

## **Introduction**

Elderly pensioners, a term used in this paper to refer to population aged 60 years and older that are retired from either public service or private sector is growing in all countries. Ageing is a triumph of development. People are living longer because of better nutrition, sanitation, health care, education and economic well-being. World Health Organization (2011) reported that although an ageing world poses social and economic challenges, the right set of policies can equip individuals, families and societies to address these challenges and to reap its benefits.

Virtually every country in the world is experiencing growth in the number and proportion of older persons in their population. UNFPA (2016) reported that the aged population is currently at its highest level in human history. People aged 60 and older make up 12.3 per cent of the global population, and by 2050, that number will raise to almost 22 per cent. Currently, 64 per cent of all older persons live in the less developed regions — a number expected to approach 80 per cent by 2050. Worldwide, there were 901 million people aged 60 years or more in 2015, an increase of 48 per cent over the 607 million older persons globally in 2000. Between 2015 and 2030, the number of people in the world aged 60 years or more is projected to grow by 56 per cent, from 901 million to 1.4 billion, and by 2050, the global population of older persons is projected to more than double its size in 2015, reaching nearly 2.1 billion. Many development have been achieved in health technology resulted in the decline in mortality rate as well as the prolongation of life. While this is a major achievement of the last century, significant challenges now confront us. Societal aging may affect economic growth, family sustainability, and international relations. Elderly people today are significantly less lively to participate in the labour force than they were in the past (United Nations, 2002).

The number of older persons in sub-Saharan Africa has doubled since 1990 and is projected to more than triple between 2015 and 2050. In 2015, there were 46 million people aged 60 years or over in sub-Saharan Africa, an increase from 23 million in 1990. In 2050, a projected 161 million older persons will reside in the region. However, less than one in five older persons in sub-Saharan Africa receives an old-age pension. Retirement pensions or similar programmes for income support at older ages are critical to the social protection of older persons. According to International Labour Organization(ILO,2014), just under 17 per cent of people of pensionable age in sub-Saharan Africa received any pension, meaning that the overwhelming majority of older persons had to rely instead on their own labour earnings or savings, assistance from relatives, or charity for support. Owing to the prevalence of informal employment in the region, only a small minority — 8.4 per cent — of the 2014 labour force contributed to pension insurance, indicating that low pension coverage could be perpetuated as current workers reach retirement age.

Population ageing is poised to become one of the most significant social transformations of the twenty-first century, with implications for nearly all sectors of society, including labour and financial markets, the demand for goods and services, such as housing, transportation and social protection, as well as family structures and intergenerational ties (UNFPA, 2014). In some more advanced countries of the world like France, problems of the elderly such as social and medical issues are solved through provision of old people's homes, free medical and health care delivery. These services are lacking for the elderly in Nigeria. This is in spite of the fact that older persons are increasingly seen as contributors to development, whose abilities to act for the betterment of themselves and their societies should be woven into policies and programmes at all levels.

In Nigeria, retirement is a privilege extended primarily to the minority of persons who work in the formal economy and thus, have access to contributory pension programmes. Non-contributory pensions can effectively reduce poverty in old age but are not yet implemented in most organizations in the country. As a result, a majority of older persons in Nigeria have no choice but to continue to work as long as they are physically able. In Nigeria, those aged 65 years and above make up about 4.3 percent of the total population according to 2006 population exercise (National Population Commission, 2009). The population of elderly in Nigeria is on the increase as the crude mortality rates are gradually reducing (NPC and ICF Macro, 2009). In general, because of the relatively low rates of pension coverage, there is a high level of labour force participation among older persons. In addition to their labour force participation, older men and women in Nigeria are making other vital contributions to their families and communities. Many older persons whose adult children have migrated in search of work, or who have died as a result of HIV/AIDS, are the main care-providers for their grandchildren.

The problems of an ageing population have not been seen as important in Nigeria because the aged are such a small proportion of the population. Formal social security systems have only limited coverage and inadequate benefit payments. As a result, the majority of older people depend on family support networks, a reality that is well appreciated in most parts of sub-Saharan Africa in the past (Van de Walle, 2006; WHO, 2002). Ageing in Nigeria is occurring against the background of socio-economic hardship, wide spread poverty, the HIV/AIDS pandemic, and the collapse of the traditional extended family structure. However, the roles of elderly in nation building at the various stages of their life cannot be over-emphasized. They are the custodians of culture and tradition, are mediators during conflict resolution and contributors in enforcing peace in their various communities (Asiyanbola, 2008).

Many elderly reach retirement age after a lifetime of poverty and deprivation, poor access to health care and poor dietary intake that is usually inadequate in quality and quantity. These situations leave them with insufficient personal savings to meet their daily needs (Charlton and Rose, 2001). They are most at times denied of their right to receive their pension resulting on their poor well-being due to poverty and poor medical attention. The living conditions of the elderly is of paramount importance (Kimokoti and Hamer, 2008), especially in Abuja Municipal Area Council (AMAC) as the area comprises of varying diverse cultures and traditions which can only be held confidential by the elderly and transferred to the younger ones when they are due. It is against this background that this study will be embarked upon. There is the need to understand the wellbeing of the elderly in AMAC because the role of elderly person in every society is of utmost importance. It is worthy of note that political, social, health and economic factors determine to a very great extent, the living conditions of the elderly. The need of elderly people in Nigeria has traditionally been the concern of the Federal, State, Local Governments and voluntary agencies (Anthea, 1991).

The issue of benefits in Nigeria is one of the thorniest issues in the nation, with a great many retired Nigerian living in servile destitution and disregard because of the disappointment of the nation's pension system (Victor, 2004). Arguably, the Federal Government of Nigeria is the most astounding manager of work inside the formal part of the economy. Yet, it has progressively experienced challenges in meeting its liabilities to its labourers, both serving and resigned. For example, in spite of endeavors being made by the Federal Government to wipe the benefits build-up, despite everything, it owes about N2 trillion (naira) to its laborers. Thus, elderly individuals in Nigeria endure an extensive monetary care hole in view of the absence of a complete and satisfactory standardized savings framework.

In Nigeria, poverty is widespread and elderly persons are at higher risk as a result of their age which reduces their working ability and leads to their retirement. Unfortunately, the Nigerian

Government does not provide social security to the elderly and the supports from the family are fading out, hence, the well-being of elderly is compromised. AMAC has a good picture of such compromise as the elderly persons are really relying on the younger persons.

### **Materials and methods**

The study setting is Abuja Municipal Area Council (AMAC), the capital city of Nigeria. It is located in the centre of the country in the Federal Capital Territory (FCT). Abuja is a "planned" city, as it was mainly built in the 1980s and officially became Nigeria's capital on 12 December 1991, replacing the role of the previous capital Lagos. AMAC is located between latitude  $8^{\circ} 40'$  and  $9^{\circ} 20'$  north of the equator and longitude  $6^{\circ} 40'$  and  $7^{\circ} 40'$  east of the Greenwich meridian. The Federal Capital Territory has a land mass of approximately 8000sq km of which the AMAC occupies about 250sq km.

The study area experiences three weather conditions annually. This includes a warm, humid rainy season and a blistering dry season. In between the two seasons, there is a brief interlude of harmattan occasioned by the North East Trade Wind, with the main feature of dust haze, intensified coldness and dryness. The rainy season begins from April and ends in October, when daytime temperatures reach 28-30 degrees and nighttime lows hover around 22-23 degrees. In the dry season, daytime temperatures can soar as high as 40 degrees and nighttime temperatures can dip to 12 degrees, resulting in chilly evenings. Even the chilliest nights can be followed by daytime temperatures well above 30 degrees. The high altitudes and undulating terrain of the area act as moderating influence on the weather of the territory. The annual total rainfall is in the range of 1100mm to 1600mm. As of the 2006 census, the Federal Capital Territory has a population of 778,567. Abuja have experienced a huge population growth. National Population

Commission has been reported that some areas around Abuja have been growing at 20 – 30%. Squatter settlements and shanty towns have spread rapidly in and outside the city limits.

Population from which samples of the study were drawn, was the older population of pensioners aged 60 years and above. Data was obtained through the administration of questionnaires to 163 elderly pensioners, conduct of six in-depth interviews and ten Focus Group Discussions (FGDs). Using a cross-sectional descriptive study design, the participants were contacted through a double-stage systematic sampling procedure. The study area was stratified in to the existing five phase Districts and thereafter, Garki in phase one, Kado in phase 2, Gwarimpa in phase 3, Karu in Suburban districts and Lugbe for other satellite settlements were purposively selected. In each selected District at specified intervals, depending on the length of the street or on the total number of houses on each street or area, a questionnaire was administered. An eligible respondent for selection was an elderly pensioner, aged 60 years and above who was staying in the study area within the period of data collection. The quantitative data was analyzed using descriptive and chi-square statistics while content analysis was used to analyze the qualitative data.

## **Results and Discussion**

### **Socio-Economic and Demographic Characteristics of Respondents**

Table 1 shows the socio economic and demographic characteristics of the respondents. Most (62.6%) of the respondents were aged between 60 to 65 years and Christians (62%). The elderly in this study, possess one form of education or the other. Only 4.6% had no formal education. This result agrees with the findings of National Population Commission (2006), that 55.5% of Nigerian elderly are not literate. Majority (69%) were public servants before retirement, 26.4% were into private occupations while 4.3% were into other forms of occupation before retirement. Most (96.3%) of the participants were married. This finding supports Ashelo (2016), in her study of the elderly in Lafia Local Government Area of Nasarawa State, Nigeria and Wahab (2013) in

a study on the elderly carried out in Ijebu of South Western Nigeria in which most of the respondents were in marital union .This clearly implies that the elderly desire to have someone beside them to provide assistance, companionship, reduces boredom and its associated health problems. However, the 3.7% that were widowed is not also surprising given the age of the respondents. It is believed that many would have lost their spouses given the fact that they are advanced in age.

Most retiree’s spouses were alive (65.6%) and had between 3 to 4 children(42.9%).This shows that a large proportion of the elderly in the study area are observing the maximum four children as spelt out in the National population policy. Since elderly pensioners had children living, they can be supported by these children. Also, the desire for old age security may be a motivation for large family size of pensioners in this study. This agrees with Shokoyofe and Amosun (2014) study of care and support for the elderly in Nigeria that the elderly people expect care from friends and relatives, but most especially from children.

Table1: Socio-economic and demographic characteristics of Respondents

Characteristics	Variable	Frequency	Percentage
District	Garki	36	22.0
	Kado	30	18.4
	Gwarinpa	32	19.6
	Karu	33	20.4
	Lugbe	32	19.6
	Total	163	100
Age group	60-65	102	62.6
	66-69	22	13.5
	70 and above	39	23.9
Religion	Muslim	56	34.4
	Christianity	101	62.0
	No Religion	6	3.7
Educational status	No formal education	7	4.6
	Primary	38	25.2
	Secondary	26	17.2
	Tertiary	80	53.0
Occupation before Retirement	Public service	113	69.0
	Private	43	26.4
	Others	07	4.3
Income per month before retirement	<10,000	16	9.8
	10,000-20,000	18	11.0
	20,100-50,000	18	11.0
	50,100-100,000	12	7.4
	100,000-150,000	14	8.6
	150,100-200,000	15	9.2
	200,100-250,000	12	7.4
	250,100-300,000	20	12.3
	Above 300,000	38	23.3

Marital status	Married	157	96.3
	Widowed	06	3.7
Spouse Alive	Yes	107	65.6
	No	56	34.4
Number of children	1-2	31	19.0
	3-4	70	42.9
	5-6	45	27.6
	7-8	17	10.4

### **Living Conditions of the Elderly Pensioners**

A very vital human need which provides both psychological relief and physical shelter is housing. Thus, shelter is a major consideration when considering the welfare of the elderly. About two third of the respondents lived in self owned apartment while 28.8% and 4.3% lived in joint family setting and rented apartments respectively. The finding agrees with Krishnamachari, Mario and Tinku(2010) in their study of the urban elderly where majority(65%) in Bangaluru, India lived in self owned independent house setting. Although respondents were retired, they had sources of income (Table 2). The result also agree with Ashelo (2016) study in Nasarawa State and Asiyabola (2008) in Ibadan, where most of the elderly lived in owner occupier accommodation. The high level of owner occupier type of accommodation among the elderly in this study could be a function of educational qualification, type of occupation and above all income level as posited by Orire (2015). The high rate of self owned house in this study is not surprising since about 60.8% of the respondents earned above one hundred thousand naira monthly as income before retirement(Table 1).This would have enable them save some money and own a house.

A total of 32.5% of the respondents were getting income from salaries. This is an indication that some of the retirees were currently engaged in other forms of salary earning activities after retiring from their primary occupation. Also, 31.9% each got income from pension and combination of pension and salary while only 3.7% got income from children. Most (53.4%) of

the respondents were residing with their spouse. Those that stayed alone accounted for 17.8%. It was only 24.5% of the respondents that were staying with their spouse and children while 4.3% were staying with their children. When the elderly stay with their children it may improve their social relationship given that the elderly find pleasure in playing with their grand children. Most (63.2%) participants in this study were satisfied with their living arrangement. A similar finding was reported by Krishnamachari, Mario and Tinku (2010) in Bangaluru, India where most subjects in their study were satisfied with their current living arrangement.

Most (68.1%) of the respondents did not visit hospital in the last 12 months preceding the study. This does not corroborate the findings of Olayiwola and Deji(2013) in Ile Ife in Nigeria where most (85.2%) of the elderly visited a health facility. The majority of respondents in this study, not visiting a hospital in the last 12 months, is an indication of good health and it is assumed in this study as according to Awoyemi, Obayelu and Opaluwa (2011), that good health leads to improvement in life expectancy, which is a robust indicator of human development. This is because good health, according to World Health Organization (2011) is key, if older people are to remain independent and to play a part in family and community life. But it is believed that old age comes along with high frequency of illness as the body system at this time is already becoming weak. Therefore the 31.9% level of hospitalization of the elderly in the study area is not surprising. For those that have not been to the hospital in the last one year, does not mean that they may not have been sick, rather they may have preferred treatment from other sources. There was a significant difference( $X^2 = 74.111$ ,  $df= 2$ , $p= 0.000$ ) between the age of respondents and visit to the hospital in the last 12 months. This is an indication that older respondents visited the hospital more regularly

Table 2: Living conditions of the elderly pensioners

Characteristics	Variable	Frequency	Percentage
House status	Owned by self	109	66.9
	Family house	47	28.8
	Rented	07	4.3
Source of Income	Salary	53	32.5
	Pension	52	31.9
	Combination of the above	52	31.9
Living mate	Children	6	3.7
	Children	07	4.3
	Spouse	87	53.4
	Spouse with Children	40	24.5
Satisfaction with living arrangement	Alone	29	17.8
	Satisfied	103	63.2
	Not Satisfied	47	28.8
Retired at statutory retirement age	Cannot say	13	8.0
	Yes	141	86.6
	No	22	13.5
Hospitalization in the last 12 months	Yes	52	31.9
	No	111	68.1

### **Nature and Type of Support Available to the Elderly Pensioners.**

Obtaining support by the elderly in the study area is common. Table 3 shows that of the 163 participants in this study, 67 representing 39.6% did not receive any support from anybody. This agrees with Ibrahim and Zainab (2014) in their study of the frequency of support of older rural Malaysians where majority (79.8%) of the respondents received support. Table 3 also shows that 51.5% of the respondents were satisfied with the support they received while 48.5% were not satisfied. The implication of this finding is that, most of the elderly, who get support in the study area, might be contented.

Of those that received support, 5.3% received it daily, 8.3% received it weekly, 52.1% received it monthly, 16.6% received it yearly and 6.2% received it anytime. This indicates that the elderly received and mostly on a monthly basis. This finding differs from that of Ibrahim and Zainab (2014) where 63.3% of the respondents received support once in a while and 29.9% received it almost every day. Table 3 also shows that giving money to the old in the study area is a common practice. Only 7.3 % did not receive any financial support while majority (92.7%) received financial support.

Table 3: Nature and type of support available to the elderly

Characteristics	Variable	Frequency	Percentage
Received Support	Yes	96	60.4
	No	67	39.6
Satisfaction with support received	Yes	84	51.5
	No	79	48.5
Type of support	Financial	89	92.7
	Other	07	7.3
Frequency of support	Daily	05	5.3
	Weekly	08	8.3
	Monthly	61	52.1
	Yearly	16	16.6
	Anytime	06	6.2
Source of support	Spouse	14	8.6
	Children	63	38.7
	Pension	44	27.0
	Church/Mosque	23	14.1
	Social Organization	19	11.7

Source: Author's fieldwork, 2017.

Discussants during FGD reported that some other support they received other than financial include clothing, house, drugs, gift items and support in household chores. In this study, children are perceived to be important in the life of older persons. This is because children are the major source of support (38.7%). This finding agrees with Najjumba and Milindwa (2003) in developing countries where the elderly depended on remittances from children mostly in form of cash or kind. The findings also is in line with Ashelo(2016) and Okumagba (2011) in which majority of the elderly in Nasarawa state and Delta State received support from their children respectively.

Other sources of support were spouse (8.6%), pension (27%), faith based organizations (14.1%) and social organizations (11.7%). Even though children provide support to the elderly in this study, discussants during FGD indicated that some of them engage in hard labour and hazardous jobs for survival. A discussant narrated that: There is a lack of care by relations and children. This is attributed to the harsh economic condition in the country and the effect of western culture that has changed the attitude of the society and children in particular towards the elderly.

The role of children in supporting the elderly was further discussed with participants during FGD. They were unanimous, that older people depend on children for old age security. All discussants recognized the economic importance of having children in old age. They also reported the need and want to have many children. A discussant summarized their views that: *"We want many children for support and care in our old age"*. The implication of this statement is that there are many reasons why respondents want many children in their families. This is an indication that older people still cherish large family sizes and the contribution of children to their aged parents is a major reason in this study to have many children.

### **Pension Challenges of the elderly Pensioners.**

In this study, elderly pensioners are confronted with a number of challenges in accessing pension as shown on Table 4. This may probably be due to the fact that the participants reported that they are not aware of any policy that addresses the welfare of old people. About half of the respondents received their pension on timely basis, 44.8% do not collect theirs as at when due while 4.3% could not say whether they collect their pension promptly. Majority (60.1%) reported that they have challenges in accessing their pension benefits. The challenges are delay in payment of pension (59.5%), transport costs to pension office (24.6%), underpayment of benefits (53.3%) and mishandled documentation (65%). There were those that offer bribes to enhance the processing of the benefits (58.2%). Others lack access to information on retirement processes and procedures (56.4%). Sometimes benefits are calculated for a wrong salary scale (34.3%) and challenges of administrative problems in the pension system (58.8%). The implication of this finding is that, despite government efforts to address pension challenges of the elderly, the challenges still persist. This was confirmed by the researcher when pensioners were seen forming unending queues at pension offices. Some pensioners reported that there have been cases of death of their colleagues on account of exhaustion and related causes in a bid to collect pension benefits.

To also ascertain whether there are policies put in place by the government to address the pension challenges face by the elderly, respondents were asked if they are aware of any Welfare programme in place. Majority (93.8%) reported lack of awareness of any welfare policy put in place for the elderly. Discussants during FGDs also confirmed that they were not aware of any welfare policy either on social security, financial security, food or health scheme or any other workable policy that support the elderly people. A discussant narrated during FGD that sometimes health services and food is provided for the elderly but, only when politicians want to gain their support to win elections and when the elections are over, they are normally neglected.

The challenges confronting elderly pensioners will hinder them access many services which may include health, accommodation, food and clothing. These challenges will impact negatively on the elderly. The challenges faced by elderly pensioners impact on their on their living condition in so many ways (Table 4). A total of 7.7% of the respondents indicated that because of the challenges they face in accessing pension benefits, they have been unable to access basic social services (7.7%) and has delayed personal project planning(9%).There were those who said they have been unable to fulfill certain basic needs(23.1%) like food, shelter, clothing and medical expenses. There were also those that accumulated debts and accumulated bills (4.5%) like school fees, medical bills, rent, light and water bills. About half (55.8%) reported that the challenges have impacted on them on all the above. Most (85.3%) of the respondents reported that monthly pension does not cater for needs. Discussants during FGD narrated that the monthly pension does not cater for needs like food, shelter, clothing and medical expenses.

Table 4: Pension Challenges and its Impact on the Elderly

Characteristics	Variable	Frequency	Percentage
Timely receipt of pension	Yes	83	50.9
	No	73	44.8
	Cannot say	07	4.3
Challenges in Pension benefit access	Yes	98	60.1
	No	65	39.9
Pension Challenges	Delayed payments	97	59.5
	Transport costs to pension office	32	24.6
	Underpayment of benefits	87	53.3
	Mishandled Documentation	106	65.0
	Insufficient amount of pension received	65	39.8
	Offering of bribes to enhance the	95	58.2

	processing of the benefits		
	Lack of access to information on retirement processes and procedures	92	56.4
	Benefits calculated for a wrong salary scale	56	34.3
	Administrative problem in the pension system	96	58.8
Welfare programme in place	No	153	93.8
	Yes	10	6.2
Impact of pension challenges	Inability to access basic social services	12	7.7
	Delay in planning for projects	14	9.0
	Inability to fulfill certain basic needs	36	23.1
	Debt accumulation	07	4.5
	All of the above	87	55.8
Monthly pension cater for needs	Yes	24	14.7
	No	139	85.3

### **Post Retirement Coping Strategies of the Elderly Pensioners**

Elderly pensioners adopted various coping strategies in order to cope with the challenges of pension (Table 5). A total of 41% were engaged in paid jobs, 4.3% borrowed to deal with their challenges, 36.2% engaged in small businesses, 7.4% each offer consultancy services and are engaged in contract jobs and 9.2% participate in politics. Also, 33 respondents, representing 20.2% relied on their pension as a coping strategy while 21.5% used proceeds from their investment as their coping strategy. Self employment was a strategy adopted by 40.2% of the respondents.

Discussants in the FGD narrated that coping strategies are necessary for the elderly to deal with some of their challenges such as deflection, loneliness, physical and emotional disability, feeling of worthlessness, stress and the need for a well being. Some discussants were of the view that some of them suffer neglect and because of that they engage in hard labour in order to keep ends meet. Two discussants narrated that they do alms begging in designated places for survival. This is an indication of lack of care and support for the elderly. Thus, something should be done to redress this for the continued health and well being of the elderly in the study area.

Table 5: Respondents retirement coping strategies

Coping strategies	Frequency	Percentage
Engagement in paid job	55	41.0
Self employment	50	40.2
Borrowing	07	4.3
Small business	59	36.2
Consultancy	12	7.4
Contract job	12	7.4
Participation in politics	15	9.2
Pension	33	20.2
Investments	35	21.5

The elderly in this study satisfied (77.9%) with their coping mechanism while 22.1% were not (Table 7). The implication of this is that, the coping measures adopted by the elderly in this study are major sources of their personal satisfaction

Table 7: Satisfaction with Coping Mechanisms

Satisfaction	Frequency	Percentage
Yes	127	77.9
No	36	22.1

## Conclusion

Most elderly pensioners lived in self owned apartment and visited the hospital occasionally either for routine medical checkups or for consultation with medical personnel for health related problems. Receiving support is common among the elderly with about average satisfaction with the support received. Giving money to the old in the study area is a common practice and children are perceived to be important in the life of older persons because children are the major source of support. Only about half of the respondents received their pension on time with majority having challenges in accessing their pension benefits. Elderly pensioners have challenges in processing and accessing pension benefits due to various reasons which have impacted on them. There is a lack of awareness of any welfare policy for the elderly and the

monthly pension does not cater for their needs. The elderly pensioners adopted various strategies in order to deal with their challenges and were satisfied with their coping mechanism. Policy makers should design welfare policies that will ensure that the elderly are financially secured in their old age. This is necessary because 93.8% of the respondents in this study reported lack of awareness of any welfare policy put in place for the elderly

## References

- Anthea, T. (1991). *Elderly People in Modern Society*. New York Longman Publishing.
- Ashelo, A.S. (2016). Living Conditions of the Elderly in Lafia Local Government Area of Nasarawa State, Nigeria. School of postgraduate studies, Ahmadu Bello University Zaria.
- Asiyanbola R. A. (2008) Assessment of Family Care, Housing, Gender, Daily Activities, and Physical Wellbeing of the Elderly in Ibadan, Nigeria. *International Journal of Agricultural Sciences, Sciences Environment and Technology*. 3(1):95-96.
- Awoyemi, T.T., Obayelu, O.A and Opaluwa, H.I. (2011) Effect of Distance on Utilization of Health Care Services in Rural Kogi State, Nigeria. *Journal of Human Ecology*, 35 (1): 1-9.
- Charton, K.E. and Rose, D. (2001) Nutrition among older adults in Africa the situation at the beginning of the millennium. *Journal of Nutrition*. 131: 245-85.
- Gureje, O., Lola, K., Ebenezar, A. and Benjamin, O. (2008) Determinants of quality of life of elderly Nigerians" results from the Ibadan Study of Ageing. *African Journal of Medical Sciences*, 37(3): 239-247.
- Ibrahim, W.A. and I. Zainab (2014). Frequency of Family Support of Older Rural Malaysian *World Applied Sciences Journal*; 30 (7): 915-918.
- Kimokoti R.W, Hamer D.H. (2008) Nutrition, health, and aging in sub-Saharan Africa. *Journal of Nutrition*. 66: 611-23.
- Najjumba, H. and I. Milinda (2003) Chronic Poverty among the Elderly in Developing Countries: Perception, Experience and Policy Issues. State Press, New York
- National Population Commission. (2009) *Final results of 2006 Census*. Official Gazette of 2nd February, 2009. Abuja, Nigeria: National Population Commission. pp 1-327.

- NPC&ICF Macro (2009) National Population Commission Nigeria and ICF Macro, Nigeria Demographic and Health Survey 2008, National Population Commission and ICF Macro, Abuja, Nigeria.
- Olayiwola, I. O and Deji S. A(2013).Health Seeking Behaviour, Food Habit and Nutritional Assessment of an Elderly Group in Ile Ife, Nigeria. *Journal of Community Medicine and Health Education*, 3(5):1-5
- Okumagba, P.O. (2011) Preparing for Retirement in Nigeria: A case Study of Academics in Delta state University, Abraka. *IJBSS*, 10(2), 2005.
- Krishnamachari S, Mario V and Tinku T (2010). Prevalence of health related disability among community dwelling urban elderly from middle socioeconomic strata in Bangaluru, India. *Indian J Med Res* 131: 515-521
- Orire, I. O. (2015) *Spatio-Temporal Analysis of Population Aging in Kwara State*. Unpublished Ph.D. Project Submitted to the Department of Geography, Ahmadu Bello University, Zaria, Kaduna State
- Pension Act 102 of 1979. (1979). Federal Republic of Nigeria. *Pension Reform Act 2004*. Federal Republic of Nigeria
- United Nations (2014) *Population Ageing and Living Arrangement of Older Persons: Critical issues and policy Responses*. Population Bulletin of the United Nations, Special issue. 40-43Sales No. E.01.XII1. 16. (ST/ESA/SER.N/42-43).
- United Nations (2016) *World Population Ageing Agency*. Population Bulletin of the United Nations.ST/ESA/SER.A/207, No.E002. XIII.3
- United Nations (2002)*World Population Ageing Agency*.Population Bulletin of the United Nations.ST/ESA/SER.A/207, No.E002. XIII.3
- UNFPA(2016).Ageing in the Twenty-First Century: A Celebration and A Challenge
- Van de Walle, E. (2006) African households: censuses and surveys. *Journal of social science and medicine*.(62): 2411-2419
- Victor, O.(2004), *Pension Reform Act Passed by the National Assembly* (November 2004), <http://www.socialistnigeria.org/paper/2004/nov/7.html>.
- Wahab, E.O (2013) Pension Challenges Facing the Old Persons in Nigeria.*European Scientific Journal*, 9(8): 235-251
- World Health Organization (2011) Aging. <http://www.who.int/topics/aging/en>

