education, funding deficiency, absence of data on this population. Existing support systems and community engagement structures indicate that Governments across all levels are not committed to Eldercare as the future needs of new entrants into the geriatric demography are not captured in any form of policy or provisions.

2.2.2 Shifting Family Tradition

Family involvement in caregiving is considered an age-long sacred obligation owed to the aged, and a means to spiritual blessings and teachings to the younger generation, without any training or support from the government and social development groups. Paid caregivers are sometimes involved in providing care for old persons in the face of changing methods of administering care, diseases level of the aged and economic status of the family.

Changing times have created immense differences in the benefits the aged enjoyed from extended family support systems and other mechanisms that guarantee their economic and social security. The emergence of modernity, nuclear family situations, divorce, and rural-urban migration, dwindling financial capabilities of families, globalization and changing workplace culture, making older family members to be relegated to the background of activities in the lives of the young and exposing them to emotional, physical and financial insecurity, including abuse and eventual death.

2.2.3 Legality and Institutionalization of the Elderly

In urban Nigeria, the last decade has witnessed though topical, the increase in nursing homes and in-home care for old persons as part of measures to provide care for the elderly. The Institutionalization of the aged is part of the Government's intervention in long-term Eldercare following the signing into law the Senior Citizens Bill on 26th January 2018 by President Muhammadu Buhari. The law provides for building senior citizens' centers in the Federal Capital Territory (FCT) and states which show interest and an opportunity for creating sustainable social investment schemes by the organized private sector, civil society organization, the aged-focused NGOs and social entrepreneurs committed to home and community-based services for the elderly. Long term care funding is possibly generated through these institutions driven by impact and social good.

However, in Nigeria, as the geriatric population increase, the acceptance of nursing homes are still considered non-traditional and offensive by many cultures which place value on ageing in familiar surroundings and in the security of persons the elderly are acquainted with, including the environment and social support structures of kindred, associations, religious institutions, market-and-workplace previously frequented. The general belief of the potency of the prayers and caring for one's older family members or parents is considered a conduit to obtain benevolence from a supreme being. Institutionalizing the aged in Nigeria is challenging to old people who perceive the outcome as damaging to their families and wellbeing, and preference to retire in the comfort of their children and community where they take up social roles of taking care of grandchildren, the sick, advising on social matters, cooking and participating in petty trade for the subsistence of the economic fit of their families.

2.2.4 Financial Dependence of the Aged

The quality of care experienced by the elderly further complicates their susceptibility to abuse and neglect, capturing a pitiable forecast of the sustainability plan and long-term care

for this group of persons in the face of the declining economic condition of the nation, rising inflation rate, the rising cost of commodities, housing deficit, age-related diseases, high cost of living, poor healthcare and inadequate geriatric care, youth unemployment, deficiency of funding, research and insufficient data, negligence by Government and social workers leaving the aged to be economically dependent on their families and available social support systems.

2.2.5 Accessibility, Elder-Friendliness, Affordability and Demand Generation for Geriatric Healthcare

Affordable healthcare for the elderly is a primary geriatric care demand because this vulnerable and marginalized group of persons require constant healthcare services for age-related illnesses, regardless of the health challenges of the aged. The population of elderly Nigerians consume fewer health care services due to discrimination in health access, finance and lack of elder-friendliness health initiatives in most healthcare facilities in communities across Nigeria with few exceptions, particularly in urban centers. Demand generation for Eldercare will drive innovation and improvement in the overall eldercare policy that supports the Government in the creation of inclusive and responsive eldercare system only if accessibility and affordability of long-term care for the aged are realized in elder-friendly facilities and settings that address the improvement of overall wellbeing and satisfaction of poor families and marginalized groups.

2.2.6 Existence of Social Safety Net for the elderly

The challenges faced by the elderly due to inevitable changes in society have created an environment of adverse mental conditions within their communities. The worries of being unprepared for the eventualities of their remaining lifetime necessitates much-needed support to build structures and plans based on needs assessment, data collected, available resources shared experiences from caregivers, family members and learnings drawn from other places to cushion the effects of ageing on old persons and families.

2.2.7 Funding and Sustainability Plan for Eldercare Programmes across Nigeria

Opportunities to attract funding from local and international donors in addressing identified critical issues of the elderly population in Nigeria, develop a business around accountability and support the recreational, health, learning, mental, psychoanalysis and social programmes of the aged by building sustainable plans for geriatric care and development of care centers with the capacity of stakeholders to drive demand and infrastructural development and generate 2.4 times new jobs in addition to existing trained caregivers and family members attending to the aged and the establishment of institutions that manage the affairs the elderly across all the states of the federation.

The signing of the Senior Citizens Bill seems to be currently embedded in sheer silence with all the benefits of the plans and legislations on the implementation of its integral constituent designed for dual benefit to the elderly and households, and other stakeholders within the entire eldercare system of Nigeria; including providing for the eventualities upon the demise of an elderly person and opportunities that will give older persons a chance at living without abuse and incomplete wellness devoid of the issues of survival mode, and allow for pressurizing the Government to create enabling environment for Eldercare to thrive and put forward policies that ensure private sector participation.

3.0 Thematic and Geopolitical Region Analysis of Eldercare Systems across Nigeria

This report investigates through analysis of data obtained from field survey on the target population, the situational contributions and view of Eldercare in Nigeria from the lens of elderly men and women aged 60 years and above, caregivers, social workers, community and religious leaders, the youth, Government and other strategic stakeholders. Results obtained from the analysis of specific questionnaires administered on the different target groups, as well as feedback received, intends to identify the level of awareness of the needs and challenges of the elderly population, how to care for the elderly, accessibility and availability of Health and Social care facilities for the aged people across the nation. Improving the understanding of the overall eldercare system and its importance for national development and management in establishing institutionalized systems as practiced in different regions of the world and attracting funding from local and international donors to address the identified key issues of the elderly population in Nigeria.

Thematic and geopolitical specific analysis will be used in this report. The geopolitical information will define the consequences of localized considerations on care-dependent older people, government and community social care support analysis and existing regional practices, sustainable and right developmental programmes, eldercare funding, and human capital development. The thematic reports will provide cross-cutting information and evidence on key issues centered around the needs of old persons, abuse, healthcare priority and responsibility, the Institutionalization of the aged and social care assessment. Both thematic and geopolitical analysis drive the understanding of sustainability, funding, social innovation, the Institutionalization of the aged and building of justifiable long-term eldercare systems and existing variance across the different geopolitical regions in Nigeria.

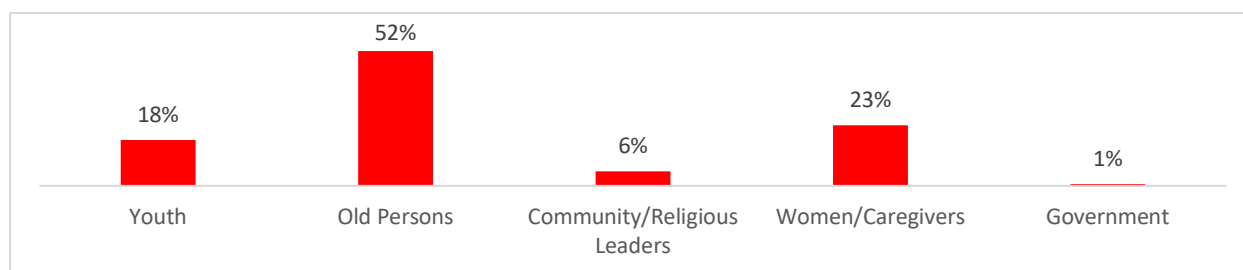
The analysis will include practical next steps that strategic stakeholders in Eldercare can consider to re-organize and improve Eldercare in line with current realities and adoption of best practices worldwide based on the improvement of fundamental localized practice community engagement and circumstances.

Table 1: Distribution of Survey target population

Target Population	Number	Percentage	Locations
Youth	159	18%	Abuja (FCT), Akwa Ibom, Anambra, Bauchi, Borno, Cross River, Enugu, Gombe, Imo, Kaduna, Lagos, Ogun, Ondo, Oyo, Plateau, Rivers, and Yobe
Old Persons	469	52%	
Community/Religious Leaders	51	6%	
Women	210	23%	
Government	6	1%	
Total	895	100%	

Source: COP Survey 2021

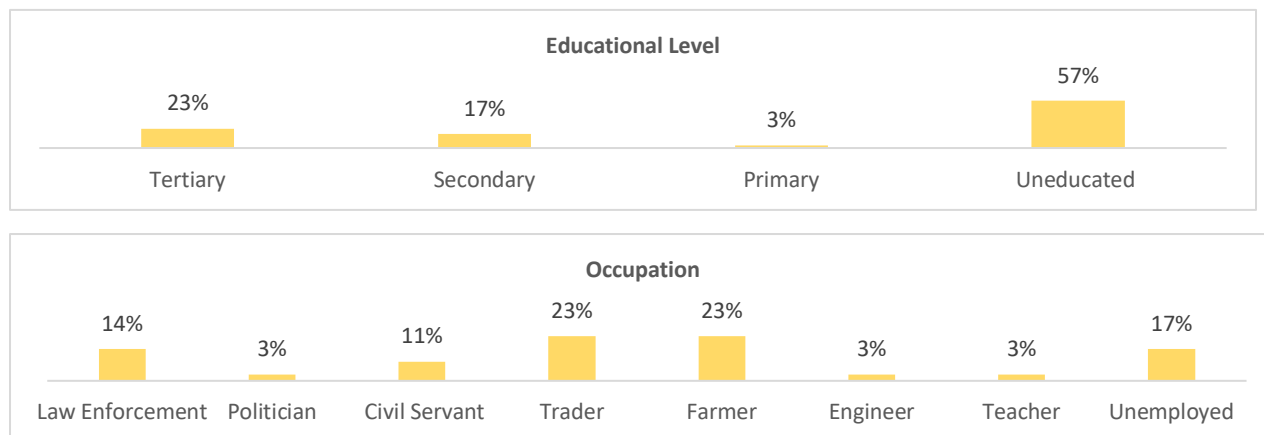
Figure 1: Distribution of target population

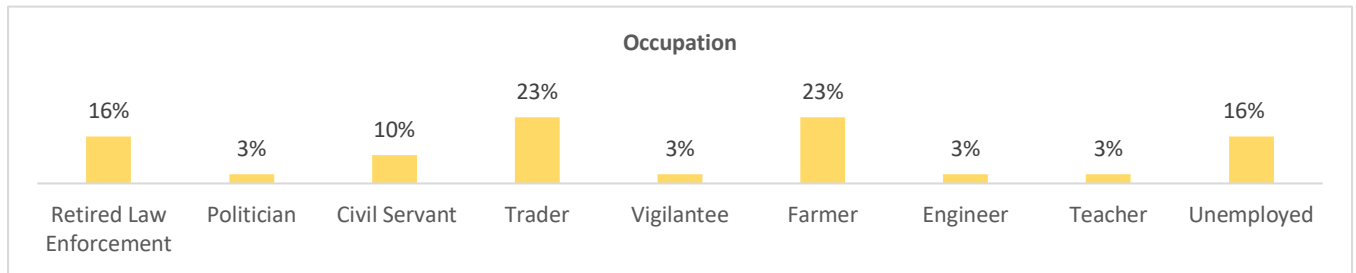


3.1 North East Geopolitical Region

3.1.1 Social Demography of the Target Elder Population

Figure 2: Demographic distribution of target population in North-East geopolitical region



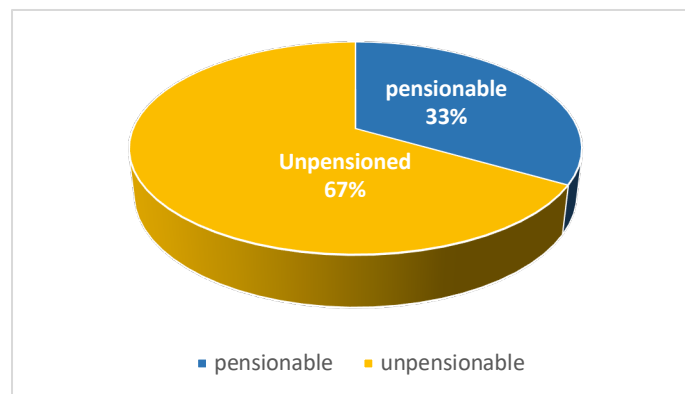


Data from the survey show that elders in the survey's target population were previously civil servants (11%), 14% retired Law Enforcement officers. Elders who were previously unemployed in their youth accounted for 17% of the population captured, and 57% of respondents were never educated, with 40% attainment of post-primary school education.

3.1.2 Pension, Healthcare and Retirement Benefits for the Elderly

73% of respondents say the irregularity in Pension from the Government makes life difficult for them in the face of crushing economic decline of the currency's value. According to 67% of the engaged old people population, the population without Pension continue to face age-related ailments in healthcare facilities that are expensive. However, both retirees from Government and other pension contributory organizations face out-of-pocket situations in healthcare facilities like their counterparts without Pension.

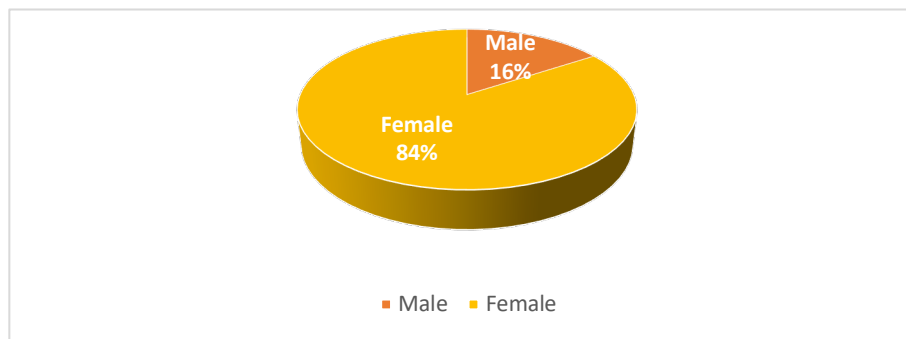
Figure 3: Distribution of pension coverage of target population in North-East geopolitical region



3.1.3 Role of women in Eldercare

The place of women in healthcare cannot be overemphasized, as the target population constitute 84% of women, report as caregivers to the respondent engaged in the course of this eldercare survey in the Northeast, where insurgency and armed conflict have been raging in more than a decade. Male caregivers are mostly under-aged boys and teenagers working with their blind or partially blind grandparents and often exposed to the same dangers as the elderly they support with their education and boyhood ending for earlier entrepreneurship in marketplaces and street corners to help their aged relatives.

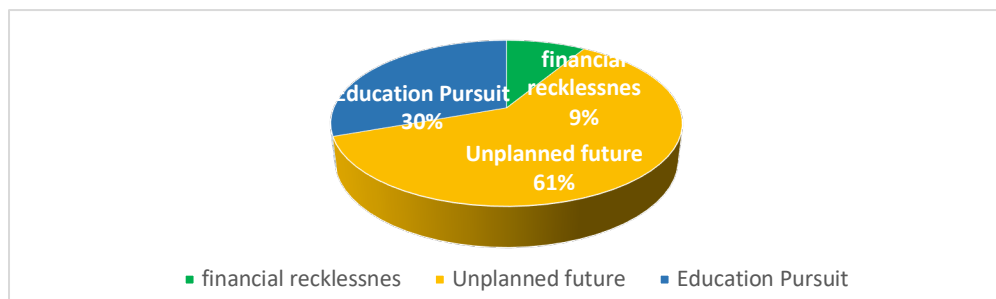
Figure 4: Caregiver's gender in North-East geopolitical region



3.1.4 Abuse on the Aged and Life Regret

Only 7% of the elderly population engaged have experienced abuse, and primarily financial due to inability to self-fund basic needs and refusal of capable family members to fund them. The absence of a social structure that provides care for the aged; leaves these vulnerable persons to beg for survival and petty theft for their basic needs, exposing them to eroding of their human dignity and abuse.

Figure 5: Categorization of abuse suffered by the aged in North-East geopolitical region

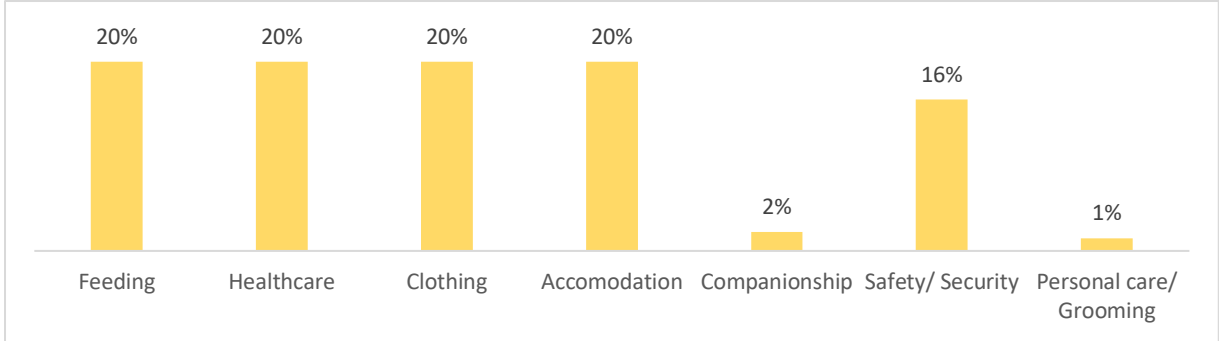


30% of the population engaged during the field survey expressed regret, and most outstanding amongst the guilt of the elderly is unplanned future, expressing worry at the turn of their lives and conditions and the lack of capability to drive change. Similarly, 9% of the population's regret was centered on financial irresponsibility, and some 30% failed to pursue education or improve beyond the primary level of education.

3.1.5 Needs Assessment of the Elderly

It is clear from the COP survey that due to the lack of organized long-term care for the elderly by the Government, old people in the society will continue to have unmet needs related to both physical and mental health, environmental, and socio-economic, as well as the situational adaptability to the community they live and interact in. The need of elders in the North-East infers mainly to security and safety at 16% following food, healthcare, clothing and accommodation with 20% preference as a necessity for the elderly, and 1% worry about personal care/grooming and 2% desire companionship from young people.

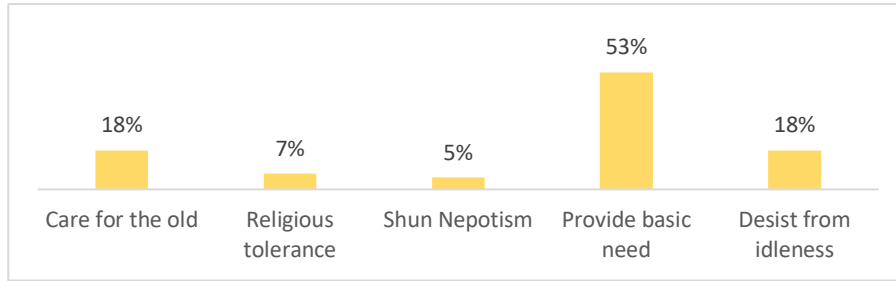
Figure 6: Distribution of needs of the elderly in North-East geopolitical region



3.1.6 Expectation from Younger Generation

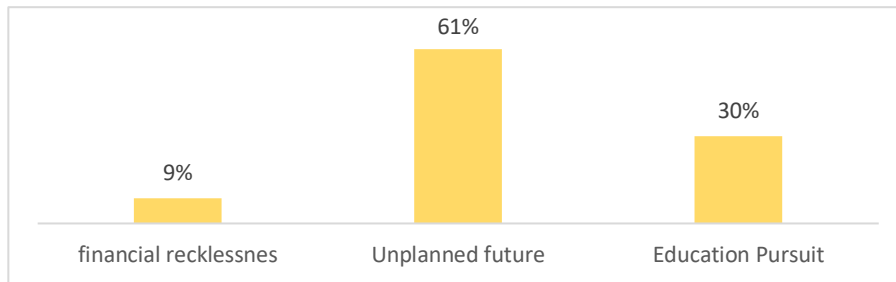
18% of the expectation of the elderly is adequate healthcare and 53% care about provision of essential care products and services from young people, while 5% urge the younger generation to shun nepotism and 7% practice religious tolerance, 18% implore the younger generation to desist from idleness and build formidable businesses and lives.

Figure 7: Old people’s expectation from the youth in North-East geopolitical region



30% of the elderly population in North-East geopolitical zone expressed remorse centered on failure to have not acquired formal education in their earlier lives, 61% on having failed to lead a planned future and 9% on financial recklessness as young adults.

Figure 8: Classification of regrets of the elderly in North-East geopolitical region



3.2 North-Central Geopolitical Region

3.2.1 Social Demographic Distribution of the Target Elder population

Percentage of the target population in the North-Central comprising of the FCT and Plateau states are 80% and 11.7% of elders aged 60-75years and 76 years and above with 8.3% participation of Young respondents, Community leaders and a representative from the Government.

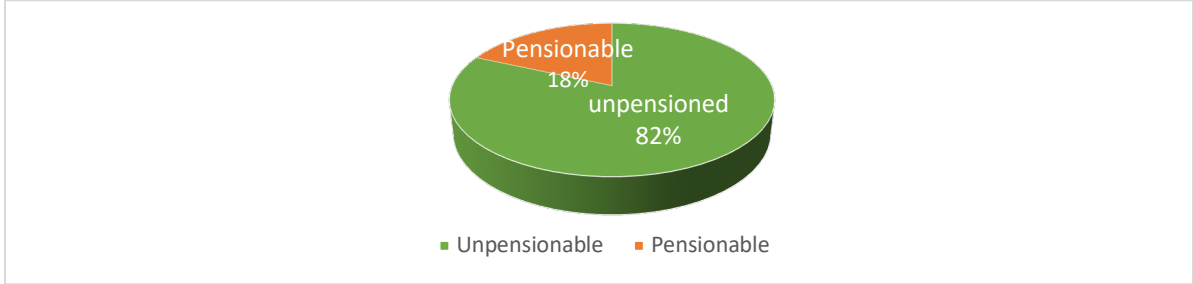
Figure 9: Social demographic distribution of elders in North-Central geopolitical region



50% of the older population respondents were artisans, only 2% of retirees worked in law enforcement agencies, and 28% were farmers and mostly rural dwellers, while 12% traded in goods and other services in their active days. Analysis of the respondent depicts that 45% of elders engaged in the survey are uneducated and 10% attained tertiary education level, and 23% and 22% obtained primary and secondary education, respectively.

3.2.2 Pension, Healthcare and Retirement Benefits for the Elderly

Figure 10: Distribution of pension coverage of target population in North-Central geopolitical region

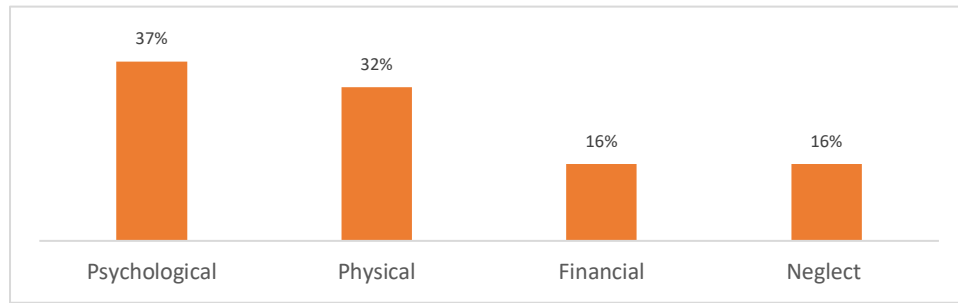


18.3% of the target population received any form of Pension, with the other 81.6% not liable to social security from the Government, whereas 93.3% of pensionable persons claim that payments are not regular. 8.3% of respondents suffer different forms of disability, primarily severe arthritis and spinal cord problems and are completely unsatisfied with the level of Medicare they receive. They and their family members procure health services out-of-pocket with no form of support or benefit from the Government.

3.2.3 Mistreatment and Regrets of the Aged

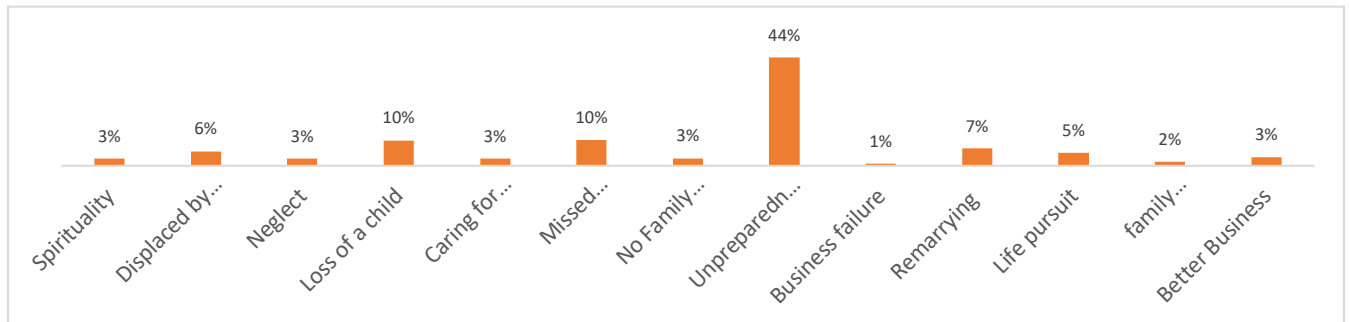
23.3% of the elderly have experienced different forms of abuse, ranging from being harassed and beaten by ignorant youth for unsolicited advice, kidnapping, robbery, and insurgency. Only 6% of such violations were reported to authorities, and 16.7% were addressed to the satisfaction of the abused. The abuse faced by the elderly according to responses from the survey ranges from 37% psychological to 32% physical, where financial abuse and neglect accounts for 16% each.

Figure 11: Categorization of abuse on old persons in the North-Central geopolitical region



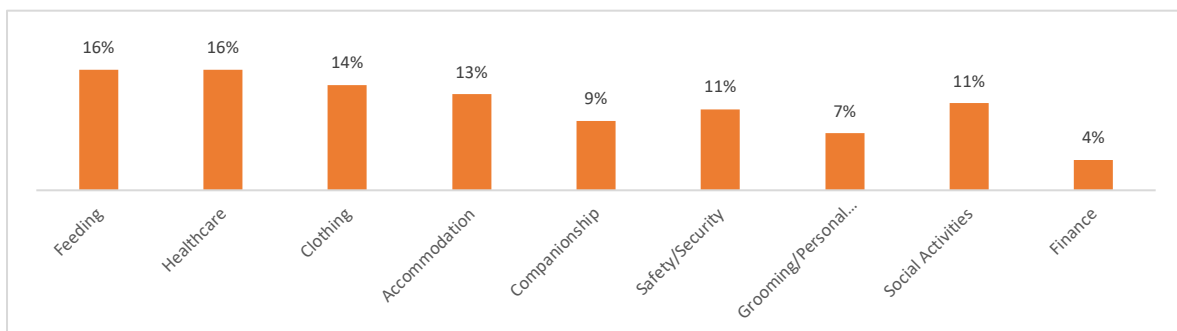
35% of elders expressed regrets which range from failure to pursue education to remarrying upon the death of a spouse, to taking care of grandchildren on the demise of a child, including a resolution to spiritual pursuit and closeness to a supreme being, where 44% regretted that they were never prepared about the eventuality of life in the long-term, missed educational opportunity and death of offspring accounts for 10% regret registered and 6% from displacement by insurgency.

Figure 12: Classification of regrets of the elderly in North-Central geopolitical region



3.2.4 Assessing the Needs of the Geriatric Demography

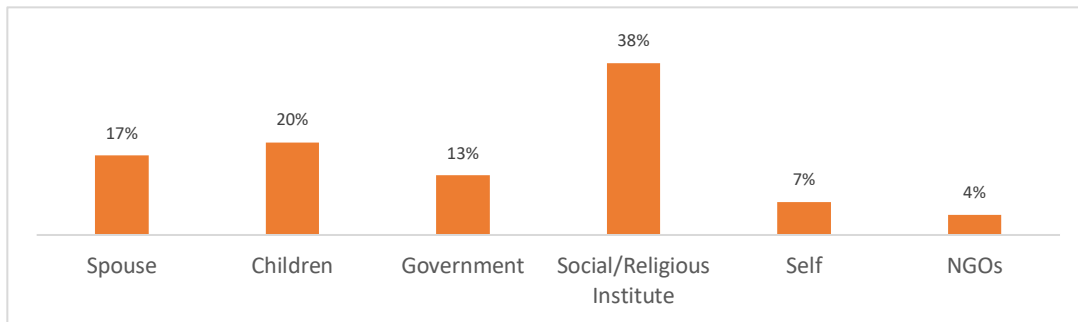
Figure 13: Needs Assessment of the elderly in North-Central geopolitical region



Feeding and healthcare are principal needs of the aged, accounting for 16% each on eldercare essentials, safety/security and engagement in social activities in the communities they reside in accounts for 11% each from the survey, while clothing, accommodation/housing stands and financial aid at 14%, 13%, 9% and 4% respectively.

According to the survey conducted, the distribution of Eldercare and social support through existing family, Government and community structure is essential in administering care to the elderly. Social networks and religious bodies account for 38% of welfare support given to the age, followed by care from children of the aged at 20%, some 17% depends on spousal love and respect, NGOs and other Civil Society organizations contribute 4% and 13% of respondents have received various Government support.

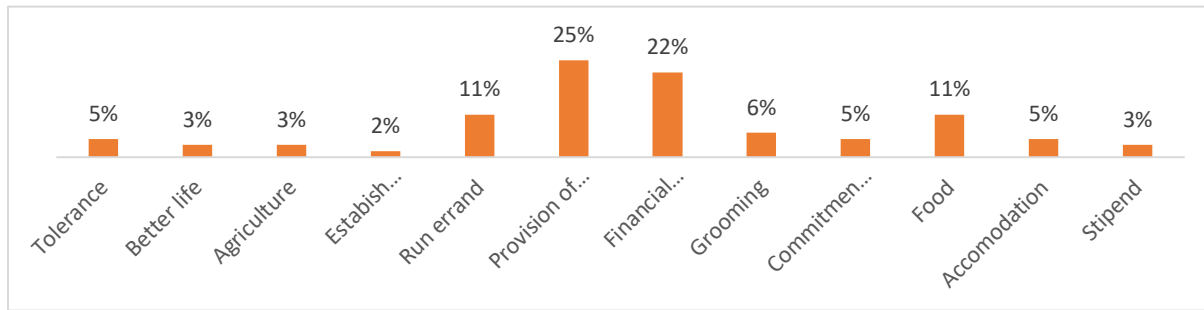
Figure 14: Social Support and care of the elderly in North-Central geopolitical region



3.2.5 Expectation from Younger Generation

The expectation from the younger population by the elderly continues to be a concern in caregiving, from results obtained from the analysis of field survey: 25% of the elderlies presume that the youth will provide their basic needs and 22% are concerned with the offer of financial assistance from time to time, 3% prefers grant and regular stipend, running of errand for them, and the provision of food accounts for 11% expectation of elders from youth, commitment to hard work and tolerance to the elderly comprise of 5% apiece requirement of elders from the younger generation. Building sustainable business and agricultural pursuit, mainly farming, accounting for 2% and 3% of expectations of the elderly.

Figure 15: Elder's expectation from the youth in North-Central geopolitical region

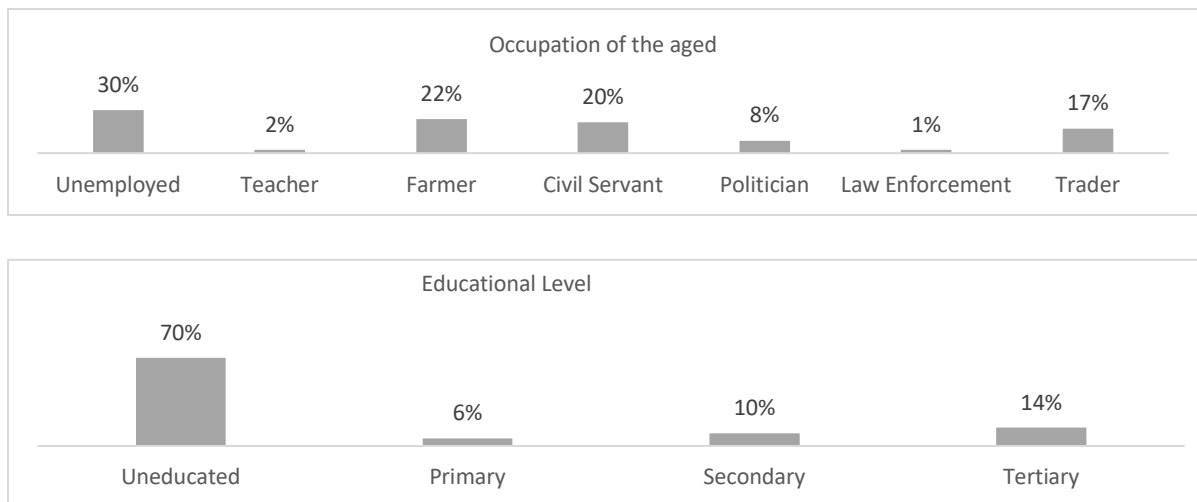


3.3 North-West Geopolitical Region

3.3.1 Social Demographic Distribution of the target Elder Population

49% of respondents captured are 76 years and above, a number nearly the same as the 51% under 76 years based on the target population for this survey; where 69% have no formal education, 6% had primary level education, and 14% hold tertiary education degrees and diploma. On categorization of employment, 29% of the population had been unemployed for a long time, 8% are politicians, 16% traders and 1% retired law enforcement agents.

Figure 16: Demographic distribution of target population in North-West geopolitical region

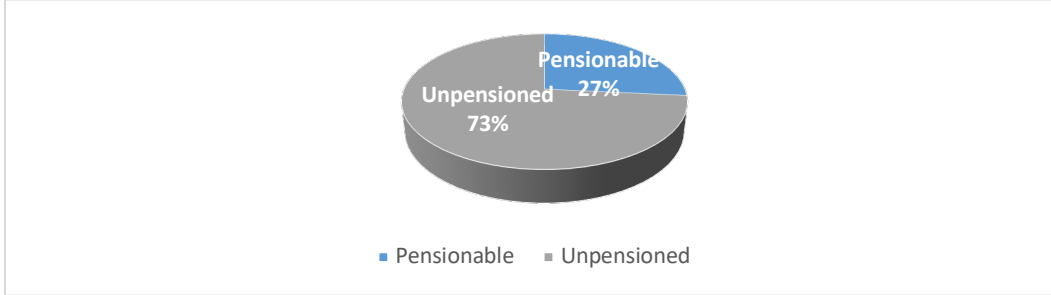


3.3.2 Pension, healthcare and retirement benefits for the elderly

27% of the target elderly population are pensionable compared to 73% without an annuity or assistance from the Government or contributory scheme. Similarly, 18% of pensioners claim that

their Pension is irregular. 49% of healthcare procurement of the target population is self-funded, another 4% have their spouse paying for their healthcare, and 47% of old persons depends on their children to fund their medical bills and medication for age-related diseases.

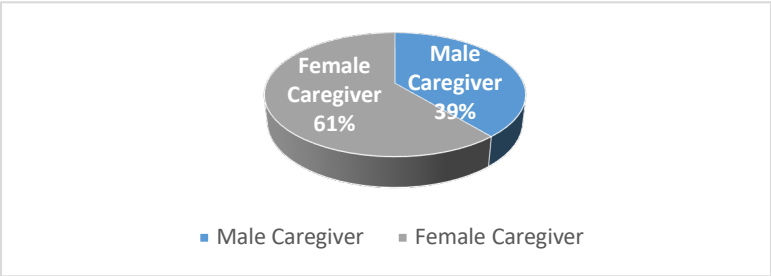
Figure 17: Distribution of pension coverage of target population in North-West geopolitical region



3.3.3 Women and Eldercare in North-West Region

The contribution of women in caregiving for old relatives is in disparity to their level of decision-making in the family. This situation leaves them with low representation at existing tiers of governance in the society, even as they constitute more than half the population of adults in their communities.

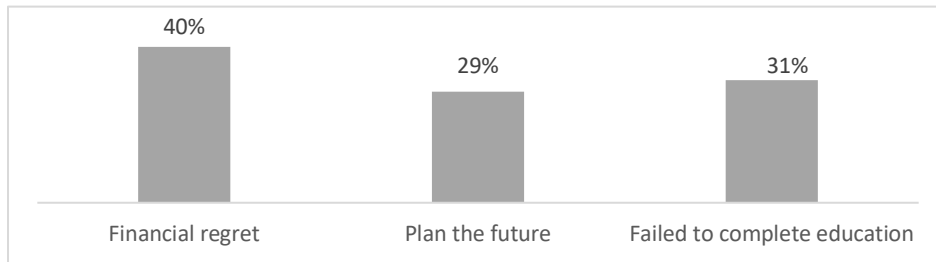
Figure 18: Caregiver's gender in North-West geopolitical region



3.3.4 Abuse on the rights of the elderly

2 % of the old person's population in the North-West geopolitical region reported physical abuse from young people, which cuts across class and income level. Similar to the situation of young women and girls living in the region's suburbs, their vulnerability to physical, sexual or psychological abuse is never reported; the low socio-economic status of old people exposes them to abuse and causative factor for violence and abuse of their human right.

Figure 19: Classification of regrets of the elderly in North-West geopolitical region

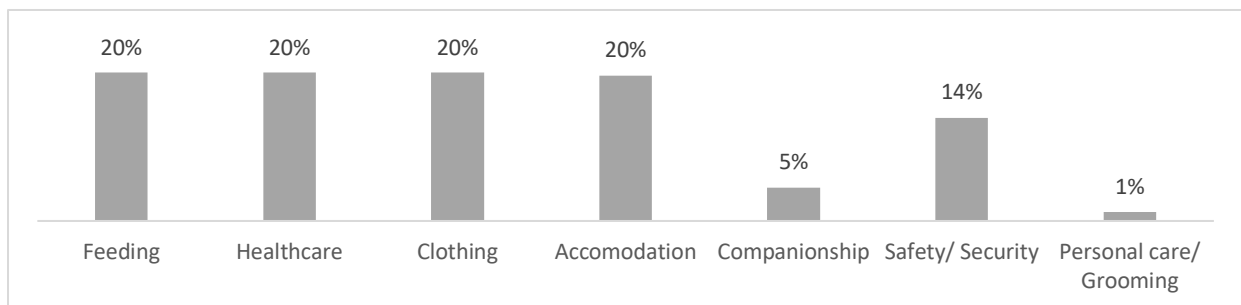


24 % of elders expressed guilt, failing to pursue formal education at 31%. The regret of some 29% of respondents has centered on the failure of futuristic plans, and the utmost % of remorse for old persons is financial. Regrets expressed are often linked to causes, nature, seriousness, and consequences of violence against old persons and the level of reporting and the effectiveness of measures implemented to prevent and redress such violence.

3.3.5 Meeting the needs of the elderly

Unmet needs often cut across all the demographic divide of a population, and an opportunity for tremendous economic growth and transformation, since the young and active population continue to support older relatives with health and social care in the face of limited resources dedicating quality time with them. In the COP survey, grooming ranks lowest among the need of old persons at 1%, closely followed by 5% believing in companionship. However, healthcare, accommodation, clothing are favoured by 20% of the population, including that feeding is an essential need of the elderly in the same category.

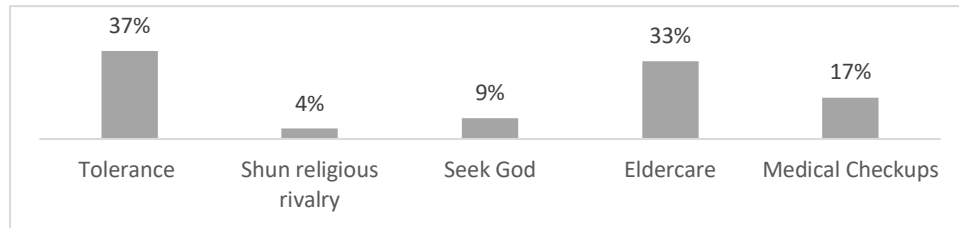
Figure 20: Needs Assessment of the elderly in North-West geopolitical region



3.3.7 Expectation from Younger Generation

The expectation on young people by the aged and the economic reality leading to individualistic intergenerational support of the elderly by the youth has 37% (of respondents requesting tolerance in their walk-of-life. 33% want the younger generation to participate for the elderly, 17% admonish the younger generation to take issues of their health very importantly, 4% want them to shun religious rivalry, and 9% want them to seek God.

Figure 21: Expectation from the younger generation in North-West geopolitical region

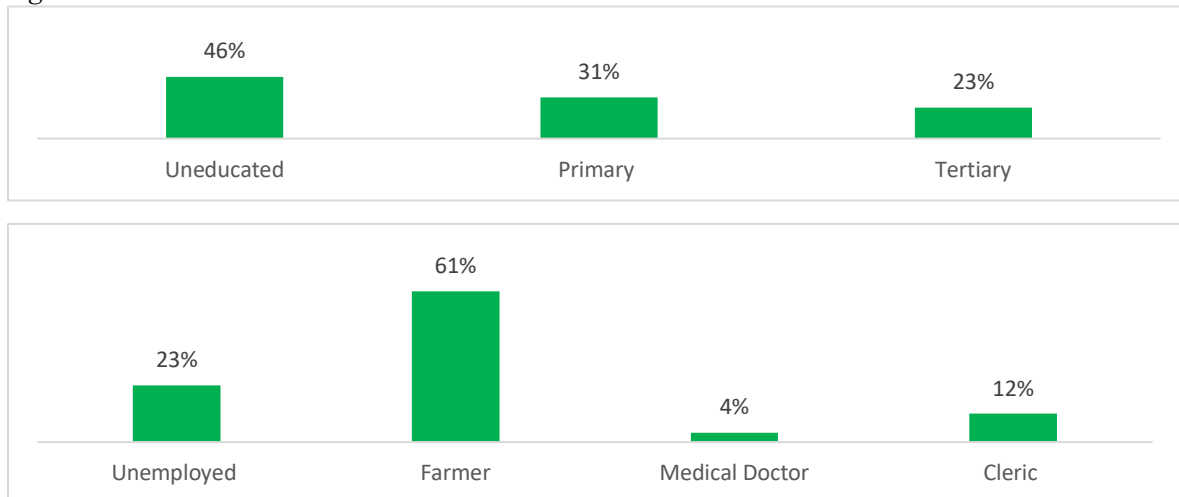


3.4 South-East Geopolitical Region

3.4.1 Social Demography of the Target Elder Population

46% of the target elder population in the South-East consisting of Anambra, Imo and Enugu states have no formal education, 31% attained primary school education and 23% tertiary educational level; 81% of the elderly population respondents are aged 60-75 years and of which 62% are primarily engaged in farming activities, as they are predominantly farmers living in villages.

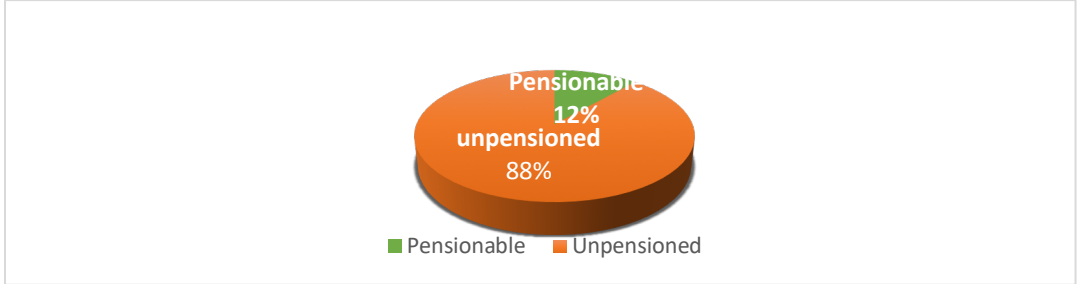
Figure 22: Education and demography of target population of target population in South-East geopolitical region



3.4.2 Pension, healthcare and retirement benefits for the elderly

19% of the target population suffer from one form of disability, limiting their intrinsic capability, mostly from eyesight problems ranging from partial blindness and other age-related issues like arthritis, rheumatism, and using a wheelchair requiring adequate healthcare. Only 12% of the target elder population in the South-East are pensionable compared to 88% of persons not captured in any formal social support scheme.

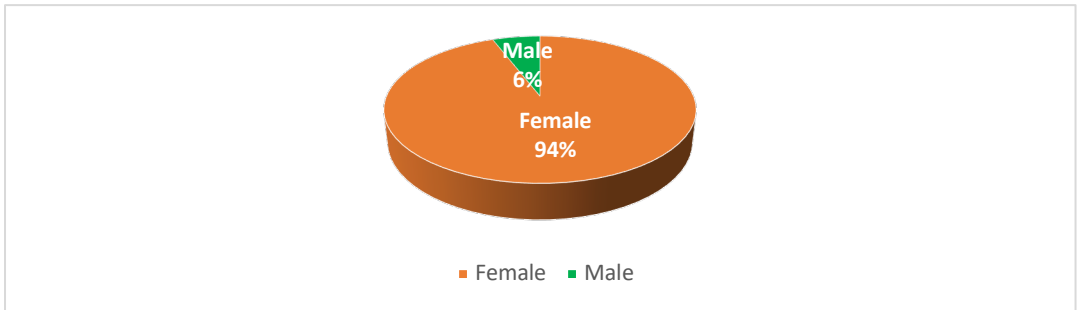
Figure 23: Distribution of pension coverage within the target population in South-East geopolitical region



3.4.2 Role of women in Eldercare

There is 94 % female participation in care for elders as informed from the survey conducted, with only 6% of the population being male. Women's engagement in caregiving is a testament to the motherly role of female relatives in naturally caring for the sick and aged. 51 % of old people receive spousal care and companionship, 29% eldercare support from daughters and 14% persons from male relatives, mostly sons of the elderly. Caring for the aged is continuous work, and women are distinguished in caring for their own children and older family members. Their only access to primary education is usually in poor quality schools, especially in rural areas where teaching and learning methods for gaining literacy and numeracy skills are generally of appalling quality.

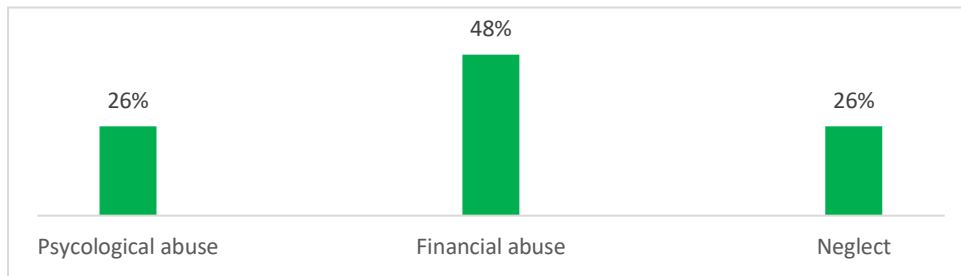
Figure 24: Gender distribution for Caregivers and family support in South-East geopolitical region



3.4.2 Abuse and rights of the elderly

Financial abuse seems to be rampant in the geopolitical region, and 48% of respondents say they are financially abused compared to psychological and neglect, each reported at 26% by the target elder population. Amongst the target population interviewed, 65% have experienced different forms of abuse ranging from confiscation of their farmland, oppression by more affluent families, the inability to access affordable healthcare, and 27% of respondents have knowledge of their abusers, who are mostly family members and living within the same community as the abused. Interestingly only about 19% of cases of abuse are reported.

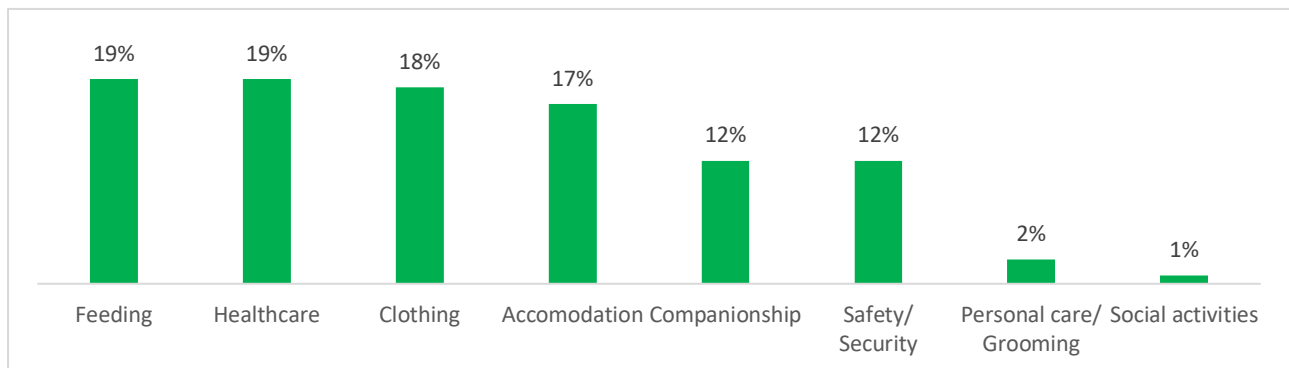
Figure 25: Categorization of abuse suffered by the aged in South-East geopolitical region



3.4.4 Measuring the needs of the elderly

Feeding and healthcare appear to be the critical needs of the elderly population at 19% each from responses obtained from the target population of the aged, accommodation, companionship, security, and clothing are essential needs sought after by the elderly compared to personal care and engagement in social activities reported at 2% and 1% respectively.

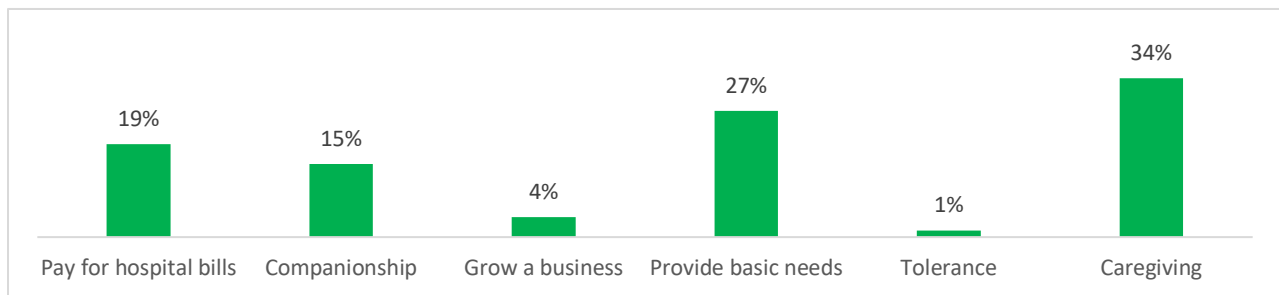
Figure 26: Categorization of the needs of the elderly in South-East geopolitical region



3.4.5 Expectation from Younger Generation

19% of elderlies expect that the younger generation will support their healthcare expenses. The expectation on continuous caregiving seems to be highest amongst the target elder demography engaged at 33%. In comparison, 4% of respondents want the youth to grow sustainable businesses that will support them in old age, 15% desire companionship, and 1% desire that the younger generation tolerates them.

Figure 27: Expectation from the younger generation in South-East geopolitical region

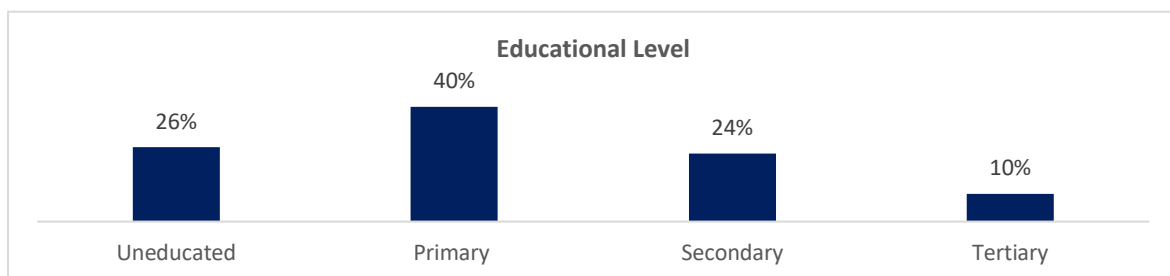


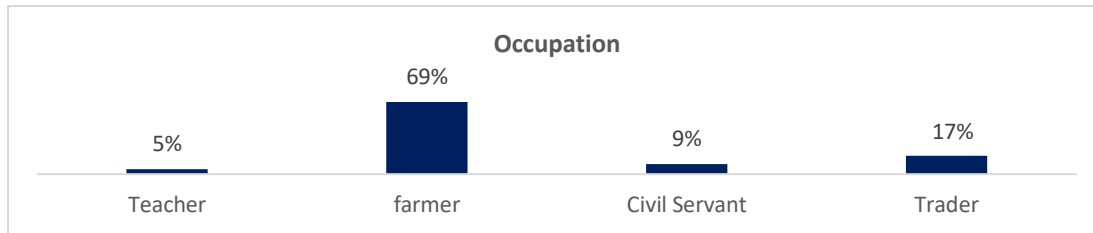
3.5 South-South Geopolitical Region

3.5.1 Social Demographic distribution of the target elder population

The Percentage of the target population of elders in South-South geopolitical region of Cross Rivers, Akwa-Ibom and Rivers States with primary school education is 40% and primarily engaged in farming activities and trade, the people of secondary level education, attained is twice the size of tertiary education holders.

Figure 28: Social demographic distribution of target population in South-South geopolitical region

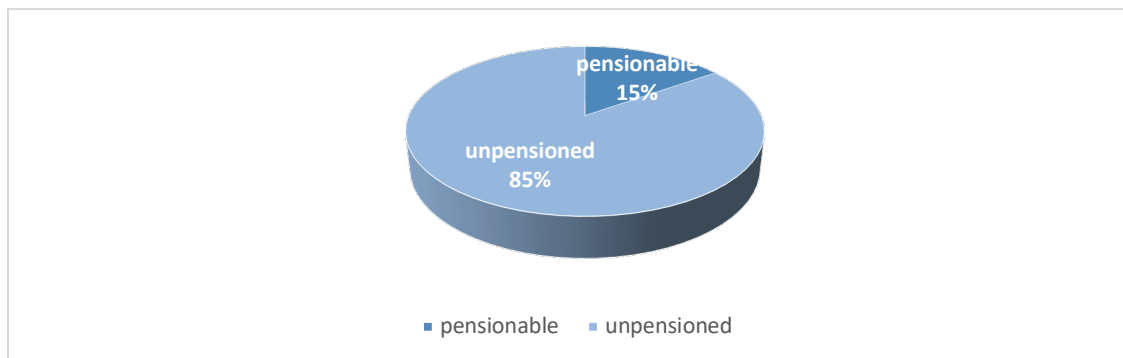




3.5.2 Pension, Healthcare and Retirement Benefits for the Elderly

85% of the survey population are not under any form of an annuity, and of the 15% percentage benefiting from the Pension, 91% worry about the irregularity of assistance they receive from existing pension schemes. Healthcare issues for this category of the elderly population are problematic as 19% of the elderly have a form of disability ranging from partial blindness to chronic arthritis, which affects mobility; available healthcare is inadequate to treat and administer care to this category of elders.

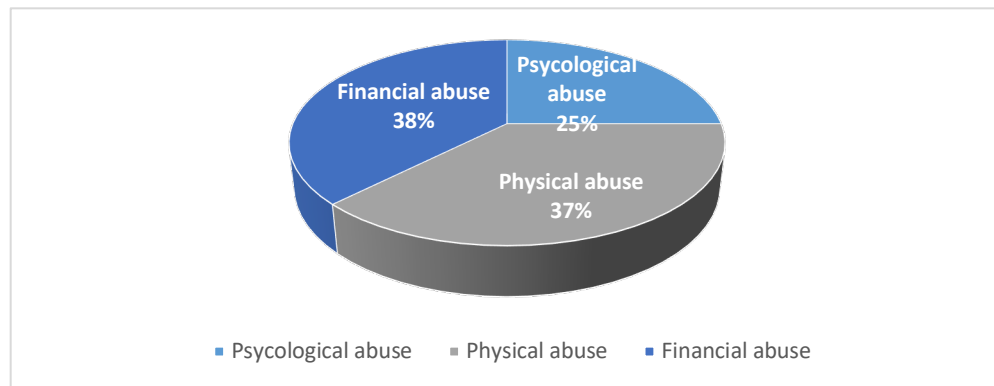
Figure 29: Distribution of pension coverage of target population in South-South geopolitical region



3.5.3 Abuse on the Aged and Life’s Regret

11% of elders have experienced abuse, and these abuses are centered mainly on inheritance and threat to life by the younger generation, and 4% of the target elder group expressed regret from the different violations they have experienced: 38% of elders have experienced financial, 37% have suffered physical abuse and 25% Psychological abuse.

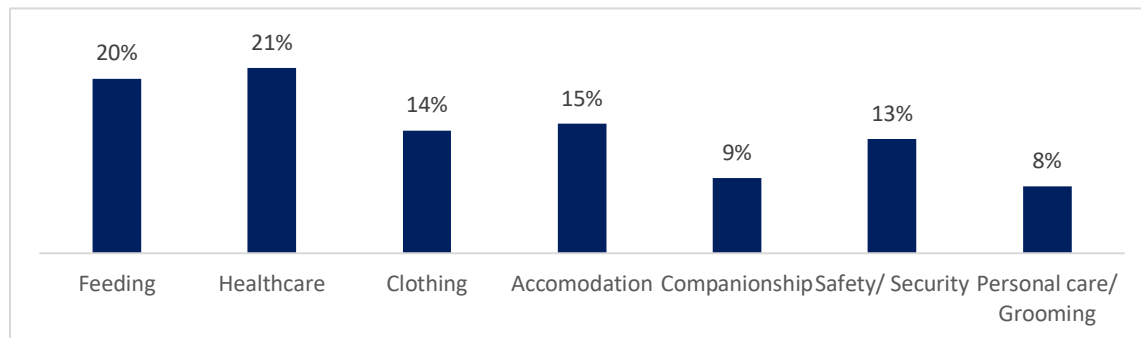
Figure 30: Categorization of abuse suffered by the aged in South-South geopolitical region



3.5.4 Needs Assessment of the Elderly

The elderly population are continuously faced with unmet needs, and analysis of the needs requirements for this geriatric shows that food, healthcare and accommodation are high priority amongst other conditions at 20%, 21% and 15% respectively, safety and security, as well as clothing, constitute 27 % of the needs of the elderly demography captured in South-South geopolitical region.

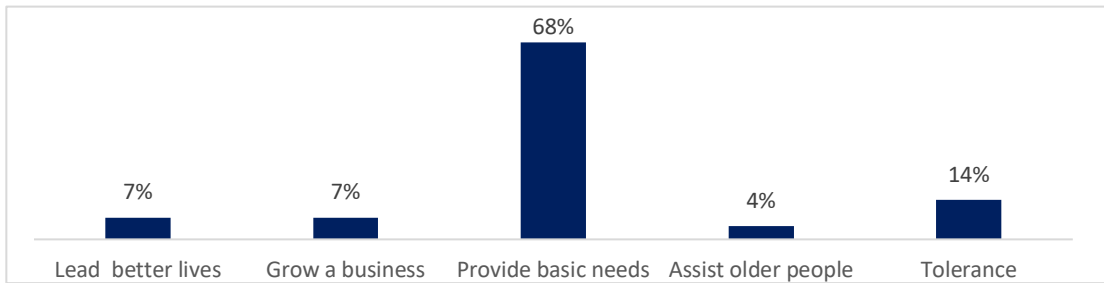
Figure 31: Needs Assessment of the elderly in South-South geopolitical region



3.5.5 Expectation from Younger Generation

13 % of the older people population expect that youth to be tolerant with them and empathetic to the aged, 67% expect the provision of basic needs for them, 7% of response expects the pursuit of better lives, and another 7% want sustainable growth businesses for support.

Figure 32: Old people's expectation from the youth in South-South geopolitical region

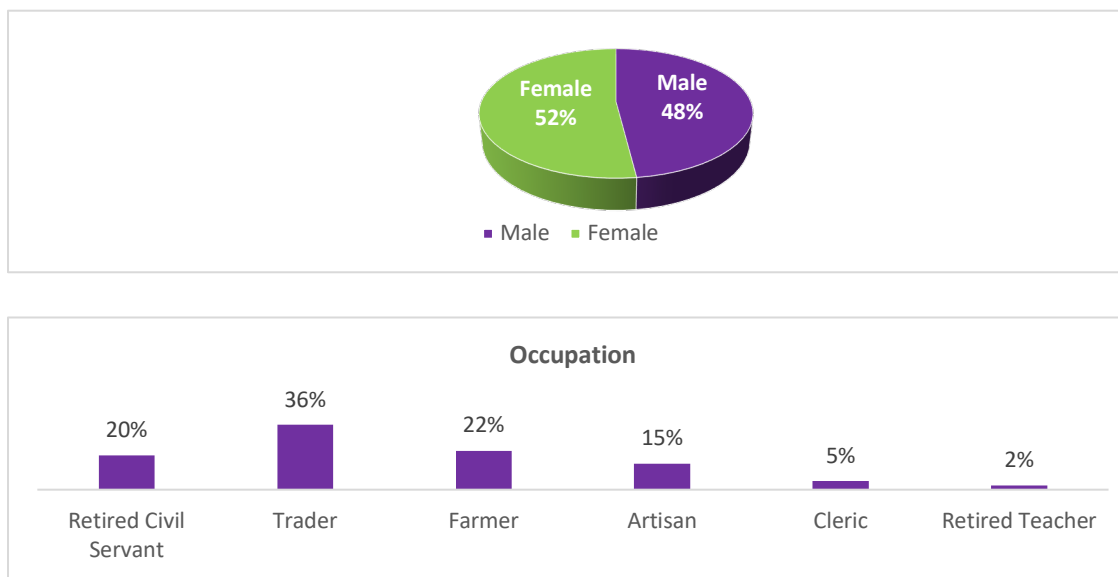


3.6 South-West Geopolitical Region

3.6.1 Social Demographic Distribution of the Target Elder Population

The population engaged in the COP survey constituted of 52% female and 48% male in the South-West geopolitical zone with Lagos, Lagos, Oyo, Ogun and Ondo States. 36% of the target population of elders are traders, 15% Artisans, 20% retired from civil service, while 22% are engaged in farming activities, and 2% retired teachers

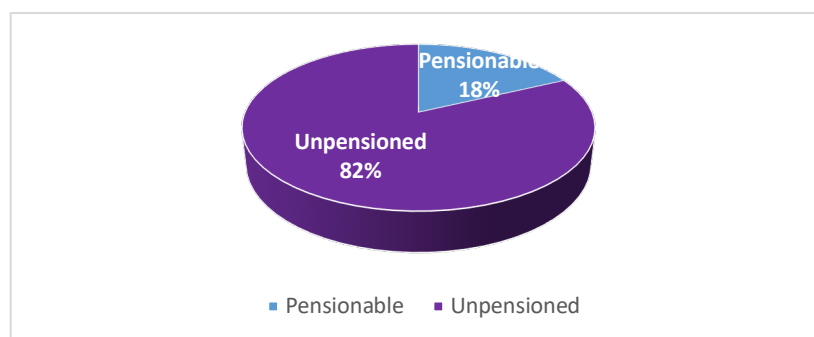
Figure 33: Social demographic distribution of elders in South-West geopolitical region



3.6.2 Pension, Healthcare and Retirement Benefits for the Elderly

18% of retired civil servants and teachers are pensionable compared to 82% persons in the demography who worked in the economy's informal sector and not involved in any pension scheme.

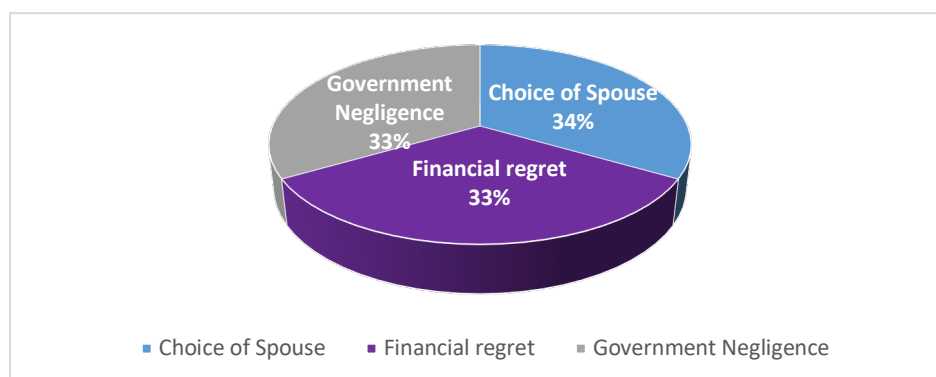
Figure 34: Distribution of pension coverage of target population in South-West geopolitical region



3.6.3 Abuse on the Aged and Life's Regret

34% of the aged captured in the COP survey for South-Western Nigeria expressed regrets centered on choice of spouse, 33% on financial recklessness in their youthful days and 33% of the target population had sentiments related to Government negligence of the elderly, recalling the assistance of the Government of the first republic in education and ameliorating the suffering of the populace, and the difference between themselves and their parents.

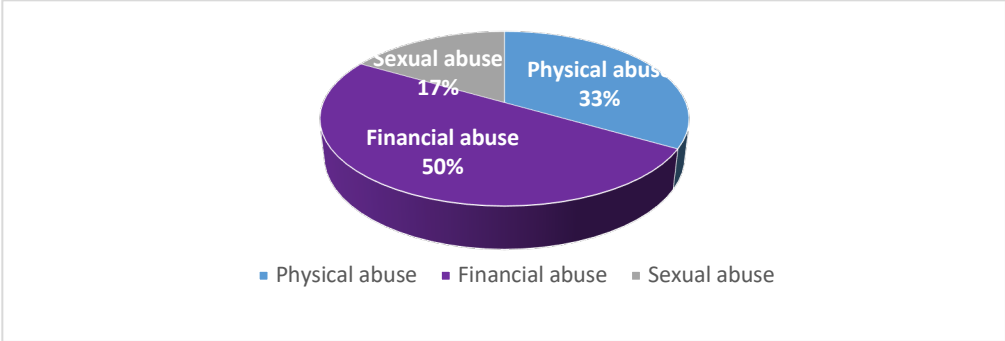
Figure 35: Regrets of the elderly in South-West geopolitical region



In the population, 12% of elders have witnessed a violation of their rights, and only 2% reported these violations to the appropriate authorities. This situation leaves senior citizens worried about

their longevity and dignity. 50% of the abuse suffered by old people are related to finance, and 17% attributed to physical abuse chiefly due to the socio-economic status of their families and affordability of the services of law enforcement agencies and redress in court.

Figure 36: Categorization of abuse suffered by the aged in South-West geopolitical region



3.6.4 Needs Assessment of the Elderly and their Expectation from Younger Generation

The needs and problems of the elderly vary accordingly and based on the socio-economic status and deficiency in funding by their families, and level of exposure of the elderly; 14% of respondents' need is basic accommodation and clothing, 18% of the target population need healthcare, some 16% considers safety a vital need, food being a basic need of human stands at 21%. In comparison, companionship is 10%, and interest in social activities for the elderly accounts for 2% of their needs. 7% of the older people category on the COP survey expects younger generation to create jobs for the younger generation and 8% desire that the basic needs of the elderly will be provided, some 17% of the population surveyed wanted social care, accommodation, payment for medical care, welfare and companionship from young people.

Figure 37: Expectation of the aged from the youth in South-West geopolitical region

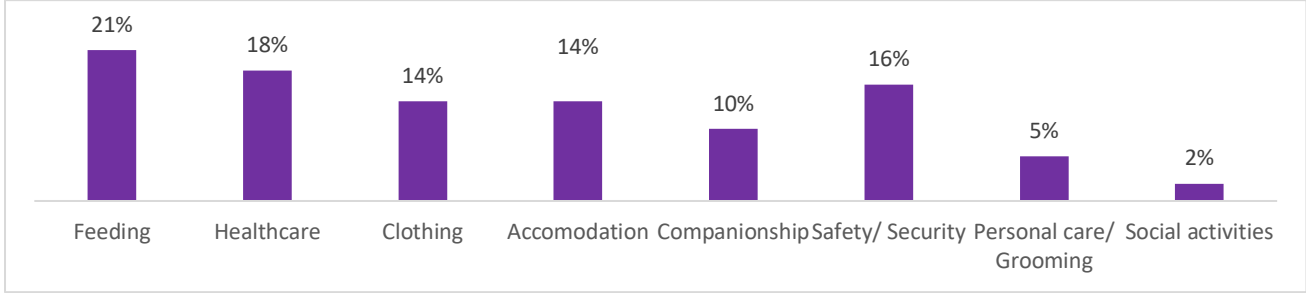
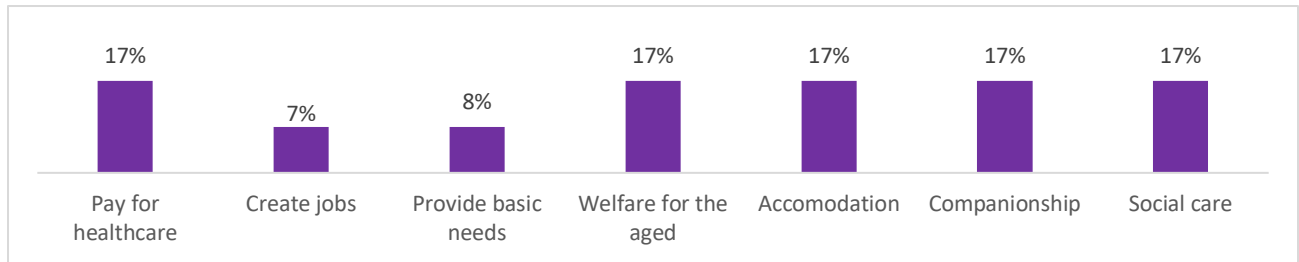


Figure 38: Needs Assessment of the elderly in South-West geopolitical region



3.7 Thematic Analysis of Eldercare in Nigeria

3.7.1 Basic and Unmet Needs of the elderly

Older individuals have various unmet care and provisional support requirements, which is significantly growing due to challenges credited to the inherited care structure within healthcare systems in the country, social networks and Government support. The support and provision of the needs of elders in Nigeria is a critical public concern, given that in the different mandate to develop practical solutions for addressing some of these needs, both traditionally. Environmental considerations will have to be employed in understanding and planning care support for the elderly. The younger generation is mainly occupied with the pursuit of better lives and busy with activities that keep them from caring for the old, leaving young children and older persons to become caregivers.

82% of respondents confirm that enough is not done to provide adequate care for the elderly, due to both infrastructural gaps and support structures at the disposal of the Government and communities where old people reside, including irregularity of Pension, which could have ameliorated the financial burden on retirees from formal businesses.

3.7.2 Coping Mechanism of the elderly

It is vital to first understand that care and support of older people are not conducted in the manner they could have wanted; caregivers are usually family members, unpaid and have no formal experience in caregiving. Hence, many older people have developed coping mechanisms to maintain independence, live with their diseases and interact with their communities in a manner that keeps them safe from neglect, abuse and insult. Interestingly, social development organizations, NGOs and religious institutions contribute to the coping mechanism of the elderly.

They engage these vulnerable groups of old people and their families in professional guidance on self-care approaches, and healthcare support, teachings on nutrition and age-related body requirements and recommending exercise for wellness, including knowledge on where to receive affordable care for illnesses, medical outreaches, donations of cash and materials, and scholarship awards and grants for orphans they may be taking of.

3.7.3 Financial Implication of Eldercare in Nigeria

Provision of basic needs and the pressure of managing chronic health conditions of an old relative by family members contribute to the primary reasons the elderly are confined to unemployment and the lack of support in marketplaces and work environments, intolerance from the younger generation and changing work culture. In the absence of work for the elderly, families are forced to provide care from their resources; a situation where senior citizens endure embarrassing moments of depending on younger and active relatives, as well as strangers for help, thereby exposing them to circumstances of financial abuse and psychological conflict, as well as living with curable illnesses due to financial constraints of their family and lack of access to professional help.

3.8 Community and Social Support Structure for the Elderly

Social workers, religious institutions and development-driven organizations, NGOs, and impact investors have continuously bridged the gap in Eldercare in most communities of Nigeria, where they provide third sector support services to the efforts of governance and strengthening eldercare structures in communities where they work in. Systems in communities and caregivers to aged Nigerians have experienced some organized development through talk-interactive initiatives and welfare distribution by institutions and social development organizations focused on helping vulnerable groups across the country. These organizations are equipped with varied approaches across the different scenarios of health, finance and how to handle the behavioral disposition of the age, as well as build businesses around the management of old people with service offerings that are affordable and effective while providing skill development opportunities for persons interested in caregiving as a career.

The growing opportunities for women to work in previously male-dominated environments, underemployment, changing work culture and equal market access have impacted the traditional caregivers' role of women in providing emotional and health support to care-dependent aged relatives. Pressure on societies to develop a community-driven approach to delivering care for older family members and relieve the burden of wide-ranging care lies on supportive family members and the development of structures that promote human dignity, wellness and freedom for the aged.

3.9 Youth Involvement in Eldercare

The contribution of young people to the lives of the aged leads to longevity and wholeness of the mind and body for the elderly population when they pay voluntary home-care visits to old persons in their free time towards eldercare fulfilment. The target elderly people from the COP survey expressed concern about situations of intolerance meted on them by the youthful population and abuse while imploring them to build sustainable trades that promote their wellbeing in old age. The young generation continues to be at the forefront of strengthening efforts directed at Eldercare in Nigeria, being relatives of the elderly and living together within families. The younger generation contributes to intergenerational support to the aged by mainly providing companionship, quality time, accompanying old people to hospital appointments, dressing their wounds, domestic chores and reallocating personal resources to aged relatives, and building existing social structures to continue to support their old relatives in a familiar environment.

Young people are also building innovative solutions and approaches on ageing and planning for a futuristic Eldercare in their respective capacities. This group of active citizens contribute to policies on retirement schemes, housing and health coverage for all, including social protection programmes that bridge the gender gap in workplaces, expansion of human rights coverage for all. Curbing challenges of At-risk and out-of-school children situations by implementing different capacity development initiatives that promote continuous education for adults, policy advocacies centered on quality employment and inclusive entrepreneurship opportunities for the communities where they live, work and earn. Most importantly is their contribution through technology and policy changes for the betterment of lives by advocating for open governance and activists.

4.0 Conclusion

In Nigeria, planned social care for the elderly is fundamentally missing in all spheres of joint-family system and social structures, and the issues of domesticity traditionally assigns the duty of supporting care-dependent older relatives to women and under-aged children who are mostly unpaid and inexperienced. Young women and girls providing care to the elderly, including children, contribute to the highest Percentage of missed opportunities in pursuing basic primary level education, out-of-school children situation and poverty in rural areas; highest hostile unrestrained intelligence and inadequate care as regards meeting the basic needs of the elderlies and exposing these vulnerable group of persons to neglect, human right abuse, distress and eventual death.

A significant amount of eldercare funds from Government and social development societies are managed by institutions, and mainly undistributed to solve the challenges associated with age for both the elderly and caregivers, as traditional methods of taking care of the old have witnessed a considerable shift in terms of changing family structures, and traction to home and community-based services for elders in different regions of the country mainly by the younger generation. Designing and implementing eldercare schemes through various financing options becomes crucial to developing sustainable, affordable, accessible and elder-friendly healthcare, compatible with the philosophies and traditions of the elderly and their communities.

Innovative cross-cutting strategy and multi-layered measures must be taken into consideration and formally adopted to include National Health Insurance Scheme (NHIS), National Pension Commission, and National housing schemes into a system that caters to retirees from different sectors of the economy. Building a robust integrated National Noncontributory System that captures elders from the informal sector and rural areas, with benefits for an extended period of old age and the opportunity for their family members to reclaim investable dividends when their elders are entered into such systems and upon their demise.

Shifting cultures and traditional beliefs, economic downtime, and an engaged youthful population is forcing communities to adopt new social changes and embrace the Institutionalization of the elderly. This situation used to be vehemently opposed in the past across the country and currently becoming an acceptable practice with new entrants into the age bracket of old people anticipating the benefits of being in long-term care facilities. A situation expected to continuously increase because of the nation's healthcare trends, unaddressed massive housing deficit in the country, and the uncaptured number of aged in the pension regime, address irregularity in the disbursement of Pension, few Government-run retirement homes reserved for senior citizens with reduced autonomy due to age-related diseases and physical and mental capability impairment.

4.1 Recommendation

Understanding the care and support needs of older people lies in categorizing the different levels of care for the vulnerable population and planning how to support and strengthen the operation of existing institutions; housing, pension and retirement schemes, disability support and health frameworks.

4.1.1 Collective Contribution of Families and Social Development Organizations to Eldercare

Families play a significant role in Eldercare and are actively involved in developing care plans and describing the functions of every person in the lives of their aged relatives, as well as the level of assistance allowable. Family can use existing community structures to engage with interested stakeholders focused on Eldercare, religious institutions, NGOs and CSOs that are collectively and actively implementing projects within their communities, and allow for collaborative learning and innovation which have direct bearing to understanding Eldercare and funding capabilities, including healthcare advise and knowledge sharing among community of practice on Eldercare and other stakeholders.

4.1.2 Information and data Systems for long-term care

Governments need to consider the number of older people and their needs in the long run by continuous documentation of the population through assistive technology and Community-Based

Health Management, creating an enabling environment for social development organizations and NGOs to attract funding for impact Eldercare.

The involvement of old people and strategic stakeholders in the developing retirement care plans can contribute in predicting and bettering of the lives of old people in Nigeria, infrastructural development, and adequate budgetary allocation for programmes, mapping existing healthcare facilities at all levels for elder-friendly health services, and long-term models for healthcare service delivery, and regulation of product-market for elders' goods like medications and sanitary products.

4.1.3 Institutionalization and sectorial integration of Eldercare system for long-term delivery

The creation of dedicated elder-friendly centers and integration of eldercare system into Nigeria's healthcare delivery will impact the segment of the population and form part of the approach at institutionalizing care for Senior Citizens through budgetary provisions by the Government and benchmarked programmes development for learning and continuous engagement with families, the aged and their communities.

4.1.4 Strengthening of pension laws to capture persons in the informal business environment

Eldercare will improve by the inclusive and cross-capitalization of schemes relating to Pension, healthcare and housing for persons outside of the coverage and mainly in the informal business environment. Strengthening pension laws and future investment will curtail the operational deficiencies in these schemes developed for retirees and provide a pathway to reducing the burden of Eldercare on families and balancing the inequities of formal and informal retirees. With the support of their families, older people can seek better and quality medical care, and the current workforce of younger Nigerians will look forward to retiring without worries.

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