

Experiences of Ageing and Social Support for the Elderly in Ibadan, Nigeria

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Abstract

Studies on the elderly in Nigeria have largely focused on their care and support. There has been negligible attention on how the care and support they receive affect their experiences and perception of aging. Thus, the study explored the experiences of aging and support for the elderly in selected local government areas in Ibadan Nigeria. It specifically examined the sources and nature of care and support, experiences and perception of aging as well as their coping strategies in the context of declining traditional care and support. The study was guided by a theoretical synthesis of the wealth flow theory and modernization theory. It was a cross-sectional study that triangulated quantitative and qualitative methods. Questionnaires were administered to randomly selected 444 respondents aged 65 years and above, while in-depth interviews were administered on 20 respondents across the study area. Data were analyzed at univariate and multivariate levels, and the qualitative data were content analyzed. Contrary to many Nigerian studies that averred that children have ceased to take care of their aged parents, this study found that they still do although the amount of care and support provided by children is inadequate relative to the needs of the elderly. This has tended to compel the elderly to continue to work till advanced ages, with the majority earning less than ₦20, 000.00 (less than \$100) per month. The study recommends the need for a social security and welfare policy on aging backed by a strong political will and gender sensitivity in its implementation.

Keywords: Ageing, elderly, care and support, ageing experience, Ibadan, Nigeria

Background

The population of the elderly is increasing both in absolute number and proportions in different parts of the world (Isiugo-Abanihe, 2015; UN, 2009; Kinsella and Phillips, 2005; NPC, 2003; Hernandez, 1992). Nigeria, which currently has a youthful population, is gradually experiencing an increase in the proportion of the aged (Isiugo-Abanihe, 2015). In 1963, the total number of the elderly (age 65+) was 1,178,111, accounting for 2.1% of the total population (Nigeria, 1963). By 1991, the proportion increased to 3.1% of the total population (NPC, 2003). The 2006 National Population Census indicated

that the population aged 65 and above accounted for 3.2% of the total population (NPC, 2006). By 2050, the number of the elderly in Nigeria is projected to make up about 10% of the total population (UN, 2009).

However, this demographic reality in Nigeria has not yet received adequate governmental attention with little political will to implement welfare policy for the aged (Togonu-Bickersteth and Akinyemi, 2014; Isiugo-Abanihe, 2015). Although the proportion of the elderly relative to the young population is small, there is no doubt that the elderly in Nigeria will increase going forward, both in absolute number and relative to the total population. This is consequent upon high but declining fertility and mortality, brought about by improvement in contraceptive technology and health care, thereby, increasing the chances of survival and longevity (Isiugo-Abanihe, 2014).

Generally, in Africa, there is inadequate or no formal care and support for the aged population and those provided by family members are dwindling due to several factors such as out-migration and unemployment of children, economic hardship, etc. (Aboderin, 2004). There is also inadequate provision of funding for nursing homes and community care services for the elderly. The very few institutional homes for the aged are typically not funded adequately. Pension which is the only formal social security in place are not received on time or not received at all; it also has a very limited coverage and inadequate (Bailey, 2000; Ajiboye, 2011).

Increase in rural-urban migration has led to the physical separation between parents and children. The extended kinship support is gradually declining under the pressure of modernity, and is becoming less effective in the support of the elderly. These have far reaching implications for the elderly. Thus, this study investigates the experiences of aging and social support for the elderly in selected local governments in Ibadan. The study aims to fill the gap in knowledge on this discourse and make policy relevant recommendations on improving the well-being and experiences of aging for the elderly. The following research questions were raised which translate into objectives of study: (i) What are the sources and nature of care and support for the aged? (ii) How do they perceive and experience aging? (iii) What coping strategies are adopted by the elderly for their sustenance?

Brief Review and Theoretical Perspective

In traditional society, care and support provided by family members were sanctioned by cultural roles and expectations. Religious and philosophical attributes were attached to elderly care and support; and were useful in strengthening kinship ties (Lopata, 1973). This revealed the inherent social, cultural and ideological realities where spiritual and economic rewards were attached to care and support of the elderly. Care and support was also not seen as a matter of choice but obligation; however, the nuclearization of families have weakened the traditional system of care and support for the elderly (Parsons, 1959; Burgess, 1960; Goode, 1963; Cowgill, 1974).

High fertility was rational in traditional societies because wealth flowed from children to parents and children were seen as social security or economic investment in old age (Caldwell, 1976; Isiugo-Abanihe, 2010). High spiritual and economic importance was attached to marital fertility (Caldwell and Caldwell, 1987). In this regard, a large family size was maintained because the status of the head of the household depended on the number of their children. Parents demanded more children to ensure their sustenance in old age (Caldwell, 1976). However, with the high level of youth unemployment, children may not be economically buoyant to support their elderly parents extensively as was the case in traditional time; rather the elderly tend to support their children longer than was the case in the past (UNFPA, 2005).

Old age comes with so many realities which include retirement. The majority of the elderly retire from active service and according to Mucha and Krzyżowski (2010), retirement is a significant period in the life of an elderly as it involves change in types of activities undertaken, income reduction, new forms of social interaction and sometimes, social isolation. It is sometimes viewed as a bitter pill to swallow and a crisis period (Ogunbameru, 1987) especially when the retiree is the breadwinner. In less developed countries, the elderly continues to work and their participation at work is higher than those of the industrialized nations due to limitations of retirement coverage and social support (Kinsella and Gist, 1995). Statistically, only 24% of men and 14% of women in developed countries compared to 47% of men and 24% of women in developing countries continue to participate in the labour force at the age of 60 and above (UN, 2009). Most elderly in Nigeria participate in the labour force even in their old age and towards the end of their lives (NPC, 2009). This is exacerbated by unemployment of the youth, the waning extended family system in Nigeria and migration of children, etc. (Blieszner and Bedford, 1995; Apt, 1992; Hashimoto, 1991).

Caldwell's wealth flow theory and the modernization theory provide the theoretical basis for this study. John Caldwell's wealth flow theory (1976) explained the intergenerational transfer or net flow of wealth among generation and its link with fertility transition. In his theory, he posited that in developed societies, there is downward net flow of wealth from parents to children but in traditional societies, wealth flowed from children to parents (upward net flow). This made high fertility rational in traditional societies. Hence, fertility decision was a rational economic decision. That was why it made sense in traditional societies to have as many children as possible because children were sources of wealth, old age security and social and political prestige. Therefore, the elderly viewed children as a source of care and support in their old age, and had as many as they could. The modernization theory in relation to aging explained the decline in care and support for the aged as a result of the emergence of four variables of modernization – urbanization, economic technology, health technology and education (Cowgill and Homes, 1972). Urbanization brought about migration of the young people into the cities leading to the isolation of the elderly and destruction of the extended family

system. Health technology increased longevity and life expectancy and decreased mortality. Economic technology created new and different technologies that the majority of the elderly could not handle because they lacked the skills and expertise. Education brought about mass literacy, increased and improved knowledge. Although the elderly is able to live longer, physical separation of children from parents in search of better living however created a social distance between the elderly and their children. With nuclearization of family and economic hardship, children were unable to provide adequately for their parents, thus, leading to inadequate care and support.

Methods/Materials

The Study was conducted in two local government areas in Ibadan, Oyo State, Nigeria. These were Lagelu and Ibadan South West Local Government Areas, which are regarded as rural and urban areas respectively. The local governments were delineated into wards and households. Respondents aged 65 years and above were randomly selected across. For each selected household, an elderly person was selected. Where there was more than one eligible elderly person, one was randomly selected through the use of the lottery method. A sample size of 444 respondents was drawn using the Yamane's (1967) sample size technique, with an adjustment factor of 10 percent to account for non-response. The rationale for the use of the formula is that the population of the respondents was known and adapted from the 2006 Nigerian Population and Housing Census report.

Table 1: Population of the Aged in Oyo State by Age Groups

Age Groups	Both Sexes
65-69	63, 696
70-74	58, 323
75-79	28, 742
80-84	31, 279
85+	31, 763
Total	213, 803

Source: 2006 Population and Housing Census

Thus;

$$n = \frac{N}{1 + N e^2}$$

Where,

n= the sample size

N = the size of the study population (213,803)

e = 0.05

Therefore, $N = 213,803$

$$e = 0.05$$

$$n = \frac{213,803}{1 + 213,803 \times 0.05^2}$$

$$n = \frac{213,803}{1 + 213,803 \times 0.0025}$$

$$n = \frac{213,803}{535.5075}$$

$$n = 399.3$$

To account for non-response;

$$n = \frac{1}{1-f} \times n_1 \quad \text{where } f = 0.1 \text{ (10\%)}$$

$$n = \frac{1}{1-0.1} \times 399.3$$

$$n = \frac{1}{1-0.1} \times 399.3$$

$$n = \frac{399.3}{0.9}$$

$$n = 444$$

Qualitative study was also conducted using the in-depth interview guide. The in-depth interview is rich and insightful and was used to corroborate the results of the quantitative instrument. It was conducted among 20 purposively selected participants. The inclusion criteria were elderly 65 years and above, residing in the study area and must not have participated in the quantitative survey. Interviews were guided by theoretical saturation (Strauss & Corbin, 1998). Interviews were content analyzed.

The study adhered to ethical considerations guiding social research vis a vis respect for persons, non-maleficence to participants, beneficence to participants, justice and cultural sensitivity. Translational or theoretical validity - content and face validity - was adopted. The instruments were subjected to a pre-test to ensure that the data and results that will emerge from the study reflected what they set out to measure. The pre-test was conducted using ten percent (10%) of the sample size in a setting different from the study area before the actual study. Instruments were developed and administered in English language but if the respondent was unable to understand English language, instrument was administered in the respondent's native language. Reliability refers to the quality of measurement method that suggests that the same data will be collected each time a repeat observation is conducted. The criterion related test-retest reliability was adopted to know if the responses were reliable. The test-retest reliability measures consistency of the same construct by administering the same instrument on the same population at two different points in time but within a short interval of time. If the responses do

not vary substantially, they will be considered reliable. A sub-group of respondents were carved out at random and the same instrument administered to them after 7 days.

Results

The mean age of respondents was 72.02 years. Half of the respondents (50%) were aged 65-69 years. More of the elderly resided in the urban area (63.3%). About 63% of the respondents were males. The majority of the respondents were of the Yoruba ethnic group, accounting for more than three-quarters (83%) of the total population of respondents. Evidently, the majority of the respondents were currently in a marital union, constituting two-thirds (66.4%) of the respondents. The respondents were fairly well educated, with 27% and 26% having secondary and tertiary education respectively. Only 16% did not have any formal schooling. Religious affiliation showed the predominance of Christians (62.6%). About two-thirds (66.4%) were currently working and this signifies a considerable amount of labour force participation among the elderly.

Table 2: Percentage Distribution of Respondents by Socio-demographic Characteristics

VARIABLE	FREQUENCY	PERCENTAGE (%)
Current Age		
65-69 years	209	49.8
70-74 years	69	16.4
75-79 years	86	20.5
80 years and above	56	13.3
Total	420	100
Mean age: 72.02		
Area of Residence		
Rural	154	36.7
Urban	266	63.3
Total	420	100
Sex		
Male	263	62.6
Female	157	37.4
Total	420	100
Ethnic Group		
Yoruba	347	82.6
Ibo	26	6.2
Hausa	28	6.7
Others	19	4.5
Total	420	100

VARIABLE	FREQUENCY	PERCENTAGE (%)
Marital Status		
Single (Never Married)	6	1.4
Married	279	66.4
Separated	18	4.3
Divorced	13	3.1
Widowed	104	24.8
Total	420	100
Education		
No Formal Education	69	16.4
Primary	78	18.6
Secondary	115	27.4
Tertiary	109	26.0
Vocational Training	49	11.7
Total	420	100
Religious Affiliation		
Christianity	263	62.6
Islam	148	35.2
Traditionalist	6	1.4
Free thinker	3	0.7
Total	420	100
Currently Working		
Yes	279	66.4
No	141	33.6
Total	420	100

Sources and Nature of Care and Support

Only 27% of the elderly indicated pension as their main source of support; whereas the majority (61.4%) averred that their children remained the dominant source of support. Various types of support and care were received including financial, health care, domestic assistance and house rent support. Most of the respondents (91%) stated that such supports were provided mainly when their children visited them. Although a majority (73%) agreed that support and care received were not adequate, yet 57% continued to rely mainly on their children for care and support. A respondent said:

My children mainly provide for me. The government does not care about us. Even though what my children give me is not sufficient, I still manage. Old age is like a curse because you do not have what you need. It is suffering. It is only when my children visit me that I am sure of even feeding well.
(IDI/Male/72 years/Rural)

Although most respondents affirmed that their children provided for them, such support was adjudged inadequate for their needs. On this a respondent said:

Although my children provide for me because I do not have any other means, the support they give is very inadequate because

they do not have good jobs. They are the only ones that are taking care of me.” (IDI/Male/68 years/Urban)

When asked to reflect on their motivation for having a certain number of children, more than half (54%) said they had their children in anticipation of old age and as old age insurance. About one-third (33%) reported that their family size depended on God since children are gifts from God. In the main, the rationale for a large family size is old age security, as stated below:

Here, you have as many children as you can because they are the only ones that will take care of you when you are old. When I look at my children, I am happy because they are many. But I hope they will get rich one day to do what they are supposed to do for me as I am getting closer to my grave.” (IDI/Female/70years/Rural)

The perceptions of the respondents were sought on whether the elderly should depend on their children for care and support. Nearly three-quarters affirmed that the elderly should rely on their children for such. In stating their reasons, a majority acceded that children are means of reward for their parents in old age and that it is a traditional or customary duty of children to take care of their parents in old age. In affirming this, a respondent said:

Parents are supposed to depend on their children for care and support in old age. The government cannot help us. Therefore, it is an abomination for children to abandon their parents in old age. Tradition demands that they take care of their parents in old age because their parents also cared for them when they were growing up. In fact, God will be angry with my children if they fail to care for me. Already, the government is under the curse of God for abandoning us and not making plans for us. (IDI/Male/69 years/Urban)

Corroborating this, another respondent asserted that:

Children are gifts from God. We as old parents should look up to them for support, far more than we expect from others. (Female/72years/IDI/Rural)

Perception and Experience of Aging

In accounting for their experiences and perception of aging, the study revealed that although many perceive old age as a blessing from God and a gift of life, however their experiences have been that of pain, sadness and agony as a result of economic hardship. The majority was of the opinion that although they longed to live till old age, it has been difficult trying to live and cope. This, of course, explained why a lot of them continued to work till old age.

A respondent stated as follows:

Old age is a blessing. Grey hair is wisdom but what is grey hair without food on the table? (*Male/70 years/IDI/Rural*)

On aging related dynamics, respondents were of the view that even though one looks forward to old age as a sign of blessing, yet, poverty renders such expectations painful and difficult to deal with. Such a painful reflection was succinctly captured by views of an 80-year old man:

We all look forward to growing old but my experiences have shown that it is better to die while still affluent than to live old in poverty. You wake up with a slight crow of the cock to another day of uncertainty. You are not sure of the next meal. Is that the kind of old age one wished for? When I was younger, I longed to grow old because it is a sign of blessing. Now that I am indeed old, it is a different thing. Everything looks different. Food tastes different. You are not able to go to the places you wish to. You are not able to do the things you want. You become weak because of excessive work in your youth days. Poverty knocks on your door and forces itself in. I cannot get health care when I am sick except someone helps. My children are trying but cannot do everything. The government has not given us a cup of water or one cup of rice. It is as if we are vegetables to be admired when young but trampled upon when old. (*IDI/Male/80years/Urban*)

Relating their reproductive experiences to the ageing process, most of the women stated that their poor reproductive health experiences in younger days probably led to adverse experiences in old age. This was deduced from views such as this:

I used to be vibrant when I was still giving birth. I had ten children and lost two of them before their fourth birthday. Children are indeed source of joy and prestige because I was respected because of the number of children I had. But now, I am down with waist problems. I am unable to walk a long distance. My knees hurt. I cannot even work to support my family. Somebody told me that my waist problem was caused by constantly giving birth. But is it a crime to have as many children as one wants? (*IDI/Female/68years/Rural*)

Despite the negative experiences reported by the majority of the respondents, a respondent was of the opinion that old age is both blissful and a blessing. Thus:

Everyone ought to look forward to old age. It is a blessing. Your children take care of you. When I cough, my children ask what I need. It is also good to be rich in old age because you will experience the real joy of having grandchildren all over you.

You can buy them gifts and they are happy. I am healthy and do not have to depend on the government who do not have respect for the old ones. They abandon us as soon as we retire. Our pension is hardly paid. But I am happy I invested while working so I do not have to depend on the government. Otherwise, it would have been devastating because I know what other people are going through. (IDI/Male/75years/Urban)

Satisfaction in old age could be attributed to provision of adequate care and support by children as perceived by respondents. A respondent stated cheerfully:

I am happy. I do not have any regret or negative experiences because my children take care of me adequately. I visit any of them at will and have all I need. I am happy seeing my grandchildren. That is the real joy in old age.” (IDI/Female/83 years/Rural)

Work done by the Elderly in Old Age for Sustenance

The majority of the respondents (66.4%) continued to work at age 65 and above. The kinds of work done by the elderly were mainly in informal activities such as trading, farming and provision of services. More females (60%) than males (21%) engaged in trading, while more males (29%) than females (9%) were into agriculture/farming. When asked why they were still working, two-thirds averred that it was to make up for the inadequate support they received from their children, while less than one-third of them claimed that they were working to keep fit. Our findings also revealed that a majority (62%) supported their children monetarily. In other words, they had to work to earn enough income to take care of themselves as well as their dependent children. Regarding this, a respondent stated:

I am still working because I have to survive. It is not easy to continue to work at my age. Sometimes, I get so weak but I have to struggle to also help my children who are unemployed. (IDI/Male/72years/Urban)

Others still worked, despite their ill-health, to augment what they receive from their children. On this, a respondent said:

My children cannot do everything for me. What they give me is not enough, although it is not their fault. I have to work even though I earn very little compared to the pains I have after working. (IDI/Female/70years/Rural)

Information was elicited on their economic returns, in terms of their monthly income. The result showed that more than half (53%) earned less than ₦20,000.00 in a month, whereas only about 5% earned ₦110,000.00 and above.

Their nature of work in the informal economy indicates low earning. With that, some still support their spouses who retired from a formal sector but do not receive their pension in time, an indication of poor pension scheme reported in the study, as evident from the experience of a woman:

I work as a domestic assistant. At the end of every month, my madam pays me ₦10,000.00. With that, I support my husband who has not been paid his pension for over ten months.
(*IDI/Female/68years/Urban*)

Earning for some respondents is conditional upon patronage in business. Thus:
“I earn up to ₦15,000.00 monthly but only when there is patronage.” (*IDI/Male/75years/Urban*).

On nature of goods and earning, a respondent said:

I am a farmer. Whatever proceed I get from my farmland, I sell in the market. There is no much profit because the goods are perishable but at least I can earn about ₦18,000.00 in a month.
(*IDI/Male/69 years/Rural*)

Logistic Regression Analysis

Some selected variables were analyzed at multivariate level using the Binary Logistic Regression to predict the likelihood of receiving adequate care and support as shown in Table 3. Adequacy of care and support was based on receiving two or more types of care and support enlisted in the study. These included financial support, domestic assistance, health care, transport concession and house rent. The model Chi-square value of 31.650 was significant at $p=.000$ which means that the predictors have a significant association with whether or not respondents received adequate care and support. Although age of the respondents did not have a significant association with adequacy of care and support, those about 75 years and over were 33% more likely to receive adequate care and support relative to younger ones between the ages of 65-74 years. Religious affiliation did not have significant association on adequacy of care and support received. However, variables like level of education, place of residence, number of children and income received were significantly associated with receiving adequate care and support.

Respondents who had secondary or higher level of education were 31% more likely to receive adequate care and support. Respondents' place of residence had significant association with receiving adequate care and support (odds ratio = 2.187). Respondents in the urban area were two times more likely to receive adequate care and support compared to those in the rural area, which perhaps is because of the tendency among the elderly whose children reside in urban areas to move there to spend time with them. This provides them the opportunity to be more adequately cared for and supported than their counterparts who remained in the rural area. It is also possible that the elderly

who live in urban areas have better educated children in better paying jobs, who are, therefore, better able to cater for their elderly parents.

Table 3: Likelihood Logit Estimate of Receiving Adequate Care and Support

Variable	β estimate	Odds ratio (Exp. or E)
Sex		
Female	-.079	.924
Male (r)	-	1.000
Place of residence		
Urban	.783	2.187**
Rural(r)	-	1.000
Age		
75 and above, 65-74years (r)	.286 -	1.331 1.000
Education		
Secondary and above Below secondary (r)	.272 -	1.312 1.000
Marital status		
Married Others	-.325 -	.722 1.000
Number of children		
5 children and above 1-4 children (r)	.500 -	1.649 1.000
Average Monthly Income		
₦20, 000 and above Less than ₦20, 000 (r)	.022 -	1.023 1.000
Constant	.063	
N	420	
-2 Loglikelihood	320.621 ***	
Model Chi-Square	32.244**	
Overall Classification	68.5%	

*** $P \leq .001$

** $P \leq .05$

r reference category

₦ Naira

The number of children of the elderly had a significant relationship with care and support received. The odds ratio of 1.65 for those with 5 children and above indicates that they were 65% more likely to receive adequate care and support relative to those with only 1 to 4 children. The number of children therefore had a positive relationship with adequate care and support. The respondents' average income was related with adequate care and support. Although there was no statistical significance between the two categories of income (those who earned less than ₦20,000.00 and those who earned ₦20,000.00 and above), however, those who earned ₦20,000.00 (twenty

thousand naira) and above were 1.023 times as likely to receive adequate care and support as those that earned less than twenty thousand naira.

Discussion

In line with the study objective, which is to explore the experiences of aging and social support for the elderly in selected local government areas in Ibadan, Oyo State, Nigeria, the study found that the majority of the aged continued to receive various kinds of care and support mostly from their children. This is consistent with Unanka (2003) and Cattell (1990) who observed that family members, especially children, continue to be pivotal in providing care and support for the elderly in Africa in the absence of or inadequate formal arrangement for care and support. Despite its decline, the provision of care and support mostly by children affirms the functionality of the kinship system in Africa which, according to Gore (1992), is backed by emotional bonds and traditional norms and values.

The study revealed that support to the elderly was mostly in form of finance and domestic assistance, whereas care was mostly in form of health care. Most the elderly reported that these were inadequate. The inadequate care and support has been empirically supported by studies such as Aboderin (2004) and Anchalesh (2012). In line with the explanatory factors of the modernization theory of aging (Cowgill and Homes, 1972), the decline in elderly support could be attributed to the disintegration or weakening of the extended family system. In the past, children and even relatives lived together with their parents but with migration, this may no longer be the case.

The study also revealed that despite the perceived decline in care and support, a larger percentage of the aged still depended 'a lot' on their children for care and support in the absence of a formal support structure. This confirms the findings by Apt (1992) to the effect that the aged largely depend on their children for care and support. As was empirically supported by Peil and Sada (1984), visits by children served as a time to provide support. However, despite the high level of visits by children, the financial support they received was considered inadequate. This finding was inconsistent with Peil's (1991) submission that in Southern Nigeria, the elderly received adequate care and support from their children. With economic constraints and hardship in the country, children cannot provide adequate financial assistance and other support to their aging parents. In most cases, some of these children were unemployed, thus, making their elderly parents cater for them.

The findings also revealed various motivations for the family size preferences of the elderly in their reproductive years. By far, most of the elderly had their respective family size in anticipation for old age support, thus, giving validity to the wealth flow theory utilized in this study. This means that most of the elderly had their children as old age insurance, as has also been reported by other scholars like Isiugo-Abanihe (1994). Most Nigerian couples, in the absence of government social security programmes, viewed children as welfare providers and source of assistance in old age. However, their

expectations have been impaired by financial constraints such that some parents continued to cater for their children even at old age.

Some of the respondents believed that God is the giver of children and that they had as many children as God brought their way. This apparent fatalistic rationalization is also in line with their belief on the role of children: shared responsibility in taking care of their parents. Preference for a particular sex of child, especially the male sex, is another important determinant of family size of the elderly. Implicitly, this finding underscored the patriarchal structure of the study areas where male children were seen as the progenies of family lineage. Related to this was the fact that men as husbands were the major decision makers with respect to family size and sex preference as mentioned by some women as the reasons for their given number of children (Isiugo-Abanihe, 2003).

Negative experiences of aging cannot be dissociated from poverty. The deleterious effect of poverty on health and other aspects of well-being affect the general quality of life. Indeed, the elderly are prone to poverty as a result of their economic redundancy and without social security in place for them. Scholars asserted that there is real threat of poverty in old age which affects their aging experience (Ajayi Adebusoye, Ogunbode and Akinyemi, 2015; Ramashala, 2001; HelpAge International, 1999). Poverty is real in old age and could be exacerbated by their deteriorating health. Long time inequity experienced in earlier life makes old age a very vulnerable stage of life with increased chance of susceptibility to poverty and other functional impairments (Ani, 2014; Nigeria Population Commission, 2003; Quadagno, 2008; Kakwani and Subbarao, 2005).

Although the elderly retired from formal work at age of 65, the study found that two in three senior citizens continued to work in various informal occupations after retirement mostly because of the inadequate support they received. Some of them, even in their old age, still catered for their children who were not working. This corroborated the findings of scholars like Bledsoe & Isiugo-Abanihe (1987), Blieszner & Bedford (1995), Apt (1992) and Hashimoto (1991) whose studies showed that the elderly continued to work even after retirement and that a higher percentage of them catered for their children who were not working or unemployed. The elderly was engaged in different occupations such as farming, trading and services, yet, more than half earned less than ₦20,000 (less than \$100) monthly. This is indicative of poverty among the aged in Ibadan Nigeria; thus, being out of wage employment they earn very little income from self-employment. Moreover, the elderly who ought to be 'cared-for' are becoming the 'care-givers' because of the growing incapacities of the youths brought about by unemployment and other factors. With this immanent vicious cycle of poverty, the many multiplier effects are bound to be detrimental.

Conclusion and Recommendations

This study has shown that although parents continue to depend a lot on their children for care and support, the adequacy of such support has declined relative to the past. That children visited their parents often did not translate to the provision of adequate care and support. Indeed, such inadequacies have profound implications for the overall well-being of the elderly. The study also showed a connection between the number of children born by the elderly and welfare anticipation in old age. Aging is perceived as a blessing but experiences of aging are by far negative and adverse. The inadequacy of welfare received compels most of them to re-enter the labour force after retirement as a means of coping or sustenance and even to support their children.

It is important to re-echo that “*the challenge we, as individuals and as a nation face is to understand the dynamics of ageing, to anticipate the changing needs of the elderly, and to strengthen social institutions and national capacities to address them* (NPC, 2003: i)”. Thus, there is an urgent need to implement national policy on the care and well-being of the elderly in Nigeria which should be mainstreamed into the Post-2015 Sustainable Development Agenda, accompanied by consistent monitoring and evaluation. Such policies should be gender sensitive and must be accompanied by a strong political will for implementation. Moreover, government should respond positively to the dire need of a social pension that will cover the elderly and not just those who retired from the formal sector. These senior citizens should not be abandoned as they are instrumental to development. Therefore, active and positive ageing should be encouraged. Various ministries, departments and agencies of the government (MDAs) should include the elderly in their plans. The media, human right activists and civil society organizations should intensify their efforts through advocacy, campaign and enlightenment programmes on the ground that aging welfare is a matter of human rights. Issues on aging should be incorporated into school curriculum given that ageing is a life-course phenomenon.

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