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Migration and Care for the Aged in Rural Nigeria

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Eboiyehi, Friday Asiazobor - Research Fellow, Centre for Gender & Social Policy Studies, Obafemi Awolowo University, Ile-Ife, Nigeria

E-mail: faeboiyehi@yahoo.com

Abstract

Traditionally, ageing parents relied on adult children for care and support. However, this structure is gradually breaking down due to rural-urban migration of adult children. This paper examined the consequences of rural-urban migration of adult children on aged care and support and coping mechanisms employed by the aged in rural Nigeria. The study adopted qualitative research methods namely In-depth Interviews (IDIs) and Focus Group Discussions (FGDs). In all, 30 IDIs and 12 FGDs were conducted on aged (60 years and older) with urban migrant children. Data were analyzed using ethnographic technique. The result showed that although some of the migrant children remit to their parents, this rarely improve their intra-household care. This finding was linked to absence of children to provide care for their aged parents. The aged adopted various coping strategies, which included reliance on aged spouses, social service providers, church members and friends. The paper concluded that rural-urban migration of offspring is gradually eroding the traditional social network in rural Nigeria. It suggested that the family, NGOs and the three tiers of governments should work together to address the problems emanating from migration as children seek greener pastures in urban centres.

Key Words: Migration, Care for the Aged, Rural, Nigeria

Introduction

Sociological and demographic literature as well as gerontological researches in sub-Saharan Africa has acknowledged the worth of adult children in providing care and support for their ageing parents (Apt and Greico 1994; Apt, 1995; 1996; Fajemilehin, 2000; Oppong, 2006; Cattel, 1990; Zimmer and Dayton 2003). In Nigeria where there is absence of formal social security, parents relied on their children for their well-being. Care and support for the aged are often defined in terms of space (all children co-residing with aged parents), material (providing them with money or goods) or time (providing household assistance) and transfers. The general situation that prevailed in the traditional African society and the care and support the aged enjoyed made people to aspire to old age (Fajemilehin, 2000).

However, the effectiveness of this caring system is being compromised due to high level of migration, which to a large extent is having strong demographic impact on the availability of kin in providing care and support for aged parents (Kinsella, 2001). In recognition of this problem, the United Nations Assembly made some recommendations that special studies be carried out on the situation of the aged in various societies particularly, those that are left behind in the rural areas by migrant children. In spite of these efforts and recommendations emanating from them, much has remained to be understood about the impact of adult children migration on aged care in rural Nigeria. The aim of this study therefore, is to examine the impact of migration on aged care as adult children seek greener pastures in the urban centres. The specific objectives are to:

1. examine the socio-demographic characteristics of the rural aged left behind by their children;
2. investigate the extent to which migration of adult children affect aged care;
3. explore various strategies employed by the aged to sustain themselves in the absence of children;
4. examine the implication of the findings for improvement of aged care and support in rural Nigeria.

A Brief Review of Literature

Literature on family care and support for the aged has consistently found that all societies engaged in some level of intergenerational relationships (Fajemilehin, 2000). Most of the literature shows that the family has been the

key institution of care and wellbeing for older adults (Cowgill, 1986; Albert and Cattel, 1994). Intergenerational relationships therefore, exist where the younger and older generations live in sustained mutual-cooperation and coordination that benefit members of each of these generations. In these societies, children provide care and support for their aged parents “as a means of repaying the tremendous debts ... owed their parents for producing and caring for them in infancy and childhood (Apt, 2000). When they are no longer being able to work in the farm and begin to suffer from ailments that limit their dexterity and ability to carry out tasks necessary for daily survival, they depend on their children (Oppong, 2006). Security in old age therefore, underscores the reason for giving birth to as many children as possible. This is particularly true in places like Nigeria with weak institutional security mechanisms (Fajemilehin, 2000).

It is therefore not surprising that children take care of their parents no matter what their feelings toward the latter may be. They dare not shirk this duty without running the risk of being socially sanctioned. With the exception of some Scandinavian countries, children supply more practical assistance such as personal care and services, home repairs and performance of daily household chores to their aged parents (United Nations, 2002). The importance of children as a social security in old age in Africa can best be summarized in the words of an old Ghanaian as follows:

I feel I am the happiest man in the village for at present, I have thirty children. You would like to see me with my three wives and thirty children around us in the evening telling Ananse stories. Again, because of my children, I scarcely work on the farm and above all, I am highly respected in the village (Kaye, 1962)

Care and support for the aged were easier because the traditional form of living arrangement in which family members, kin and relations lived together in a concentrated area promotes family ties. Co-residence therefore, promotes to a large extent, intergenerational exchange between the old and the young. That is why Jomo Kenyatta in his book *Facing Mount Kenya* (1965) stresses that in African traditional society, “nobody is isolated person. Primarily, he is several people’s relative and several people’s contemporary.” The aged knows no poverty, deprivation, malnutrition, neglect or isolation (Fajemilehin, 2000).

Sadly, the intergenerational relationships as described above have come under the influence of exogenous forces, which have not only transformed the society's orientation but also in some instances distorted the social system (Otaki, 1998; Akeredolu-Ale and Aribiah, 2001). As part of the process of rapid demographic and socio-economic change due to mainly urbanization and modernization, the structure and functions of the family are continuing to undergo considerable change. The massive migration, predominantly of younger people exacerbates age-structure imbalances by removing young adults at the very time that the aged population is growing. Korboe (1992) and Apt (1996) attribute loss of family bonds to increase migration as it leads to an increase in solitary living of the aged and a reduction of an important source of care and support for them. Concern about the well-being of the aged left behind in the rural area while the young and able-bodied seek greener pastures in urban areas was first emphasized by African delegation at the World Assembly on Ageing, which was held in Vienna from 26 July to 6 August 1982, in almost all the national reports.

For instance, Zambia, which had experienced a large-scale shift in population, (according to 1963 and 1969 population censuses) identified rural aged as mostly affected by the shift. In the absence of children, the aged find it difficult to perform household survival chores such as fetching water and carrying firewood, tilling lands, sowing and harvesting crops in the absence of able-bodied kin (Apt, 2000). The delegation of Kenya summed up the impact of migration on the aged as follows:

The shift from agrarian economy, which by its very production activities maintained the cohesion and stability of the family, to plantation, mines and factories is now causing physical separation of family members, often by great distance, thus weakening the traditional family ties. The concentration of industries, trade and educational opportunities in cities spurs the migration of young people from villages.

Apt (2000) notes that urbanization and industrialization affect care and wellbeing of the aged at three levels. The first is the departure of resourceful persons within the family and household, that is, the able-bodied and the young, whose services are needed in processing of daily needs. The second is the departure of caregivers, mostly children and women, through modern education and employment as providers of services within the household.

The final level is the inability of the able-bodied to earn income as providers owing to increasing unemployment, under-employment and low wages.

While scholars like Mason (1992) and Zimmer and Kwong (2003) argue that migration increases economic assistance of children to their parents and that adequate remittances can be used to obtain domestic help and related support irrespective of rural-urban migration, other scholars (Okraoku, 1985; Udegbe, 1990) have however, held contrary opinions and contended that in the face of rising inflation, economic hardship and cost of living, it is difficult to provide adequately for the financial needs of members of the family including the aged. Ogwumike and Aboderin (2005) conclude that in most African countries, low wages and employment insecurity work against the ability of urban offspring to meet the income requirements of their parents.

Methods

The study was conducted in Uwessan community in Esan Central Local Government Areas (LGAs) of Edo State, Nigeria between November 2007 and April, 2008. Uwessan is a typical rural area that has experienced rapid rural-urban migration in the last thirty years. Uwessan is made up of eight villages namely, Ujabhole, Unogbo, Udomi, Ibiolulu, Idumonghodo, Afuda, Ohe and Idumonza. The total population of the area is less than 25,000 people. The aged and children constitute more than 70 percent of the total population. The main occupation is subsistence farming.

The study adopted qualitative research methods namely, In-depth Interviews (IDIs) and Focus Group Discussions (FGDs). Six out of the eight villages that make up Uwessan communities namely, Udomi, Afuda, Ohe, Ibiolulu, Unogbo and Ujabhole were purposively selected. In all, 30 IDIs were conducted. These comprised 15 men and 15 women aged 60 years and older whose adult children/child reside(s) in urban centres. The data sought centred on socio-economic characteristics of the interviewees, the impact of children's migration on aged care and support and coping strategies employed by the aged to mitigate the problem arising from absence of children. Due to low level of literacy among the study population, all the interviews were conducted in local dialects. The researcher is from one of the villages and is very versed in these dialects. To investigate the problems associated with migration of adult children, twelve focus group discussions (FGDs) (six with aged men and six with aged women) were conducted in six of the purposively selected villages. The focus groups included between 6 and 10 men and women aged 60 years and older and participants were

stratified according to their sex and age. At the end of the fieldwork, all the IDIs and FGDs were tape-recorded and translated from Esan dialect to English language. They were later edited to ensure that all the interview schedules were completed and contained accurate information. The data were presented and analyzed in “context” by grouping and sorting out comments and responses derived from these qualitative data. Verbatim quotations of relevant statements were done. Data were analyzed using ethnographic technique.

Ethical Considerations

In compliance with ethical standards on research work involving human subjects, the principles of ethics governing human research were observed with the aim of protecting the dignity and privacy of every individual who, in the course of the data collection offered valuable information about himself/herself or others. Considering the sensitive nature of the study, the researcher sought and obtained the consent of community/village heads and household heads. The prospective participants were introduced to the researcher by the community or village heads who intimated them of the purpose of the research. The objectives of the study and its anticipated benefits were carefully explained to all the participants prior to the commencement of the study. Their request for anonymity and confidentiality was respected. Only the aged who showed their willingness to participate in the study were included. All in-depth interviews were conducted in a secluded room to allow for the respondent’s privacy and confidentiality.

Results

Socio- demographic Characteristics of Interviewees

Age

Interviewees consisted men and women aged 60 years and above. Half 15(50.0%) of the interviewees fall within the age cohort of 70-79 while 13 (43.3%) were within the 60-69 age category. Only 2 (6.7%) of them were 80 years and above. It was found that this category of the aged were able to draw sympathy from community members when migrant children fail to remit to their aged parents.

Level of Education

Twenty (80.0%) of the aged have formal no education. Only 4(13.3%) attended primary school while the remaining ones 2(6.7%) secondary school drop-outs. Fourteen (14) of them however, attributed their low level of education to ignorance and lack of interest in formal education (10). These

factors were found to have negative impact to secure pensions and gratuities in later life.

Religious Affiliation

Religious affiliation showed that majority of the aged are Christians and traditionalists. The former constitutes half (50.0%) of the sampling indicating a preponderance of Roman Catholic Mission and Pentecostal churches in the study communities. Some of them (10) subscribed to African traditional religion prior to the advent of Christianity. Except for a few villages, Islam is not a strong factor to be reckoned with in the communities and those who subscribed to it are mainly from Ujagben, which has reasonable number of Muslims (5). The higher prevalence of Christians in the study communities is traceable to the history of Christianity introduced by the Missionary in the early twentieth century; the first to come to the area was Catholic Mission. Religious affiliation was found to be one of the major coping strategies employed by the aged in absence of children.

Occupation

Occupation as a socio-economic variable refers to economic activities from which one earns a living. It depends on certain variables such as education and it determines the individuals' income, socio-economic status and outlook. The study shows that more than half of the aged relied on subsistence farming and petty trading. Majority of them (mostly women) sold their wares in front of their houses. Due to high level of migration of children, a large number of the aged who had retired from farm work went back to farming and petty trading as means of livelihood. Others, particularly, the old-old were either dependent on their spouses, charity or support from the general public. Only a few of them (5) reported receiving financial and material support from their migrant children. Two (2) of the aged women worked for other people in their farm, one (1) washed clothes for other people while two (2) earned their livelihood through alms begging.

Income

The interviewees' level of income was extremely low. This is traceable to their level of education and occupation status. The majority (20) of them earned less than N12 000.00 per annum. Only four of the retirees earned between N12, 000 and N24, 000 per annum with one-fifth (5) of them receiving material assistance from their migrant children. However, a larger number (25) had no regular income. The number of those with regular income was higher among those aged 80 years. The income situation of pensioners

cannot be said to be better. All the pensioners reported that their pensions were not regularly paid.

Impact of Migration on Care for the Aged

The study showed that the aged were faced with numerous challenges. These challenges emanate from the current socio-economic crisis, which spurs migration of young people to cities in search of livelihood. The implication of this on the aged is their inability to take care of themselves if migrant children fail to secure employment in the urban centres. Five of the interviewed aged mentioned “loneliness” as a major problem facing them in the absence of their children. Others identified “isolation” (4), “neglect/abandonment” (4) and “poor nutrition” (2). Eighteen of them complained of not receiving adequate care and support from their migrant children. This problem was found to be more prevalent among the aged women particularly, widows with no nearby children to provide care for them (12 cases). For instance, a widow aged 78 years (at Afuda village) said during the in-depth interview:

Government still thinks that it is the responsibility of the children to take care of their aged parents. It is no longer so. Things have changed. Children of nowadays do not want to stay with us in the village because they feel they do not belong here. No child wants to stay in the village to assist elderly person in the farms because they feel farm work is meant for old people. They are not bothered whether we will survive or not. We are suffering! Some of us are dying on daily basis due to lack of care from our children.

Similarly, an 84 years old female interviewee (in Ujabhole) lamented thus:

When I gave birth to my children I took care of them with the hope that they would look after me when I am old and unable to work. Now they have all left me to suffer in the village not minding how I survive here. They should come home and look after me.

In-depth interview with Odionwele (eldest man) at Ibihiolulu village aged 89 years revealed that rural-urban migration of young family members is gradually eroding the traditional care and support system once enjoyed by the aged. He said:

Our major problem is that those who are supposed to take care of us are no longer there due to the so-called urbanization. Because of this, we are now forced to fend for ourselves particularly, when remittances are not forthcoming from our children. In our days, it was the duty of the children to stay with their aged parents to look after them.

He stated further:

It was also the duty of children to assist their aged parents in farm work right from the time of planting to harvest period. Today, it is no longer so because children are not available. This is a major problem facing the rural aged. That is why Government should come to our aid by establishing industries in the rural areas to forestall the mass exodus of our children. This way, they will stay in the village to take care of us.

A male FGD participant aged 82 years (at Udomi) also remarked thus:

Migration is the major cause of these new values and norms redefining the way children relate with their aged parents. In the city, bad children learn and imbibe urban culture of individualism which contributes to total separation of aged parents from their children. In this situation, physical care of the aged becomes problematic; even remittances suffer if emotional ties between parents and children are weak.

The above assertion corroborates Akeredolu-Ale and Aribiah's 2001 findings that industrialization and urbanization increase the rate at which the young, unmarried individuals leave their rural homes and migrate to urban areas to take up employment leaving the aged behind in the rural areas.

The study indicates that the situation of the aged of unemployed children was the same with those of the childless. For instance, in-depth interview with a woman at Udomi aged 69 years who had not heard from any of her children for seven years, remarked:

My situation is not different from those of the childless. At my age, I am supposed to depend on my children for my daily needs. But look at me living like somebody without a

child. My children have all abandoned me to suffer alone in the village..

Similarly, another female in her late 70s (at Idumonza) during FGD affirmed:

You can see for yourself that I am walking a tight rope between survival and starvation. I am depending on God for survival. The money my children send every month is not enough for my feeding not to talk of buying drugs for my failing health.

Another female focus group discussant aged 69 years added:

There is nobody to take care of me whenever I am ill. Sometimes, I go to bed with empty stomach if I am unable to cook. At my age, my children are supposed to look after me. Unfortunately, none of them is available.

Although some of the aged received remittances from their children, majority of them complained that they hardly meet their needs. Half of the aged said they preferred physical care from their children to the remittances being sent to them. For instance, a retired male Police Officer aged 78 years during in-depth interview at Ohe remarked:

Since I lost my wife, life has never been the same with me. As you can see, I am the only one living in this big house. I cook my food by myself. This is what I have never done all my life. All my children are in abroad. Even though they are trying their best, their presence matters a lot to me. Because of this, I am not as happy as I should be because money is not everything. You need to see how I feel; it is as if I am alone in the midst of a crowd. I need somebody around me to talk with, run errands for me, cook for me, discuss my problems with or take care of me whenever I am ill. At my age, I cannot marry another wife. My religion does not even allow it.

Similarly, a female interviewee aged 80 years (at Ujabhole) remarked:

My children do send me money but money cannot go to the market for me neither will it cook a pot of soup nor pound yam for me. All I am asking for is that at least one of them

should come and stay with me to take care of me as I did for my parents. The money they cannot run errands for me neither can I call on money to fetch water for me.

The most serious challenge identified in terms of its consequences is ill health. Ill health as a product of chronic disability conditions, affects their ability to perform routine daily tasks (Fajemilehin, 2000). The major health problems identified by the aged included visual impairment (6 cases), immobility (4 cases), cardio vascular condition (7 cases), malaria (12 cases) and loss of memory (3 cases). Majority of them stated that their situation becomes more precarious each time they fall ill and there is nobody to administer drugs or take them to a nearby health centre. Other major specific problems identified by the aged are those associated with loneliness (6 cases) and neglect/abandonment by family members (4 cases).

Another important finding that emanated from the study is the problem relating to starvation. This is pathetic when one compares the present situation of the aged with the traditional period, when it was the collective responsibility of children and entire extended family members to provide care and support for them. The gradual departure from the traditional morality of filial piety by the young family members due to modernization and the pressure from market-oriented reform was found to have contributed tremendously to the intergenerational tenseness within the modern rural family system.

Coping Strategies

The study indicated that survival among the aged in the study area is a difficult process in which coping strategy is very demanding. Although some of the aged still depend on their kin for sustenance, meeting their care needs poses a lot of strain on caregivers and their recipients. In the face of current economic meltdown, high inflation, unemployment and out-migration of offspring, it seems the future care for the rural aged may be difficult. Hence, aged employed various coping strategies to mitigate their suffering. The major coping strategies employed by the aged included “subsistence farming” (five cases), “daily or weekly contributions” (three cases), “support from co-residence offspring (five cases), “income from pension” (4 cases), “support from social service providers” (three cases) and “engaging on other menial jobs” (four cases). For instance, during the FGDs at Idumonza, a male participant aged 76 years remarked:

I am a night guard in a secondary school. I combine this with bricklaying and farming. I make weekly contributions of N50.00 (fifty Naira) daily. I expend the money realized from my savings in meeting my immediate needs.

The study indicates that women are increasingly adding “masculine” roles to those traditionally associated with women. Majority of aged women interviewed depended on subsistence farming (six cases) and other menial jobs (five cases) in the absence of children. For instance, a woman in the focus group discussion (at Ibhiolulu) had this to say:

I work in other people’s farms for food or money. Any person who does not want to die of hunger will have to enter the bush and farm. Most of the women here are farmers. They plant crops that were traditionally planted by men. As for me, I cannot wait for my children to come from cities before I eat.

Others engaged in menial jobs. A 63 year old female in the FGD (at Afuda) stated “I wash other people’s clothes in exchange for food and money. If I do not this, I will die of hunger.”

Three of the aged women in the in-depth interview reported selling some of their personal belongings like clothes and kitchen utensils while two relied on church members and friends for their survival. At Unogbo, an aged widow remarked as follows:

Since I do not have any food to eat, I have to sell some of my clothes and kitchen utensils. Who am I keeping them for? Some members of my church and friends have been assisting when they see that the suffering was becoming unbearable. Apart from their regular visitation, they always bring food, money and clothes for me and also assure me of good end.

It was found that most of the aged men with migrant children relied on the wives for care and support. According to an 85-year-old man, whose wife was 63 at the time of study has this to say: “My wife is has been of tremendous assistance to me. If not for her I would have since died.”

It was found that the aged farm until a great age when children are not available. A female participant in the focus group, aged 72 years (at Udomi) affirmed:

Since there are not much supports from children these days, we have no option than to go back to the land no matter one's age. At 72, I still go to farm. Since I do not have a husband and my children are not forthcoming, I have learnt to rely on my little strength.

More than half (8) of the aged women sell their wares in front of their doorsteps. According to a female in the focus group, aged 71 years (at Ujabhole): "Some of us who do not have strength to do hard work, sell in front of our houses. For instance, I sell foodstuff."

Some of the aged (4 men and 2 women) relied on their monthly pensions. One of the male pensioners aged 79 years (at Unogbo) during in-depth interview affirmed: "I worked and retired as a clerk from the State Ministry of Finance. I rely on my meagre monthly pension although it is not regular."

An emerging phenomenon in the study area is alms begging among the aged. During the in-depth interview, a childless widow aged 70 years (at Ohe) abandoned by her stepchildren said:

Suffering leads to frustration. When you do not have food to eat and no money to spend, one will become restless. An average human being will like to survive. In trying to survive in the midst of this economic hardship and there is no child to lean on and when my stepchildren are not willing to assist, I have no option than to beg. I do not want to die, so I beg to survive.

The study also reveals that the traditional roles of children and the extended family are gradually being taken over by service care providers. Out of the 30 interviewees, 5 (3 aged men and 2 aged women) reported ever benefited from financial support, provision of eyeglasses and repair of their roof from the local government while three of them benefited from assistance rendered by good Samaritans.

Summary and Conclusion

In this study, the impact of rural-urban migration of adult children on aged care and support in rural Uwessan was examined and discussed. While some

studies considered rural-urban migration a good thing for the sending community, our basic argument is that it could be detrimental to communities like rural Uwessan that is experiencing rapid demographic transition and increasing share of aged. Migration was found to have denied many aged the assistance they once received from co-residing children. Hence, majority of the aged were in favour of the traditional system whereby adult children stay with them to cater for them.

Lack of access to formal education and occupation was found accountable for the aged inability to rely on themselves when financial and material supports are not forthcoming from migrant children. Poverty among the aged is so high that it propels majority of them to innovate means of survival such as alms begging, selling of personal belongings and doing menial jobs.

Policy Recommendations

Based on the findings, the following recommendations are offered:

- the the family members should try as much as possible to take care of their aged relatives as it was done in the past.
- both the Federal and State Governments should introduce social security for all categories of the aged as it is done in the developed nations to complement the efforts of family members.
- policies that will address ageing problems should be included as an integral part of national budget strategies.
- both federal and state governments should establish industries in the rural areas to keep school leavers in the rural areas. In this way, they will stay in the rural areas to take care of their aged parents.

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