Challenges and Coping Strategies of Retirees in Rivers-West Senatorial District of Rivers State, Nigeria

¹Lilly, Gloria; ²Nnubia, Uju E.; ³Nkan, Victoria. V.

¹Department of Home Economics, Federal College of Education (Technical), Omoku ²Department of Home Sciences, Michael Okpara University of Agriculture, Umudike. ³Department of Home Economics, University of Uyo.

Corresponding Author: glorialilly1@gmail.com

Abstract

The general purpose of this study was to explore challenges and coping strategies of retirees in Rivers-West Senatorial District of Rivers State, Nigeria. Specifically, the study determined challenges of retirees in their: finances; health and care; and family relationship; as well as strategies for coping with the challenges. Survey research design was adopted. Population comprised of retired (60 years and above) persons from eight Local Government Areas (LGAs) of South-West Senatorial District of Rivers State of Nigeria. Questionnaire was used for data collection. Data were analyzed using mean, standard deviation and t-test at 0.05 significant level. Findings reveal 12 financial challenges of retireesincluding, among others, lack of financial security (\bar{X}_g =3.54), no more credit worthy (\bar{X}_g =3.91). Other findings are 14 health and care challenges of retirees, including so many health care drugs to buy (\overline{X}_g =3.56), inadequate care by children (\overline{X}_g =3.95), and others. Further findings are 11 family relationship challenges of retirees including, among others, increased burden on children/caregivers (\bar{X}_g =3.50), family disagreement (\bar{X}_g =3.78). More findings are 13 strategies for coping with the challenges. The strategies include, among others, taking walks (\overline{X}_g =3.90), taking to mild gardening (\overline{X}_g =3.85). Based on the findings, four recommendations were made for helping retirees cope with their challenges.

Keywords: Retirees, Challenges, Family, Finance, Health, Coping, Strategies, Relationship

Introduction

Aging is a natural process individuals go through as they get into late adulthood. It is often characterized by physical, cognitive, emotional, social, and other changes. Aging population is increasing as a result of increased number of older people of 60 years and above. (World Health Organization [WHO], 2024a).

WHO (2022) reported that the pace of ageing population is much faster than before. In 2020, the number of ageing population outnumbered children population of 5 years and younger. It is projected that by the year 2030, more than 1.4 billion people in the world will be over 60 years, representing one in six people in the world (WHO, 2024b). This is so

because people are living longer. In 2022, the world population hit eight billion, and there is crisis of aging population (Statista, 2022).

According to Ugbe (2021) with a declining fertility rate, increasing life expectancy and declining population growth rate, it is expected that population of older persons will increase in Nigeria. Sonye and Bamson (2012) reported that the average life expectancy in Nigeria has been increasing and a large number of people now live up to their 80s and 90s. Life expectancy in Nigeria as at 2023 is estimated as males 53.5 years, females 54.2 years and both sexes 53.9 years (United Nations, 2023). According to Sasu (2022) people aged 60 years and above represented a small part of Nigeria population. The aging population is a powerful emerging demographic phenomenon in Nigeria, with many serious implications for elderly particular, and society at large (Agbigbe & Nana, 2022).

Old age could be associated with various challenges, which may bring about reduction in capacity physically as the elderly are frailer than when they were young. Notable health conditions are decline in skeletal muscle mass and loss of muscle strength, falls and fractures, reduction in mobility, cardiovascular diseases, osteoporosis, dementia, malfunctions, metabolic insomnia, morbidity, skin problems among others (Agburuga & Ekpenyong, 2022; Attah & Eze, 2022: Uneze-Amby & Nnubia, 2018; Udoh, 2014). Aging population also have financial challenges such as inadequate social security and entitlement, pension retirement funding shortfalls, increased cost of healthcare, food insecurity due to

financial lack, cost of transportation for medical appointment and grocery shopping, and dubbed by investment scam (Liama, 2024; Onojodofia, 2022; Uneze-Amby & Nnubia, 2018). This is worsened by the fact that many workers might not plan for retirement (Ope, 2023).

In contemporary Nigeria, life after retirement is a big challenge and could traumatic due to lack of social security and prevailing economic hardship. This is compounded with obstacles such as large family size, inability to access pension payment, inflation, health problems, poor investment decisions among others (Sonve & Bamson, 2012). According to Anyakoha (2015) the period of retirement is the second phase of the contracting family. At this stage, the wants of individuals grow less but their need for care and protection increases. It is a stage of quiet life with many adjustments such as physical changes, changes in environmental conditions, human relation, income, clothing patterns, feeling of unloved, and health issues. Similarly, Anene-Okeakwa and Okafor (2022) stated that retirees worry how to sustain their financial involvement, where to relocate and their social life. Also, Agbigbe and Nana (2022) opined that as a person ages, many physiological changes such as loss of muscles occur, morbid conditions become more prevalent, which may increase malnutrition risk and other health hazards, as well as psychological issues such as loneliness, isolation, and poverty. At this stage, mild physical activities (exercise) and healthy routines beneficial for the aged which are: walking down the street, jogging instead of running, light gardening round the house, climbing the stairs instead of taking lift, doing minor household chores, and engaging in personal hobbies (Agburuga & Ekpenyong, 2022; Lilly & Nnubia, 2022; Nnubia et al., 2022).

In Nigeria, the aged traditionally are expected to be dependent on their adult children and extended family members for physical, social and financial support after retirement, but this support is no longer tenable due to present economic hardship of families in Nigeria. This is because the children and other family members may barely have enough to meet their needs (Ogbonyomi, 2022). Besides, the extended family system is no longer as strong as it used to be. One of the challenges of aging population is care. Accordingly, Bell-Gam et al. (2020) noted that in Nigeria comorbidities in psychological or physical health may affect the ability of older persons to perform activities of daily living independently thereby depending on others. Care for older peoples in Rivers State is provided by family members. However, paid helpers are sometimes for care-giving services where necessary.

Bell-Gam et al. (2020) noted that old age can be a period of anxiety, despondency, and economic challenges. Also, some persons view old age with regrets, and apprehension because of morbidity and mortality. Further, Elufidipe-Olumide et al. (2023) opined that retirees are faced with numerous physical, financial, emotional and social role changes that challenge their sense of self and capacity to live happily resulting in relationship issues with their spouse, relations and caregivers. Consequently, loneliness and depression are considered to be the major problems leading to impaired quality of life among elderly persons. WHO (2024b) noted that as populations age, family relationships can face challenges in decision making, increased caregiving burden, changing family dynamics such as divorce and leading remarriage to strains frustration within family members. WHO (2024c) reported that ageing and health of old people are general concerns, yet care and support systems across the societies of the world are not prepared to meet the needs of the older people. However, Ihensekhien et al. (2022) and Ukwe and Esimone (2012) advised that retirees can create ways of surviving the difficulties by engaging in business venture, become contractors or consultants, render day care services, produce common household necessities, share creative ideas with others using online apps among others.

Purpose of the study

The main purpose of this study was to explore challenges and coping strategies of retirees in Rivers-West Senatorial District of Rivers State, Nigeria. Specifically, the study determined:

- 1. financial challenges of retirees;
- 2. health and care challenges of retirees;
- 3. family relationship challenges of retirees;
- 4. strategies for coping with the challenges of retirees.

Hypotheses (HOs)

There is no significant difference between mean responses male and female retirees, at the 0.05 level of significance on:

HO₁: Financial challenges.

HO₂: Health and care challenges.

HO₃: Family relationship challenges.

HO₄: Strategies for coping with the challenges.

Methodology

Design of the Study: The design of the study was survey design.

Area of the Study: The study was conducted in Rivers-West Senatorial District in Rivers State of Nigeria. The district has eight Local Government Areas. Population for the Study: The population consisted of all retirees from 60 years and above in Rivers-West Senatorial District of Rivers State. Available report shows that the entire population of Rivers-West Senatorial District is 2,627,400 with 13 percent of them old people from 60 years and above. Thus, the population of old people is about 341,510 (Rivers State Government, 2024; Brinkhoff, 2022).

Sample for the Study: Cluster sampling technique was adopted for the study. The cluster units are the Nigerian Union of Pensioners Offices (NUP) in the eight LGAs. Thereafter, the retirees were purposively selected. Only retirees who were willing to participate in the study were involved in the study. The sample consisted of 400 retirees from 60 years and above consisting of 232 male retirees and 168 female retirees.

Instrument for Data Collection: Questionnaire was used to collect data for

the study. It had 5-point scale of: Strongly Agree(5); Agree (4); Disagree (3); Strongly Disagree (2); and Undecided (1). A cut-off points of 3.50 was used to decide on 'agreed-upon" responses. The instrument was face validated by three university experts human family in and development. Twenty copies of questionnaire were administered outside the area of the study. Data were used to determine internal consistency of the instrument using Cronbach Alpha. This vielded a result of 0.80.

Method of Data Collection: A total of 400 copies of questionnaire were distributed through the help of eight trained assistants working in Nigerian Union Pensioners' offices and domiciled in the area of the study. All the 400 copies were filled and returned which gave 100 percent return rate.

Analysis of Data Techniques: Mean scores (≥ 3.50) and standard deviation were used for the specific purposes. The standard deviation is to assess the range of the mean scores of the respondents. Null hypotheses were tested with t-test at 0.05 level of significance.

Results

Table 1: Mean, Standard Deviation and t-test Analysis on Financial Challenges of Retirees in Rivers-West Senatorial District of Rivers State

S/N	Financial Challenges	$\overline{\mathbf{X}}_{1}$	SD_1	$\overline{\mathbf{X}}_2$	SD_2	$\overline{\mathbf{X}}_{\mathbf{g}}$	t-cal	R
1.	Lack of financial security before	3.65	1.00	3.42	1.16	3.54	2.07	A/S
	retirement.							
2.	No more credit worthy.	3.94	1.13	3.88	1.10	3.91	0.53	A/NS
3.	Still having children to care for.	3.44	1.11	3.14	1.02	3.29	2,80	D/S
4.	Pension and gratuity are delayed.	3.16	0.62	3.22	0.66	3.19	-0.92	D/NS
5.	Poor investment before retirement.	3.37	0.55	3.34	1.00	3.36	0.35	D/NS
6.	No regular income.	3.40	0.71	3.34	0.88	3.37	0.73	D/NS
7.	Increase expenditure healthcare.	3.46	0.84	3.66	0.96	3.56	-2.17	A/NS

8.	Long-term care cost for self-due to	3.19	1,00	3.12	0.68	3.16	0.83	D/NS
	sickness.							
9.	Food insecurity due to financial lack.	3.28	0.65	3.26	0.74	3.27	0.28	D/NS
10.	Transport cost for medical	3.22	0.71	3.08	0.82	3.15	1.79	D/NS
	appointment.							
11.	Shortfalls in pension entitlements.	3.16	0.88	3.22	0.69	3.19	-0.77	D/NS
12.	No retirement savings.	2.91	0.65	3.04	0.82	2.98	-1.71	D/NS
13.	Rentage due to no personal house.	3.13	0.78	3.08	0.92	3.11	0.57	D/NS

 N_1 (Number of Male) = 23); N_2 (Number of Female) =168; $\bar{X}1$ =Mean of Male Retirees; SD_1 =Standard deviation of male retirees; \bar{X}_2 =Mean of Female Retirees; SD_2 = Standard Deviation of female Retirees; \bar{X}_{g} =Grand Mean; Criterion mean=3.50; df=24; P< 0.05; Critical Value= 2.06; HO= (Hypotheses - S = Significant, NS=Not Significant); R= Remark (A=Agree, D=Disagree)

Table 1 shows that male and female retirees agreed on only three out of the 13 challenge items. The male standard deviation ranged from 0.55 to 1.13 while female ranged from 0.66 to 1.16. The Table also shows that there is no significant differences between mean scores of male and female retirees on 11 out of the 13 challenges at the 0.05 level of significance.

Table 2: Mean, Standard Deviation and t-test Analysis on Health and Care Challenges of Retirees in South-West Senatorial District of Rivers State

S/N	Health and Care Challenges	$\overline{\mathbf{X}}_{1}$	SD_1	\overline{X}_2	SD_2	$\overline{\mathbf{X}}_{\mathbf{g}}$	t-cal	R
1.	Costly protein foods.	3.42	1.12	3.28	0.92	3.35	1.37	D/NS
2.	So many health care drugs to buy.	3.49	0.99	3.62	0.86	3.56	-1.40	A/SN
3.	General body weakness	3.62	0.92	3.30	0.89	3.46	3.49	D/NS
4.	Frequent falls/fraction.	3.41	0.84	3.40	1.01	3.41	0.11	D/NS
5.	Prone to sickness and infection.	3.94	0.92	3.88	0.87	3.91	0.63	A/SN
6.	Frequent admission for health	3.40	0.78	3.28	0.58	3.34	1.77	D/NS
7.	care. Lack of competent caregivers.	3.29	1.00	3.44	0.67	3.37	-1.18	D/NS
	1							•
8.	Unreliable caregivers.	3.34	0.99	3.40	0.85	3.37	-0.65	D/NS
9.	Poor spousal care.	3.52	0.82	3.66	0.94	3.59	-1.55	A/NS
10.	Inadequate care from children.	3.88	0.94	4.02	0.93	3.95	-1.48	A/SN
11.	Poor care by other relations.	3.18	0.89	3.02	0.87	3.1	1.80	D/NS
12.	Lack of domestic helpers.	3.98	0.66	3.68	0.48	3.83	5.22	A/S
13.	Inability to get caregivers.	3.12	0.94	3.16	0.93	3.14	-0.42	D/NS
14.	Loneliness and despair.	3.28	0.76	3.06	0.86	3.17	2.65	D/S

 N_1 (Number of Male)= 23); N_2 (Number of Female) =168; \bar{X}_1 = Mean of Male Retirees; SD_1 =Standard deviation of male retirees; \bar{X}_2 =Mean of Female Retirees; SD_2 = Standard Deviation of female Retirees; \bar{X}_{S} =Grand Mean; Criterion mean=3.50; df=26; P< 0.05; Critical Value= 2.06; HO= (Hypotheses - S = Significant, NS=Not Significant); R= Remark (A=Agree, D=Disagree)

Table 2 shows mean responses of 14 items | female retirees. The grand mean scores on health and care challenges of male and showed that the respondents had

agreement responses on five $(\overline{X}_g \ge 3.50)$ items out of the 14 items. The standard deviation for male retirees ranged from 0.66 to 1.12 while female retirees ranged

from 0.48 to 1.01. The Table also shows that there is no significant difference between retired males and females on 12 of the health and care challenges.

Table 3: Mean, Standard Deviation and t-test Analysis on Family Relationship Challenges of Retirees in South-West Senatorial District of Rivers State

S/N	Family Relationship Challenges	$\overline{\mathbf{X}}_{1}$	SD_1	$\overline{\mathbf{X}}_{2}$	SD_2	$\overline{\mathbf{X}}_{\mathbf{g}}$	t-cal	R
1.	Increased burden on	3.49	0.56	3.51	1.22	3.5	-0.20	A/ NS
	children/caregivers.							
2.	Conflict in family decision making.	3.45	0.59	3.14	0.96	3.30	3.70	D/S
3.	Conflict with adult children.	3.39	0.88	3.19	0.81	3.29	2.36	D/S
4.	Family disagreement due to cognitive decline of elderly.	3.75	0.42	3.81	0.64	3.78	-1.06	A/NS
5.	Lack of personal care by working class children.	3.57	0.84	3.48	0.48	3.53	1.36	A/NS
6.	Feeling reduced sense of dignity.	3.61	1.01	3.14	1.26	3.38	3.99	D/S
7.	Children feel stress.	3.71	0.60	3.19	0.59	3.45	8.55	D/S
8.	Unruly behaviours of healthcare aids.	3.75	0.79	3.82	0.88	3.79	-0.82	A/NS
9.	Conflict with children.	3.36	0.92	3.48	0.68	3.42	-1.49	D/S
10.	Marital problem dissatisfaction.	3.54	0.69	3.43	0.72	3.49	1.53	D/NS
11.	Irregular visits from children.	3.66	0.63	3.81	0.69	3.74	-2.24	A/NS

 N_1 (Number of Male)= 23); N_2 (Number of Female) =168; \bar{X}_1 = Mean of Male Retirees; SD_1 =Standard deviation of male retirees; \bar{X}_2 =Mean of Female Retirees; SD_2 = Standard Deviation of female Retirees; \bar{X}_g =Grand Mean; Criterion mean=3.50; d=20; d=20; d=20; d=20; d=3.50; d=3.50; d=4.61 Value=2.09; d=4.62 (Hypotheses - d=6.73 Significant, d=6.74 NS=Not Significant); d=7.75 Remark (d=7.76 N=7.76 N

Table 3 shows five of the 11 items and cluster mean score had mean scores above the criterion mean of 3.50. The standard deviation for male retirees ranged from 0.42 to 1.01 while the female retirees ranged from 0.48 to 1.22. The Table also

shows that there is no significant difference between the mean responses retired males and retired females on six out of the 11 family relationship challenges. HO₃ is therefore accepted for the six challenges.

Table 4: Mean, Standard Deviation and t-test Analysis on Strategies for Coping with Challenges of Retirees in Rivers-West Senatorial District of Rivers State

S/N	Strategies for Coping with the		SD_1	$\overline{\overline{X}}_2$	SD	$\frac{\overline{X}_{g}}{\overline{X}_{g}}$	t-cal	R
5/14	Challenges	Λ1	D_1	A 2	2	Λg	t-cai	K
1.	Do mild exercise regularly.	3.66	0.59	3.32	0.55	3.49	5.92	D/S
2.	Taking walks.	3.88	0.51	3.92	0.51	3.90	-0.85	A/NS
3.	Jogging instead of running.	3.62	0.54	3.24	0.58	3.43	6.61	D/S
4.	Take to mild gardening.	3.92	0.42	3.77	0.56	3.85	2.89	A/S
5.	Engage in business venture.	3.94	0.39	3.86	0.48	3.90	1.71	A/NS
6.	Engage in online business.	3.50	0.42	3.36	0.38	3.43	3.40	D/S
7.	Take up part-time job.	3.52	0.59	3.62	0.36	3.57	-2.08	A/NS
8.	Share knowledge through tutorial classes.	3.46	0.55	3.42	0.59	3.44	0.07	D/NS
9.	Produce household necessities for sale.	3.94	0.58	3.65	0.48	3.80	5.38	A/S
10.	Sell unused household items.	3.88	0.71	3.67	0.58	3.78	3.24	A/S
11.	Be active in community voluntary services.	3.72	0.66	3.99	0.54	3.86	-4.5	A/NS
12.	Build strong family support system.	3.82	0.64	3.60	0.58	3.71	3.57	A/S
13.	Access support groups and programmes.	3.85	0.59	3.69	0.42	3.77	3.14	A/S

 N_1 (Number of Male)= 23); N_2 (Number of Female) =168; \bar{X}_1 = Mean of Male Retirees; SD_1 =Standard deviation of male retirees; \bar{X}_2 =Mean of Female Retirees; SD_2 = Standard Deviation of female Retirees; \bar{X}_g =Grand Mean; Criterion mean=3.50; d=24; d=20.05; Critical Value= 2.06; d=20.06; d=24; d=30.05; d=40.05; d=40.05; d=40.06; d40.06; d40.

Table 4 reveals that nine out of the 13 items had agreement responses above 3.50 criterion mean. There are therefore nine strategies for coping with challenges. The standard deviation ranged for male respondents from 0.42 to 0.71 and the female respondents ranged from 0.36 to 0,59. The Table also shows that there is no significant difference between retired males and females on strategies for coping at 0.05 level of significanace.

Discussion of Findings

Findings of financial challenges include, among others, lack of financial security before retirement, no more credit worthy, still having children to care for, pension and gratuity are delayed, poor investment before retirement, no regular income, increase expenditure on healthcare, long-term health care cost for self due to sickness, shortfalls in pension entitlements, no retirement savings. These findings consistent with those of Liama (2024), Onojodofia (2022), and Uneze-Amby and Nnubia (2018) and emphasize that aging population has numerous financial challenges.

The findings on health and care of retirees highlighted problems such as costly protein food, so many health care drugs to buy, general body weakness, frequent falls/fractures, prone to sickness and infection due to poor immunity, frequent admission for health care, lack of competent caregivers, lack of domestic

helpers among others. This finding conformed with researchers who opined that old age is associated with serious health problems and challenges as a result of tears and wears of the body. Principally, health challenges are falls and fractures, cardiovascular diseases, insomnia, dementia, osteoporosis and skin diseases (Attah & Eze ;2022; Agburuga & Ekpenyong, 2022; Udoh, 2014).

Result in Table 3 showed that both male and female retirees agreed to the family relationship challenges of increased burden on children and caregivers, family disagreement due to cognitive decline of elderly, lack of personal care by working class children, unruly behaviours of healthcare aids, and irregular visits of children This is in line with WHO (2024) report that as populations age, family relationship can face challenges in decision making, increase caregiving burden, changing family dynamics such as divorce and remarriage leading to strains and frustration within family members. Also, Ogbonyomi (2022)opined that support elderly traditional of the depending on their children is no longer tenable because the present economic hardship of families.

Results in Table 4 indicated that the strategies for coping with the challenges of retirees are walking around, take to mild gardening, engage in business venture, take part-time job, produce household necessities for sale, sell unused household items, be active in community voluntary service, build strong family support, access support groups and programmes among others. This is supported by Agburuga and Ekpenyong (2022) who stated that physical activities (exercises) are beneficial for the aged. Also, this is in

line with Elufidipe-Olumide et al (2023) and Ukwe and Esimone (2012) assertions that retirees can avert financial difficulties by engaging in business venture, render day care services, produce common household necessities and share creative ideas with others online as well as avoid emotional stress by relating well with others. Lastly, the ways of coping highlighted ways of minimizing depression and increasing self-worth by being active in community voluntary services, build strong family support access support system, and group programmes.

Tables 1 - 4 showed the tested hypotheses as either significant or not significant. Cumulatively, the finding from the hypotheses revealed no significant differences (p<0.05) in the mean responses of male and female retirees on 34 of the 51 items in the study. However, there were significant differences (p>0.05) in the mean scores of 17 items in the study.

Conclusion

The study shows four important groups challenges of retirees in Rivers-west Senatorial District of Rivers State which are financial, health and care, family relationship, and strategies for coping with Financial challenges. challenges include that retirees no longer enjoy the credit worthiness, food benefit of insecurity due to financial lack and so forth. Health and care challenges relate to body weakness, frequent general falls/fractures, inability afford to caregivers beside their spouse/children/relation, frequent susceptibility to sickness and infection among others. The study has thus shown that the retirees face various challenges and need to adopt appropriate coping strategies.

Recommendations

The study therefore recommends the followings:

- 1. Retirees should use their creative skills to generate income for their upkeep.
- 2. Retirees should maintain healthy lifestyle through healthy food and exercise.
- 3. Older children and caregivers should be patient with the elderly and tolerate their short comings.
- 4. Retirees should access support groups in the community.

References

- Agbibe, G.E. & Nana, R. (2022). Food and nutrition education for healthy life at retirement and graceful aging. *Nigeria Journal of Home Economics (Nig-JHEC)*, 10 (1), 39-44.
- Agburuga, O. & Ekpenyong, I. E. (2022). Aging gracefully through physical exercise and healthy living. *The colloquium: A Multi-disciplinary Thermatic Policy Journal*, 10 (1), 1-7.
- Anyakoha, E. U. (2015). Home Management for Schools and Colleges Africana FEB Publishers.
- Anene-Okeakwa, J.E. & Okafor, P. (2022). A survey on civil servant perception of retirement and their proposal management strategies in Oshimili South, Delta State. *Nigeria Journal of Home Economics (NIG-JHEC)*, 10 (1), 19-25.
- Attah, B. I. & Eze, N. M. (2022). Protein consumption practices of aged (60 and above) women in Nsukka Local Government Area, Enugu State, Nigeria. *Journal of Home Economics Research: A Multidisciplinary Journal*, 29(2), 153-162.

- Bell-Gam, H. I., Ikechukwu, E. F. & Amadi, E. (2020). Perceptions and attitudes of women on ageing: Old age and geriatrics care in Rivers State, Southern Nigeria. *International Journal on Ageing in Developing Countries*, 5(1), 5-17.
- Brinkhoff. T. (2022). Rivers State (Nigeria) population statistics, charts, maps, and location. https://www.citypopulation.de/en/nigeria/admin/NGA033_rivers/.
- Elufidipe-Olumide, H., Dike, F., Chima, I. & Sampson, A. (2023). Age and emotional health problems among civil servants in Nsukka Local Government Area of Enugu State. *Journal of Home Economics Research*, 30, 214-223.
- Ihensekhien, L., Busari-Soyinka, O., Azubuike, C.O., Mbah, P. E. & Salami, I.I. (2022). Retirement preparedness for financial sustainability among staff of Tertiary Institutions in Edo State. Nigeria Journal of Home Economics (Nig-JHEC), 10 (7), 9-10.
- Liama, R. U. (2024). Providing financial education and counseling for Retirees. Brainstorming on HHE 441: Child Development. Federal College Education (Technical), Omoku, March, 2024.
- Lilly, G. & Nnubia, U.E. (2022). Challenges of retirement and implications on individuals and family. *Multidisciplinary Journal of Research Development*, 31 (1), 73-82.
- Nnubia, U.E., Ejinkeonye, U.B. & Lilly, G. (2022). Coping measures of retirees for non-payment of pension and gratuity in Omoku, Rivers State. *Nigeria Journal of Home Economics (Nig-JHEC)* 10 (1), 73-81.
- Ogbonyomi, O.B. (2022). Entrepreneurship skills in food and nutrition education: A Panacea for sustainable retirement. *Nigeria Journal of Home Economics (Nig-JHEC)* 10 (1), 73-81.
- Onojodofia, F. (2023). Types of retirement in Nigeria. https://cowrywise.com.
- Ope, O. (2023). Retirement planning in Nigeria. https://cowrywise.com.
- Pension Nigeria (2024). Nigeria Union of Pensioners (NUP)

- https://www.pensionnigeria.com>tag>Nigeria.
- Rivers State Government (2024). Local government areas demographics of Rivers State. https://www.riverstate.gov,ng.
- Sasu, D.D. (2022). Age distribution of population in Nigeria 2021, by gender. statistics>population">https://www.statista.com>statistics>population
- Sonye, C.U. & Bamson, M. (2012). Coping with the challenges of retirement through appropriate preparation strategies. Journal of Home Economics Research 17, 15-23.
- Statista (2022). Elderly population aged 60 years and older in Nigeria in 2020, by gender. https://www.statista.com statistics> population.
- Study Smarter (2022). Consequences of Aging population. https://www.studysmartr.co.uk.
- Udoh, C. O. (2014). Diseases, Disorders and Medical Case of the Aged: Death and Dying Education Stirling Borden Publisher.
- Ugbe, A. I. (2021). Statistics and demographic data of older persons in Nigeria. *Evidence-based Ageing-Related Policies in Sub-Saharan Africa* National Bureau of Statistics.

- Ukwe, U. C. & Esimone, C.C. (2012). Strategies for stimulating creativity among retired persons in Anambra State. *Journal of Home Economics Research* 17, 185-192.
- Uneze-Amby, E.C. & Nnubia, U. E. (2018). Challenges of retirees in Aboh Mbaise Local Government Area of Imo State. *Journal of Home Economics Research* 25 (2),189-198.
- United Nations (2023). Life expectancy from 1955 to present. United Nations Population Division.
- World Health Organization WHO (2022). Aging and health. https://www.who;int.
- World Health Organization WHO (2024a). Ageing: Global population ...>item">https://www.who.int>...>item.
- World Health Organization WHO (2024b). Ageing and health https://www.who.int/news-room/fact-sheets/ageing-and-health.
- World Health Organization WHO (2024c). WHO calls for urgent transformation of care and support systems for older people. https://www.who.int.