

Challenges of and Needed Support for Aged in Rural Areas of Enugu State, Nigeria

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Abstract

This study focused on challenges of the aged and their need for support in rural areas of Enugu state. Specifically, the study identified: challenges of the aged that are related to their family relationship and health, their finances and environment, as the support they need. Population for the study was 36,403 elderly individuals and Home Economists in the study area. Simple random sampling without replacement was used to select a sample size of 228 respondents that participated in the study. Questionnaire was used for data collection. Data were analyzed using mean and standard deviation. Findings show 17 family relationship and health challenges, these include abandonment by children (\bar{X} = 2.57), declining health condition (\bar{X} = 3.75), among others. Other findings are 15 finance, shelter and environmental related challenges, include: loss of financial freedom (\bar{X} = 2.09), problem of good housing (\bar{X} = 2.63), social isolation (\bar{X} = 2.78); among others. Findings also revealed free medical treatment, free transport, moderate exercise, regular payment of pension, encouragement from children as some of the support options for the aged. Based on the findings, eight recommendations were made, that Home Economics practitioners should organize talks, seminars, for rural people include among others, on how to take care of the aged, they should serve as advisory body to law makers to make policies aimed at enhancing the wellbeing of the aged.

Keywords: Aged, Challenges, Need, Support, Rural, Family, Relationships, Health, Environment.

Introduction

There is presently a growth in the aging population. Virtually every country in the world is experiencing growth in the number and proportion of older persons. It is estimated that by 2050, there will be over two billion aged 60 and above in the world more than twice the number measured in 2000 (Shrestha, 2022). The aged pass through various

developmental stages which include: the young - old (60-74), the old-old (75-84), the oldest-old (85-99), and the centenarians (100+). Aging is associated with changes in biological, physiological, environmental, psychological, behavioral and social processes (American Psychological Association, 2023). According to Fozard and Wahl (2012) some age-related

changes are benign, such as graying hair, others result in declines in function of the senses and activities of daily life and increased susceptibility to and frequency of disease, frailty or disability. The elderly people need care and comfort to lead a healthy life without worries, anxiety, diseases and other challenges.

In developed countries of the world like Japan, US and others, the elderly are provided with comprehensive medical services that cater for their specific needs. Country like Japan emphasizes family engagement and social support, community programs and government initiative, to combat loneliness among older adults. In developed countries of the world, the average life expectancy of the people is nearly 75years (United National Department of Economics and Social Affairs Population Division, 2017). The increase in life expectancy can be attributed to a number of factors including improvement in public health, nutrition and medicine (World Health Organization, 2022).

In Nigeria, those aged 65 years and above make up 3.13 percent of the total population of 191 million people. (Sonye and Bamson, 2012). The elderly people in developing countries like Nigeria in the past enjoyed considerable status, respect, care, social and psychological support from their nuclear and extended families. Presently, however, migration, urbanization, changes in value system, aspiration and brake down of the system have eroded traditional family support which hitherto took care of the elderly (Abdullahi and Jummar, 2013). In Nigeria, the aged are faced with

various challenges which impinge on their wellbeing. Most of them who were working have retired from active service and have to depend on meager pension. Some elderly individuals feel a major sense of loss upon retirement which is viewed as an end to the working years (Ogbuji and Iwuagwu 2014). Mole and Dim (2010) reported that most aged people in Nigeria suffer from loss of steady income, lack of satisfying job after retirement, reduction in status and social identity.

The issue of high cost of health services has affected the zeal in seeking medical attention by the elderly in Nigeria. Aboderin (2013) observed that most elderly persons has preferred to remain in their sick bed at home waiting for death as alternative to unaffordable cost of health services. According to Awosike, et al (2003) access to health care in Nigeria is severely limited both by paucity of health facilities and man power. Nigerian elderly people are usually faced with dwindling financial resources and increased health challenges and this has compounded their hardship. Limited access to health care might help to explain the overall poor health of the aged who need more health care services but often have fewest options and availability (Chark, et al 2012).

Poverty in Nigeria has reduced a lot of elderly persons into a life of financial dependency as there is no social security to provide economic support for the aged. (Adebowale, et al 2012). Abdulazeez (2015) observed that social security system that has been in evolution right from the colonial era have not been effective in Nigeria owing to the administrative negligence,

poor planning and poor policy implementation. Aboderin (2013) observed that Nigerian family values premised on love and empathy are gradually being replaced by materialism and abandonment which account for insecurity as well as increased neglect of elderly. Traditionally, the elderly are expected to rely primarily on their families for economic and emotional support. Most often the needed support are far-fetched because unemployment and accompanying poverty have made it almost impossible for children to provide adequately for their aging parents. According to Satyan (2018) the older population either suffers from harsh treatment on the part of their children or they reduce themselves to minor shells counting out their last days amongst the poor living conditions of care homes.

The aged in the rural areas face more challenges and threat to wellbeing than those in the urban areas. In local government area of Enugu state where the study was conducted, the aged are faced with unique challenges such as transportation problems, fewer housing and challenging renting options, lack of community support. There is also the problem of poor access to social and health services, exclusion, loneliness, problem from caregivers and poverty. There is therefore need to evolve ways of helping the aged in the rural areas and promoting their wellbeing.

Purpose of the Study

The major purpose of the study was to explore challenges of and needed support for the aged in rural areas of

Enugu State, Nigeria. Specifically, the study determined:

1. relationship and health related challenges of the aged in rural areas of Enugu state.
2. finance and environment related challenges of the aged in rural areas of Enugu state.
3. various support options (family related and non- family related) for aged in rural areas of Enugu state.

Research Questions

1. What are relationship and health related challenges of the aged in rural areas of Enugu state?
2. What are financial and environment related challenges of the aged in rural areas of Enugu State?
3. What are various support options that could be available to the aged in the rural areas of Enugu state?

Methodology

Design of the Study: The study adopted a descriptive survey design.

Area of the Study: The study was carried out in the rural areas of Enugu east local government area in Enugu state, Nigeria. The aged in the area are composed of both males and females. The area of the study was chosen because majority of their aged people live in the rural area and are faced with various challenges and they needed support.

Population for the Study: The population for the study consisted of 36,281 male and female elderly persons and 82 Home Economists in Enugu east local government area. The aged persons were made up of 17,266.08 male and 19,015 females and they are within the age range of 60 years and above.

(National population commission Enugu state, 2006). Home Economists involved in the study were those teaching in government own secondary schools in the area of the study.

Sample for the Study: Simple random sampling technique was used to select 200 aged, one from each household in Enugu East local government area. The sample was made up of 80 aged males, 120 aged females and 28 Home Economics teachers.

Instrument for Data Collection: Data were collected using structured questionnaire. The questionnaire was divided into two parts. Part one contained three items designed to seek background information about the respondents. The second part was divided into three sections to correspond to the specific purposes. This section consisted of 75 items based on literature review. Response options were based on a 4-point rating scale representing Very serious challenges/support option (4); Serious challenge/support option (3); Not serious challenge/support option (2) and not a challenge/support option (1).

The questionnaire was validated by three university experts in Home and Rural Economics, Cronbach reliability index was used to determine the internal consistency of the instrument. Coefficient of internal consistency of 0.78 was obtained.

Methods of Data Collection: A total of 228 copies of the instruments were administered to the respondents. The illiterate aged persons were assisted in interpretation and completion of the questionnaire. All the copies of questionnaires were properly completed and returned giving a 100 percent return rate.

Methods of Data Analysis: The data collected was analyzed using mean and standard deviation for the research questions. The rule of 2.50 was obtained by computing the arithmetic average of the rating values used in the scale. Any item with a mean score of 2.50 and above was regarded as a challenge. Similarly any item scored below 2.50 was disregarded as challenges.

Results

Table 1: Means Responses and Standard Deviation on Challenges Related to Family Relationship, Personal Care and Health of the Aged in Rural Areas of Enugu East Local Government Area.

S/N	Challenges Related to Relationship and Health	\bar{X}_1	SD ₁	\bar{X}_2	SD ₂	\bar{X}_g	R
	Family relationship						
1	Abandonment by children	2.62	.56	2.52	.40	2.57	C
2	Maltreatment and neglect from family members	2.48	.38	2.49	.41	2.48	NC
3	Lack of companionship especially if spouse is dead.	3.62	.78	3.41	.75	3.52	C
4	Problem of being stereotyped	3.02	.51	2.67	.41	2.84	C
5	Problem of being ridiculed by children	2.49	.23	2.34	.18	2.14	NC
6	Exploitation from children	2.53	.40	2.57	.38	2.55	C

Table 1 continued

7	Verbal abuse from children	2.57	.43	2.51	.65	2.57	C
8	Exclusion	2.41	.40	2.19	.53	3.57	NC
9	Loneliness	3.65	.53	3.50	.69	3.27	C
10	Children migration to urban areas	3.05	.65	3.51	.65	2.66	C
11	Emotional problems as a result of physical neglect and indifference by family members	2.72	.49	2.61	.42	2.66	C
Personal care and health							
12	Inadequate medical attention when sick	3.65	.75	3.61	.79	3.63	C
13	over weight as a result of inactivity	2.53	.41	2.91	.55	2.72	C
14	declining health conditions	3.51	.81	3.24	.69	3.75	C
15	Problem of physical decline	3.05	.70	3.69	.89	3.37	C
16	Limited access to health care	3.25	.77	3.06	.75	3.15	C
17	High cost of health care services	3.61	.65	3.50	.79	3.55	C

Male = N = 90, Female = N = 110; \bar{X}_1 = mean of male; SD_1 = standard deviation of rural males; \bar{X}_2 = Mean of female; SD_2 = Standard deviation of female; \bar{X}_g = Grand mean; R = Remark; C = Challenge; NC = Not Challenge.

Table 1 presents the response to the challenges of the aged in the rural areas of Enugu east local government of Enugu state Nigeria. The Table shows that 7 items obtained mean scores above 2.50 ($\bar{X} = > 2.50$) while three items indicated have less than 2.50 ($\bar{X} = < 2.50$). This implied that the aged considered 17 items as challenges while 3 items are not considered as challenges.

Table 2: Means and Standard Deviation of Respondents on Finance, Shelter and Environmental Challenges of the Aged in Rural Areas of Enugu East Local Government Area of Enugu State, Nigeria (N-200).

S/N	Challenges Related to Finance, Shelter and Environment.	\bar{X}_1	SD_1	\bar{X}_2	SD_2	\bar{X}_g	R
Finance							
1	Loss of financial freedom	2.75	.39	3.05	.41	2.09	C
2	Financial abuse from children	2.57	.32	2.52	.34	2.54	C
3	Lack of financial support from children	3.65	.40	2.54	.37	3.09	C
4	Inadequate pension	3.05	.31	3.25	.40	3.15	C
5	Delayed pension	2.68	.32	3.05	.45	2.86	C
6	extortion of valuables eg. money and other items of economy importance	2.47	.23	2.49	.42	2.48	NC
7	financial abuse from care givers	3.51	.75	3.60	.65	3.55	C
Shelter and environment							
8	Problem of good housing	2.58	.77	2.69	.52	2.63	C
9	In affordability of housing	2.69	.49	2.58	.42	2.63	C
10	Fewer housing and renting options	2.56	.43	2.57	.52	2.56	C
11	Inability to pay for housing repairs and modification	3.25	.72	3.05	.65	3.15	C

Table 2 continued

12	Transportation problem to move about	2.70	.53	2.92	.69	2.81	C
13	Epileptic electricity supply	3.39	.63	3.05	.68	3.22	C
14	Social isolation	2.81	.42	2.75	.65	2.78	C
15	Dilapidated housing	2.76	.61	2.84	.59	2.08	C

Male = N = 90, Female = N = 110; \bar{X}_1 = mean of male; SD₁ = standard deviation of rural males; \bar{X}_2 = Mean of female; SD₂ = Standard deviation of female; \bar{X}_g = Grand mean; R = Remark; C = Challenge; NC = Not Challenge.

Table 2 presents the response to the challenges of the aged in the rural areas of Enugu East Local Government of Enugu state Nigeria. The Table shows that 14 items indicated have a mean score above 2.50 ($\bar{X} = > 2.50$) while one item indicated have less than 2.50 ($\bar{X} = < 2.50$). This implied that the aged considered 14 items as challenges while 1 item was not considered a challenge.

Table 3: Mean Responses and Standard Deviation on Family Related Support Options that should be Available to Aged in Rural Areas of Enugu State Nigeria

S/N	Family Related Support Options	\bar{X}_1	\bar{X}_2	\bar{X}_g	R
The aged themselves should:					
1	engage in moderate exercise	2.85	2.92	2.89	SOP
2	avoid smoking	3.01	3.02	3.04	SOP
3	do not drink in excess	2.87	3.01	2.94	SOP
4	avoid sedentary life style	2.77	2.94	2.86	SOP
5	avoid sexual recklessness	2.91	3.21	3.06	SOP
6	maintain normal weight	3.01	3.07	3.04	SOP
7	socialize with others	3.00	3.01	3.01	SOP
8	have good medical attention	3.25	2.93	3.09	SOP
9	maintain a positive thinking	2.73	3.06	2.89	SOP
10	stay mentally active by keeping the brain engaged	2.69	2.82	2.76	SOP
11	get out in the fresh air	2.71	2.91	2.81	SOP
12	have a safe home	2.69	2.83	2.76	SOP
13	maintain personal hygiene	2.82	3.01	2.91	SOP
14	comply with medical advice	3.01	3.22	3.01	SOP
15	adopt good safety habit	2.77	2.95	2.87	SOP
16	have adequate sleep	2.68	2.77	2.73	SOP
17	maintain proper feeding habit	2.70	2.86	2.79	SOP
The family members should:					
18	provide love for the aged	3.08	3.10	3.09	SOP
19	show respect to the aged	3.21	3.25	3.23	SOP
20	show aged that they are still relevant	2.75	2.87	2.81	SOP
21	provide security and protection to the aged	2.69	2.76	2.73	SOP
22	arrange regular family visit	3.01	2.99	3.00	SOP
23	make sure they are well catered for	3.03	3.02	3.03	SOP
24	pay for their medical bills	2.90	3.15	3.02	SOP

Male N= 100; Female N = 128; \bar{X}_1 = mean aged; \bar{X}_2 = Mean home economists; R = Remark;
SOP = Support option

Table 3 shows the mean responses on various family related options that could be available to the aged in rural areas of Enugu east, local government. The respondents agreed on all the 24 support options ($\bar{X} = > 2.50$). It follows that all the 24 support options could be appropriate support for the aged.

Table 4: Mean Responses on Various Non-Family Related Support Options that should be Available to the aged in Rural Areas of Enugu State Nigeria.

S/N	Non-family Related Support Options	\bar{X}_1	\bar{X}_2	\bar{X}_g	R
	Government should:				
1	provide free medical care	3.27	3.01	3.14	SOP
2	provide suitable transportation services	3.09	3.21	3.15	SOP
3	pay pension on time	3.21	3.08	3.14	SOP
4	pay retired workers their gratuity	3.26	3.17	3.21	SOP
5	review pension scheme to enhance it	2.91	2.95	2.93	SOP
6	provide free transportation services	3.21	2.09	2.65	SOP
7	establish supportive age friendly facilities such as lunch club, older people's forum	2.80	2.85	2.82	SOP
8	health insurance policies should be established	2.71	2.82	2.79	SOP
	Religious bodies and Non-governmental organization should:				SOP
9	provide free medical services	2.70	2.72	2.71	SOP
10	carry out home visits to the aged	2.72	2.76	2.70	SOP
11	offer of gifts to the aged	2.72	2.69	2.70	SOP
	Home economists should:				SOP
12	establish programs that help to bridge the wide generational gap between the young and old in communities in Enugu eastlocal government areas.	2.61	2.68	2.64	SOP
13	serve as an advisory body to law makers to make policies aimed at enhancing the wellbeing of the aged	2.72	2.82	2.77	SOP
14	establish old people's home for the aged who need it.	2.70	2.75	2.72	SOP
15	organize talk, seminars to the rural people on how to care for the elderly.	2.80	2.81	2.76	SOP
16	Organize talk for the aged on how to take care of themselves.	2.92	2.90	2.91	SOP

Male N= 100; Female N = 128; \bar{X}_1 = mean aged; \bar{X}_2 = Mean home economists; R = Remark;
SOP = Support option

Discussion

From the data collected and analyzed, the study revealed some of the family relationship, personal care and health challenges of the aged in the rural areas of Enugu east local government, Enugu

state. The challenges include abandonment by children, maltreatment and neglect from family members, lack of companionship especially when spouse is dead, inadequate medical attention when sick, overweight as a

result of inactivity, declining health conditions, limited access to health care among others. These findings were in agreement with the opinion of Igbokwe and Asogwa (2010) who posited that the major causes of the seniors include physical decline and increased susceptibility to chronic long term diseases and disabilities thereby making many old persons passive and physically dependent to a reasonable extent. In Nigeria, poverty and poor infrastructural development which perpetrated rural communities where most elderly people reside constrain them from achieving good wellbeing. Study carried out by Animasahum and Chapman (2017) showed that most of the problems faced by the aged include physical and mental health, health care cost, financial security, bereavement, social isolation and loneliness.

The study also revealed finance, shelter and environmental challenges in the rural areas of Enugu east local government, Enugu state. The challenges include loss of financial freedom, financial abuse from children, lack of financial support from children, inadequate pension, problem of good housing, unaffordability of housing, social isolation among others. These findings were in agreement with the opinion of Sonye and Bamson (2012) stated that the major cause of challenges for seniors are low pension, huge family financial demand and lack of financial support from family members. In the study carried by Amune, Adenotie and Obiyam (2015) retirement from work often create a lot of problems for the elderly citizen. These problems range from sudden loss of income, financial

insufficiency and anxiety, deteriorating health conditions among others.

The results of this study also identified family support and non-family support options for the aged in rural areas of Enugu east local government which can help to improve their wellbeing which include engaging in moderate exercise, avoiding smoking, not drinking alcohol in excess, avoiding sedentary lifestyle, avoiding sexual recklessness, maintaining a normal weight, having good medical attention free medical to be provided by the government, free transport services among others. these findings confirmed the report of Ali (2014) who suggested that the economics of healthcare in old age such as good eating plan, self-care programme, acquisition of medical kits (blood pressure machine and glucometer) can aid the proper management of health during retirement. Qualls and Abeles in Amune, Aidenotie and Obanyan (2015) discovered that old age challenges can be surmounted by engaging in different activities such as volunteer work, exercise and continuing education. the study by Kalton (2018) posited that aged should be encouraged to engage in physical activities like walking, clapping hands, to stimulate blood flow, according to him physical activities improves the quality of sleep, builds stamina and can relieve depression. According to him, positive view of life can help to alleviate some of the medical issues that aged face such as cognitive decline and stress, lack of energy and appetite.

The study carried out by Garry (2019) suggests that adults in adapting as they age can achieve the greatest

level of wellbeing by preserving and maintaining their existing sense of self, relationship and ways of doing things. According to Okunola (2002) there should be suitable transportation services for the elderly to facilitate access to shops, keep appointment with doctors. Study carried out by Oladeji (2011) revealed that family care, social services and living arrangement can influence psychological wellbeing of the aged.

On the implication for Home economics and home economics practitioners for the wellbeing of the aged, the study stated that Home economics practitioners can organize talk, seminars to the rural people on how to care for the elderly, they can establish old people's home, for the aged, they can serve as an advisory body to law makers to make policies aimed at enhancing the wellbeing of the aged among others. This is in line with the opinion of Fausset, Kelly, Rogers and Fisk (2011) which states that Home economics practitioners should take action and advocate to government, industry and the community in order to enhance the wellbeing of individuals, and families especially as it relates to food and nutrition and living environment. According to them Home economics practitioners should develop nutritionally balance menus for a range of community settings including aged care centers, retirement village and institutional care. They should also manage food service operations in the community for example childcare centres, aged care centres. Practitioners of Home economics can work with frail old people and their family careers to develop quality cost effective support

service that reduce demand on staff while providing benefits to users. According to them, practitioners should focus on policies and practices that support individuals and family wellbeing.

Conclusion

The aged in the rural areas of Enugu east local government of Enugu state are encountering lot of challenges. It was found that abandonment by children, maltreatment and neglect from family members, lack of companionship especially when spouse is dead, inadequate medical attention when sick, overweight as a result of inactivity, declining health condition among others are some of the relationship, personal care and health challenges faced by the aged in rural areas of Enugu east local government area of Enugu state. The study also found out that the aged in rural areas of Enugu east have finance, shelter and environmental related challenges which include loss of financial freedom, financial abuse from children, inadequate pension, delayed pension, problem of good housing among others. The study also established both family and non-family support options for the aged in rural areas of Enugu east local government which include engaging them in moderate exercise, socializing with others, having good medical attention, staying mentally active, complying with medical advice, adopting good safety habit, establishing of age friendly facilities such as lunch club by the communities, among others. It was established that home economics practitioners can serve as an advisory body to law makers to make policies

aimed at enhancing the wellbeing of the aged, establishing old people's home who need it among others.

Recommendation

Based on the finding of the study, the following recommendations were made.

1. Home economics practitioners can organize talk, seminar to the rural people on how to take care of the aged.
2. Home economics and its practitioners can serve as an advisory body to law makers to make policies aimed at enhancing the wellbeing of the aged.
3. Old people's home should be established by government, churches, and home economics practitioners for people who need it.
4. Government should provide social securities to the aged to help alleviate their challenges.
5. Religious organizations and NGOs should offer support to the aged to help alleviate some of their challenges
6. Government should establish supportive age friendly facilities such as lunch club, old people's forum etc for the aged.
7. Communities should establish age friendly facilities like lunch club for the aged.
8. Communities should exempt the aged from paying levies and other dues to help them.

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