

EXPLAINING MASS ATTITUDES ABOUT ECONOMIC SECURITY FOR NIGERIA'S AGEING: THE LIMITS OF CULTURE AND TRADITION

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ABSTRACT

Like much of Africa, culture and tradition consign provision of economic security for Nigeria's ageing population to the family. Two developments are bringing the continued viability on filial reliance as the proper recourse for providing economic security for the ageing under pressure. One is dramatic increases in life expectancy that continues to boost the ageing population, putting the growing need for ageing care beyond family reach. Another is the social and economic changes that weaken the traditional family order, rendering it incapable of responding to the rising need. This uncertainty is galvanizing the call for a national ageing policy. However, debate on the issue will entail addressing the role of government in a culture that considers elderly care part of family heritage. Accordingly, this research uses data generated by the *Pew 2013 Spring Global Attitudes Survey* to decipher and explain attitudes toward government provision of economic security for the ageing versus continued reliance on the family. We find, contrary to conventional wisdom, that culture and tradition are not the core determinants of this preference. Rather, the choice is largely woven around rational calculations associated with both perception of the problem/need and an intricate web of economic considerations. These findings may have implications for other parts of Africa where the family tradition still controls ageing care.

Keywords: Nigeria, Ageing, Nigeria Ageing, Nigeria Elderly, Nigeria economic Security, Nigeria social Policy, Nigeria Healthcare, Nigeria Social security

INTRODUCTION

As dramatic advances in modern medicine and evolving social arrangements continue to extend life expectancy, the question of how to evolve viable social security systems to cater for the world's teeming ageing population has risen to the top of both the international policy agenda and the policy agenda in virtually every nation (UNSDN, 2016). These profound demographic changes and the corollary escalating need for elderly care pose serious challenges to Africa (UNPD, 2016), where custom and tradition confer virtual monopoly on the family over elderly care (Sijuwade, 2008), with the family acting both as its own unassailable welfare state and insurance agency (Falola, 2000: 117).¹ In much of Africa, canvassing the plight of the elderly beyond one's family is akin to *washing one's dirty linens in public*. Indeed, it is this insular social etiquette of not thrusting such *intimate* family matters into the public sphere that largely explains why, despite recurring alarm by the United Nations about a looming global (and African) ageing care crisis, warnings originating as far back as 1982,² much of Africa has yet to awaken to the dire consequences of top-heavy populations, particularly as it concerns providing economic security to its ageing beyond the habitual filial *firewall* propagated by culture and tradition that has operated for eons.³

Africa has its bright spots, few though they may be, when it comes to comprehensive social policies addressing economic security for the ageing as a target population (Dau, 2003), including expansive programs in places such as Kenya,⁴ South Africa, Namibia, Mauritius, and Seychelles. However, the consensus is that not nearly enough is being done on the continent, and urgently, to confront the ageing care quagmire holistically (Bailey & Turner, 2002; Kaseke, 1997). Despite ominous projections that Nigeria's ageing population may eclipse that of the entire African continent by the year 2050 (UNPD, 2005), a striking indicator that should endear the country to the global social policy/security community, and anxiety over the continuing efficacy of an overburdened and strained filial ageing care order, Nigeria, Africa's most populous nation and economy, is one of the holdouts where nothing has

been done nationally to address the ageing care scourge (Mudiare, 2013: 80). The closest the country has come to framing a national ageing care policy was the draft *National Policy on the Care and Well-being of the Elderly*, which was finalized in March 2003, but has never been ratified (Asagba, 2005: 40). Asagba attributes the country's failure to act decisively on ageing to "the dire lack of comprehensive, high-quality evidence of the magnitude, nature and implications of the population ageing challenge that would serve to sensitize policy-makers." He urges "concerted, national level research" that can clarify the basic issues and inform lawmakers on all aspects of the subject.

Nigeria is not in the league of those malleable nations where mass demand protests necessarily herald or alter the course of national policy. Frankly, there is no basis to presume that a national ageing policy will materialize via grassroots agitation. Of course, this is not to suggest that public opinion, both imaginary and factual, especially across ethnic and tribal lines, does not sway policy outcomes. Nonetheless, both international and internal pressures mounted by professionals and NGOs particularly (Daisy, 2015; Ogunshola, 2014; Asagba, 2005), as well as the *neighbor effect* of seeing other African countries like Kenya formulate national ageing policies (Wahab, 2013: 237), could eventually compel Nigeria out of its *laissez-faire* doldrums. Public opinion will feature prominently if, or when, that campaign arrives. If experience with recent contentious national policy debates on homosexuality and women's rights are any exemplars,⁵ it will be a populist national debate tapering desperately toward imputations, permutations, narratives, and social constructions about culture and tradition, spoken and unspoken. While our study is not policy prescriptive per se, we are aware of the role public opinion plays in policy engineering (Adamczyk & Pitt, 2009). We believe systematic articulation of the factors that shape opinions on policy preference will inform the tenor of the national debate beyond mere symbolic attributions to culture and tradition, and then provide a more rational platform for policy discourse.

This study highlights one dimension of the expansive subject of ageing care in Nigeria (Gesinde, et al., 2011), namely, the

provision of economic security. Our objective is twofold. First, we want to identify patterns of variation in attitudes about provision of economic security on the choice between continuing with the current elderly dependence on the family (*Private*) or government intervention, including either complete government take-over (*Public*), or a private-public partnership—that is shared between the family and government (*Partnership*).⁶ Second, we explore the factors that shape people’s preferences on that choice. The analysis anchors on unusual (for Nigeria where such national data are rare) national baseline data reported as part of Pew’s 2013, 39-country *Spring Global Attitudes Survey*, conducted in Nigeria under the direction of Princeton Survey Research Associates International between March 6 and April 4, 2013. To our knowledge, this is the most expansive data collection effort on the subject of ageing in the country (Daisy, 2015: 225), although the survey was not inspired by the ageing issue. Not only is it the kind of national and inclusive baseline data that analysts are calling for in presenting a cohesive and comprehensive picture of the issues of aging in the country (Asagba, 2005), but it permits gender and ethnic/tribal appraisals at levels never before undertaken by a single study.

THE CHANGING ENVIRONMENT FOR AGEING AND AGEING CARE IN NIGERIA

Emile Durkheim’s (1893) treatise on structural functionalism—the need for society to be at equilibrium (social cohesion)—remains a potent reference for analysts serious about understanding modern African societies, and contemporary Nigeria in particular. Particularly poignant is Durkheim’s dictum that human society is in flux, but held together by the glue of *solidarity* that must function or society will slide into *anomie*, where individuals become unbound and human behavior becomes self-centered and unpredictable. Social change, especially one prompted by industrialization and modernization, is one of the instigators of anomie, when society is undergoing rapid change destroying in its wake *what is*, without rapidly replacing it with *what will be* (Inglehart, 1997). This leaves a vacuum in social cohesion. While it is inevitable that a

formidably heterogeneous society such as Nigeria with more than 250 ethnic nationalities (Ajayi & Owumi, 2013) will drift from *mechanical* (bound by kinship, culture, traditions) to *organic* solidarity (bound by a complex division of labor, civility, civil rights), much of the transformation that has come to Nigeria since its independence from Britain in 1960 has been orchestrated by the frantic search for nationhood (Henley, et al., 2012). The road has been tedious, and like Africa, the country has been likened to a *patient on multiple medications*, referring to inordinate policy prescribing by numerous agents, including premier international organizations such as the International Monetary Fund (IMF) and the World Bank. The jury is still out on what those compound treatments have wrought, but that relegation of features of the nation's organic solidarity has occurred is not disputed (Egwu, 2013; Oluwabamide & Eghafona, 2012; Eboiyehi, 2010; Ajala, 2006).

Nigeria's literary colossus, Chinua Achebe, chronicled this dynamic in compelling details with his highly celebrated African Trilogy: *Things Fall Apart*, *No Longer at Ease*, and *Arrow of God*. Thus, that the contemporary environment for ageing in Nigeria has drastically transformed, provoked by the theoretical fixtures outlined by Durkheim, is obvious. Challenged, as the broad literature may be because of limited resources for data collection (Asagba, 2005), two compelling narratives are still evident. The first is that of a by-gone ageing utopia steeped in culture and tradition, where the aged found complete care within their extended family framework as ageing care orthodoxy was authored into family and community life without qualification. It was a world of reverence for the elderly, underwritten by a culture of respect for what the elderly contributed to community knowledge and development through nurturing and socialization of the young and acting as quintessential custodians of community knowledge and stability (Cooper, 2012; Asiyanbola, 2009; Ajala, 2006; Ajala & Olorunsaiye, 2006).

The second, and present, narrative is that of a Nigeria altered so drastically that not only is the traditional family care plan failing the ageing, but the environment and attitudes toward the elderly have become progressively antagonistic. One now hears of elderly neglect, abandonment, and abuse (Daisy, 2015;

Mudiare, 2013; Mba, 2007). It is a new Nigeria where, as Inglehart (2006, 1990), Inglehart, Norris, and Welzel, (2002), Inglehart and Baker (2000), Inglehart (1977) illustrate, with increased industrialization and modernization generally, people are becoming more self-expressive and individualistic. It is a Nigeria where nuclear families are fast displacing the extended family structure. It is a Nigeria where girl-child education is taking center-stage and women are increasingly engaged in the labor force. A Nigeria where economic migration from rural to urban centers in search of employment has skyrocketed. It is a Nigeria where unemployment and intermittent loss of employment have become part of the social milieu, where employment for life and retirement used to be the norm. It is a Nigeria where, because of intractable corruption and dwindling national resources, especially as the price of crude oil, the nation's cash cow, fluctuates, people work for months without timely remuneration—and that is if the remuneration comes at all. It is a Nigeria where, as active workers groan for lack of payment of salaries, pensioners, most of whom either lack the will to continue prodding the system for their meagre entitlements, or the education to know how to navigate that system, will perish from starvation (Ajala, 2006; Okoye, 2004; Togonu-Bickersteth, 1988: 477). Ultimately, these are the by-products of Nigeria's spectacular drift toward modernization that are increasingly rendering the family impotent in the care of the elderly. This dynamic crystalizes our research focusing on people's preference between continued dependence on the customary filial scheme or a decisive role for government.

DECIDING BETWEEN PRIVATE AND PUBLIC PROVISION: THE TWIN FORCES OF CULTURE AND MODERNIZATION

Public choice theory provides a roadmap for understanding the economic security provision decision. First, it is a personal decision made at the margin. Therefore, what we call family provision is nothing but a collation of discrete decisions made by members of the family, as Togonu-Bickersteth (1989) aptly establishes. Whether that decision is reached by individuals

acting entirely on their own, is undertaken by the family group as a collective through plebiscite, or coerced through solicitation (Edewor, 2006), it remains a personal decision made at the margin. Thus, two kinds of competing stimuli should exert influence on the calculus of private or public provision. One is culture and tradition that expect nothing short of conformity (Falola, 2000). The other is self-expression facilitated by modernity and interwoven within self-interest and freedom of choice (Inglehart & Baker, 2000; Inglehart, 1977).

The Coercive Force of Culture and Tradition

A major part of human socialization is the imprinting of culture and tradition (Falola, 2000). When socialization is successful, culture and tradition are tough to expunge (Inglehart & Baker, 2000). As Falola (2000: 117) observes, despite modern influences such as Western education and migration, the majority of Nigerians still maintain allegiance to traditional values and belief systems on many issues, including their view on the family. Indoctrination on the *debt* children owe to their parents to reciprocate care at old age is both a social convention and sacred canon of socialization that Nigerians revere (Edewor, 2006). It is woven into the social fabric and celebrated. While expectations and roles can vary by several factors, including sex and position at birth (Ajala, 2006), all children are socialized to prepare themselves maximally to reciprocate care (Okoye, 2012), with the men primed principally as the breadwinners and the women trained to do the actual caring.⁷

Not only do the children pledge reciprocity, but the parents expect and demand it. For instance, one of the most celebrated Nigerian music tracks of all time is Prince Nico Mbarga's *Sweet Mother* released in 1976 and widely considered children's ode to motherhood (Mbarga, 1976). Rendered in indigenous pigeon English, it is children's enduring pledge *not to forget the suffering their mothers have undergone on their behalf*. As some lyrics celebrate the solemn *pledge* from the children to honor, so, too, do others reinforce the warning to the children not to renege, so as not to bring curse and misfortune to themselves and their posterity. In anticipating the coercive effect of culture on the

economic security decision, then, one should expect culture and tradition to overwhelm all other considerations and emphasize compliance to the pledge by choosing to retain private provision. After all, committing one's elderly parents to the mercy of government, especially an overly corrupt bureaucracy exhibiting gross incapacity and disdain for public service and accountability (Dauda & Falola, 2016), is not part of the requisite filial bargain, nay social contract.

The Emancipating Power of Modernization

One of the derivatives of modernization is the emancipation of the individual from cultural *bondage* to what the literature calls the domain of the secular and rational self-expression (Inglehart, 1997). Unlike culture's requisite of brute obedience and compliance without question, the domain of self-expression facilitates rationality—systematic delineation of problems; information gathering and thoughtful reflection on issues; establishment of priorities; and the ability to act based on optimal best interest. While, like culture, both space and time will define self-interest, what sets rationality apart is the true measure of liberty and choice the individual enjoys. This is a new positioning that allows individuals to take chances, venture into the unknown, and even to dare to differ with culture and tradition by engaging in non-normative behavior (Inglehart, 1977). Nigerian's tough environment for young adults juggling limited resources will compel people with liberty and choice to make different decisions that might not necessarily be culture-compliant (Dimkpa, 2015; Ajala, 2006; Zimmer, 1987). As Ajala (2006) uncovers, this may include both delineating their priorities and deploying their limited resources. In anticipating the liberating effect of modernization on the economic security decision, then, one should expect rational echoes such as the nature of the problem, how much of a priority that problem is vis-a-vis other competing matters, and resource availability to feature prominently in one's calculus. Culture mandates only one possible outcome: compliance; however, rationality tolerates multiple/scaled permutations, outcomes, and spillovers all while beholding the individual decision-maker as the unit of analysis.

Theoretical Expectations and Hypotheses

Based on the theoretical delineations above, we can propose several expectations and hypotheses. Culture is an abstract concept that does not lend itself to a single definitive measure. So, also, are rationality and self-expression. We expect the effects of both forces to manifest through surrogate factors, factors which we have assembled as influences explaining respondents' preference for private or public provision. These expectations are standard with theory. However, it is not clear how Nigeria's peculiar circumstances, where the major factors may interact with other issues, will affect their individual effects (Okoye, 2012).

Age. If culture and tradition are operative, we will expect older adults raised in more traditional times to show preference for private provision. This could be a linear effect. It can also be a cohort effect, in which case, there may be a threshold age at which the culture effect manifests. Alternatively, the age effect could mirror self-expression and self-interest, in which case, older adults approaching retirement in the face of entrenched poverty (Asagba, 2005; Ogwumike & Aboderin, 2005) would opt for public provision.

Gender. That Nigerian men and women are socialized to provide economic security to their ageing parents equally is clearly a contemporary phenomenon. Traditionally, in a patriarchal and patrilineal culture where women were not socialized to attain independence through education, labor, or inheritance of real property [especially land for farming, Cooper (2012)], and where the perceived costs of educating the girl-child were understood as outweighing the benefits (Edewor, 2006), women were principally socialized for marriage—to make good wives and they were defined primarily through marriage (Knodel & Ofstedal, 2003). At least among the Igbos, the onus was on the male children as heirs, especially the first son (*Okpara*) who are supposed to (and are socialized to) anchor the homestead as the women are married off [see some materials in Sijuwade (2008); Edewor (2006); Ogwumike & Aboderin (2005); Togonu-Bickersteth (1989)]. In short, the first son occupies an exalted position in Nigerian families (Dimkpa, 2015: 227), although the

system equally places such prospect of economic provision on first daughters particularly in only-child families. Had our data originated a while ago, we would have clearly expected men, even if minimally, to show preference for private provision, in deference to the traditional order. However, working with 2013 data, where men, overburdened by responsibility at a time of dwindling resources, may equally succumb to the dictates of modernization, we have no clear path of prediction on the potential effect of gender.

Ethnicity/Tribe. Because of religion, culture, and other historical antecedents, it is always useful to disaggregate Nigeria's ethnic/tribal groups for comparison. While formal cross-cultural studies comparing group reaction to providing economic security and care for the ageing are not available (Dimkpa, 2015: 225), and all cultures socialize children to care for the ageing (Okoye, 2012; Ajala, 2006), there are reasons to expect the groups to differ with the changing environment for ageing, if not in absolute terms, at least in intensity (Dimkpa, 2015; Okoye, 2012; Ajala, 2006; Edewor, 2006), with perhaps the Igbo maintaining the strongest filial tendency to provide ageing care (Okoye, 2012).

Socioeconomic Status. Of all the factors, the effects of socioeconomic status are perhaps the best developed in the literature and therefore most predictive. Nigerians of means take care of their own (Ajala, 2006; Aboderin, 2004). Those without the means renege on their responsibility (Togonu-Bickersteth 1988). We anticipate that higher socioeconomic status will be associated with greater impetus to retain private provision. Conversely, lower socioeconomic status will be associated with greater acceptance of a role for government.

Education. Education is perhaps the most potent weapon of modernization and culture neutralization (Al-Hattami & Al-Ahdal, 2014). It exposes the individual to new information and new ways of doing things that challenge the orthodoxy. While education will not necessarily preclude willingness to provide for one's ageing parents, and may in fact increase readiness to do so given that education bodes well for socioeconomic status in the Nigerian context, there are strong reasons to expect Nigerians with more education to be more willing to consider public

provision as well, especially with their potentially greater understanding of the magnitude of the ageing problem. Thus, both effects may produce a paradox for education.

Urbanization. Classical sociology includes discussions about the urban sub-culture as an agent of liberalization (Wirth, 1938). Urban people are different from rural people in that, unlike rural people who operate in environments of homogeneity and stability, urban people operate in environments of heterogeneity, dependence on webs of complex division of labor that require knowing, relating to, and developing trust among strangers and members of out-groups (Inglehart & Baker, 2000). This breaks down cultural orthodoxy and enhances self-expression. In the Nigerian context also, urban people will suffer employment and wage difficulties that should enhance rational decision-making. Accordingly, we anticipate that urban Nigerians will show greater interest in public than private provision of economic security for the ageing.

DATA AND METHODOLOGY

Our study anchors on a unique national baseline data set reported on 1,031 adult Nigerians as part of Pew's 2013 39-country *Spring Global Attitudes Survey*, conducted in the country under the direction of Princeton Survey Research Associates International between March 6 and April 4, 2013 (Pew, 2013). The data are based on a multi-stage cluster sample stratified by region and urbanity nationally, and drawn such that every Nigerian adult 18 years or older has an equal chance of inclusion into the sample.⁸ For the sampling outcome, one can say with 95% confidence that the error attributable to sampling and other random effects is ± 4.0 percentage points. Interviews were conducted face-to-face, in English and major Nigerian languages, including Hausa, Igbo, and Yoruba.

Dependent Variables

Our primary goal is to uncover factors associated with preference for provision of economic security for the ageing. Question 130 on the survey asks: *Who should bear the greatest*

responsibility for people's economic wellbeing in their old age – their families, the government or themselves? Response options read are: 1) Their families; 2) The government; 3) Themselves. A fourth option of *all equally* was available for coding, but was not read to the respondent although many declared it. We constructed two separate dependent variables from these options. As our interest is to separate private from public provision, the first dependent variable combines response categories 1 and 3 into a position for private provision, and categorized option 2 as public provision. The option of “all equally” was excluded. Thus, the first dependent variable is a binary outcome coded 1 for respondents opting for private and 0 for those opting for public provision. Lastly, we analyzed the category selecting “all equally” and turned it into a dependent variable, where respondents mentioning it are coded as 1, all others are coded as 0. Again, this yields another binary outcome of those supporting partnership and those supporting either private or public responsibility.

Independent Variables

The independent variables measure the major hypotheses. They include gender, coded 1 for men, 0 for women; ethnicity/tribe, measured as Hausa, Igbo, Yoruba, and Minorities;⁹ age, a continuous variable; marital status, coded 1 if married, 0 otherwise; education, coded into 14 categories, ranging from 1 no education, to 14 post graduate education; ethnicity/tribe, coded into Hausa, Igbo, Yoruba, and Other; income, coded in 11 different categories with the lowest being ₦10,000 or less and the highest above ₦100,000; employment status, coded 1 if employed, 0 otherwise; religion, coded 1 if Christian, 0 otherwise;¹⁰ poverty status, coded 1 if poor, 0 otherwise;¹¹ child present, coded 1 if a child under 18 is present in the household, 0 otherwise; and urban status, coded 1 if respondent lives in an urban area, 0 otherwise. Several other dynamic factors are considered as additional independent variables. One is perception of the ageing care problem. Question 128 in the survey asks: *How much of a problem, if at all, is the growing number of older people in Nigeria – is it a major problem, a*

minor problem, or not a problem for Nigeria? We hypothesize that diagnosis of the ageing care problem—that is, those who see the growing number of older people as a problem will more likely be people who see current traditional private arrangements as inadequate and are therefore more likely to opt for public provision. Question 129 asks: *Thinking about yourself, how confident are you that you will have an adequate standard of living in your old age – very confident, somewhat confident, not too confident, not confident at all?* Based on self-interest, we hypothesize that those who are confident of their standard of living in old age, and believe they are secure, will opt for private, as opposed to public, provision.

A government role in providing for the elderly is new to Nigeria's the social setting. We need an instrumental measure of the respondent's propensity to accept the *new* and found it in question 48, which asks: *Which of the following phrases comes closer to your view? It's good that American ideas and customs are spreading here, or it's bad that American ideas and customs are spreading here.* Two measures of present economic outlook are used in the analysis. One measures personal while the second measures national economic outlook. National economic well-being is a tertiary scale comprising of the following questions: 1) *Now thinking about our economic situation, how would you describe the current economic situation?* (Four options collapsed into good/bad); 2) *Over the next 12 months do you expect the economic situation in our country to improve?* 3) *When children today in our country grow up, do you think they will be better off or worse off financially than their parents?* Personal economic well-being is measured on a binary scale combining the following questions: 1) *Now thinking about your personal economic situation, how would you describe it?* (Combination of four good/bad); and 2) *Over the next 12 months do you expect your personal economic situation to improve?*

We are attentive to three kinds of insights. First, we want to know how the variables explain acceptance or rejection of private or public provision generally. Secondly, because of the differentiated cultural role of men and women, we want to know how the factors interact with gender. Finally, in a nation where national debates revolve around ethnicity/tribe, we want to know

how the nation's three major ethnic nationalities differ. Accordingly, we construct macro- regressions that explain preference for provision, and then disaggregate the data and run separate analyses for gender and ethnicity/tribe. Since our two dependent variables are binary, our models are estimated using binary logistic regression. The equations we estimate are of the form:

$$PPC = a + bX_n + e, \quad (1)$$

$$PPP = a + bX_n + e, \quad (2)$$

(Where, PPC is the probability that the respondent will opt for private provision of economic security as opposed to public provision, and PPP is the probability that the respondent will prefer partnership as opposed to either private or public provision, and X is the vector of independent variables explaining those probabilities respectively).

EMPIRICAL FINDINGS

The basic statistics on the sample of 1,031 adult Nigerians interviewed by Pew are displayed in Table 1. These data show considerable reach into the Nigeria population. The sample is almost a 50/50 split between men and women. The average interviewee was 32 years of age, with men slightly older than women. There is excellent representation across the nation's major tribal groups, even across gender, obviously evincing the success of the stratification feature of the probability sampling procedure. Moreover, the profile of the sample accords with what is widely known about Nigeria's adult population in the abstract. Men are slightly more educated than women, while women are more likely to be married, less likely to be employed, or live in an urban area, have less income, be poorer, and have children present in the household. Nigerian men are more likely than the women to accept change and to define the growing number of older people as a problem.

Figures 1 and 2 show that Nigerians are practically evenly divided on the two issues at the heart of our research. On

Table 1. Summary Statistics for the National Sample

Variable	All	Men	Women
	Mean	Mean	Mean
Gender (male)	50.2	50.2	49.8
Age	32	33.5	31.4
	<i>SD</i> =12.2	<i>SD</i> =12.7	<i>SD</i> =11.5
Tribe			
Hausa	28.2	28.2	28.2
	(<i>N</i> =291)	(<i>N</i> =146)	(<i>N</i> =145)
Igbo	18.4	17.6	19.3
	(<i>N</i> =190)	(<i>N</i> =91)	(<i>N</i> =99)
Yoruba	20.9	20.9	20.8
	(<i>N</i> =215)	(<i>N</i> =108)	(<i>N</i> =107)
Other	32.5	33.3	31.7
	(<i>N</i> =335)	(<i>N</i> =172)	(<i>N</i> =163)
Education	8.4	8.8	7.9
	<i>SD</i> =3.3	<i>SD</i> =3.2	<i>SD</i> =3.4
Marital status	56.4	50.3	62.5
Religion (Christian)	42.0	41.9	42.2
Urban status	47.0	47.6	46.5
Employment status	59.4	50.7	68.1
Child present	73.0	65.8	80.4
Income	4.3	4.6	3.9
	(<i>N</i> =724)	(<i>N</i> =383)	(<i>N</i> =341)
Poverty status	67.3	66.7	67.9
Personal economics	1.3	1.3	1.2
	<i>SD</i> =0.8	<i>SD</i> =0.7	<i>SD</i> =0.8
National economics	1.2	1.6	1.8
	<i>SD</i> =1.2	<i>SD</i> =1.1	<i>SD</i> =1.2
Accept change	57.6	61.3	53.9
Ageing a problem	52.1	56.1	48.1
Old age secure	75.7	75.4	75.9
Provision choice			
Private	43.7	41.0	46.5
Public	39.8	41.4	38.1
Partnership	15.5	16.3	14.8
<i>N</i>	1031	517	514

whether the growing number of the elderly is a problem, 52.1% say yes, with potential gender and ethnic/tribal disparities. On the question of public or private provision of economic security for the ageing itself, 43.7% want private, while another 39.8% chose public provision. There is a slight gender gap with women preferring private provision. Among ethnic/tribal groups, the Igbo, especially Igbo women, are the most likely to accept

private provision, while the Yoruba, both men and women reject it the most.

The results of the first set of macro- regressions are presented in Table 2. Two models are presented for each decision parameter, private vs. public provision, and partnership vs. public or private provision. Model 1 specifies gender and ethnicity/tribe. Model 2 introduces the remaining independent variables.

This dynamic allows observation of the trajectory of these two important factors before other considerations. Because of the small deviations in the dependent variable on the partnership decision, the regressions for that decision are not particularly robust and were discontinued in Table 4 analysis. Overall, these results suggest that gender is not a significant factor in determining position on either choice. Conversely, ethnicity/tribe is clearly a relevant factor. Compared to the Hausa and Igbo, the Yoruba and ethnic minorities are not as sanguine about retaining private provision. This differential for the Yoruba is particularly robust. Other results show that older adults would prefer government provision.¹² Moreover, neither education nor religion, marital status, poverty or employment are significant considerations. Instead, child presence in the household and personal economic outlook both at present and in retirement produce very strong effects, all in the directions theory predicts. At the same time, those who already see the ageing problem overwhelmingly reject private provision. Contrary to the conventional wisdom that culture and tradition will drive decision-making on this subject, it is clear that pragmatic considerations associated with problem definition, affordability, and self-interest are at play instead.

Having established the major insights embodied by the data, we now move to exploring patterns of potential interactions for gender and ethnicity/tribe. The results in table 3 explore gender, while those in table 4 explore ethnic/tribal interactions. Table 3 displays some interesting interactions for gender. The Yoruba cleavage is not gendered, but this is different for ethnic minorities whose women are more likely than the men to reject private provision. Child presence in the household appears to be

Figure 1. Growing Numbers of the Ageing is a Problem

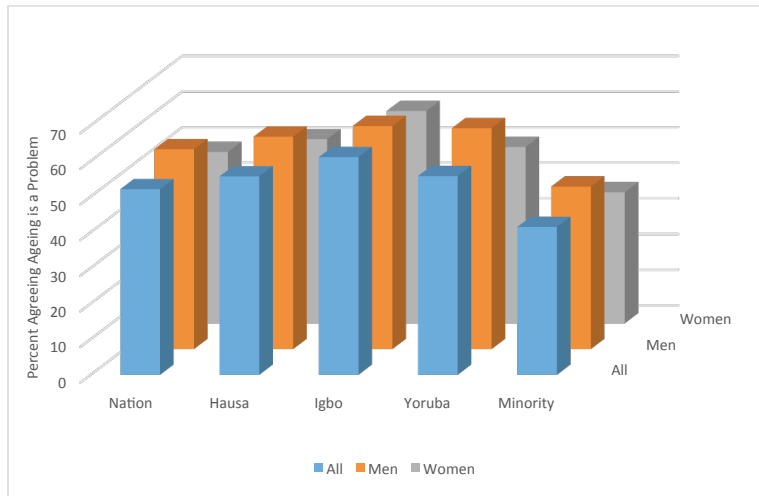


Figure 2. Choosing Private Over Public/Partnership Provision

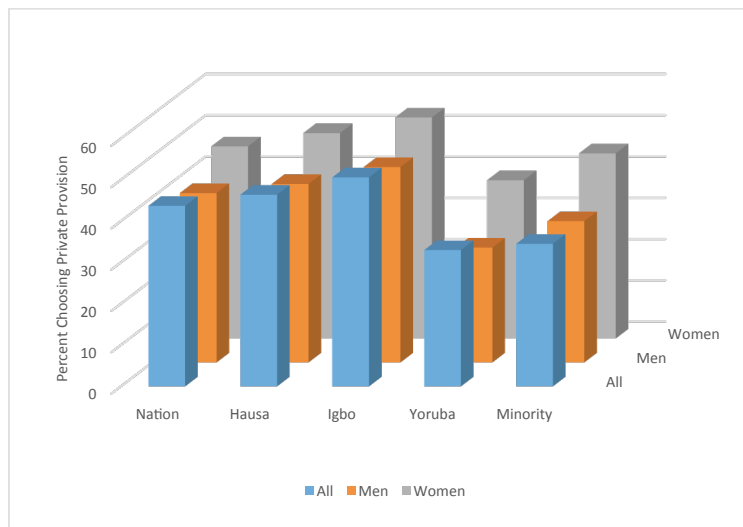


Table 2. Explaining Choice of Private Over Public Provision, and Partnership

Variable	Private		Partnership	
	Model 1	Model 2	Model 1	Model 2
Gender (male)	-.21 (0.14)	-.20 (0.16)	.11 (0.17)	.16 (0.19)
Ethnicity/Tribe				
Hausa	-.14 (.21)	.25 (0.31)	.17 (0.25)	-.02 (0.38)
Yoruba	-.99*** (0.22)	-1.07*** (0.26)	-.55+ (0.30)	-.52 (0.34)
Ethnic Minorities	-.29 (0.20)	-.41+ (0.22)	.06 (0.25)	-.06 (0.26)
Age		-.01+ (0.00)		.01 (0.01)
Education		.04 (0.03)		.05 (0.03)
Religion		-.21 (0.22)		.19 (0.29)
Child present		-.47** (0.18)		.07 (0.22)
Marital status		.06 (0.19)		-.07 (0.22)
Poverty status		-.11 (0.17)		.01 (0.19)
Employment status		.02 (0.16)		.08 (0.19)
Urban		-.19 (0.16)		-.32+ (0.19)
Personal economy		.41*** (0.12)		-.07 (0.14)
Country economy		-.08 (0.08)		.02 (0.09)
Accept change		-.09 (0.18)		-.27 (0.19)
Ageing a problem		-.88*** (.15)		-.51** (0.18)
Old age secure		.43* (0.19)		-.09 (0.21)
Intercept	0.55***	0.99+	-1.73***	-1.81**
Nagelkerke R ²	4.4	16.1	1.4	3.8
% Predicted	58.3	65.1	84.5	84.7
Model χ^2	28.9***	109.9***	8.44+	22.4
N	856	856	1031	1031

Note: Dependent variable for Private is coded 1 for private provision, and 0 for public provision. Dependent variable for Partnership is coded 1 for burden sharing between private and public, and 0 otherwise. The reference category for ethnicity/tribe is Igbo.

+p<.10; *p<.05; **p<.01; ***p<.001 (two-tailed test).

a greater obstacle for men's support of private provision. This is consistent with the burden sharing we have established between men and women in elderly care, where men are more the economic security providers. Other factors producing strong and consistent effects for gender are current personal economic outlook and diagnosis of the ageing problem, the results of both of which are consistent with theory.

We now shift to Table 4 results for potential ethnic/tribal cleavages. Among the Hausa, men are less likely to endorse private provision. Both older Hausa and Yoruba dislike retention of private provision, while child presence weighs more on the Igbo and ethnic minorities. Moreover, urban minorities also tended to dislike private provision. Current personal economic outlook is a factor for the Igbo and ethnic minorities, while the economic position of the country is an additional factor for ethnic minorities who are less inclined to choose private provision when the country is doing well and government can shoulder the additional burden. Propensity to accept change produced conflicting results for the Hausa and Igbo. While the Hausa with increased propensity to accept change would welcome private provision, the Igbo with similar propensity will reject it. Finally, Yoruba and ethnic minorities who see the ageing problem strongly reject private provision, while the Hausa assured of their economic security at old age are more likely to choose private provision. Overall, these group interactions suggest that Nigeria's nationalities are not a monolith on this question. Although economics are clearly a factor for all groups, there seems to be obvious nuances. For instance, affordability appears to weigh heavily on the Igbo and ethnic minorities, while the ageing problem outweighs every other consideration for the Yoruba. The economics of it for the Hausa appears to coalesce on projected personal economic comfort at old age: Hausas who feel secure about their old age want private provision.

Table 3. Explaining Choice of Private Over Public Provision, and Partnership, by Gender

Variable	Men		Women	
	Private	Partner	Private	Partner
Ethnicity/Tribe				
Hausa	.55 (0.44)	.01 (0.52)	-.06 (0.46)	-.16 (0.57)
Yoruba	-1.12** (0.37)	-.41 (0.46)	-1.12** (0.38)	-.62 (0.52)
Ethnic Minorities	-.07 (0.32)	-.14 (0.36)	-.84** (0.32)	-.13 (0.39)
Age	-.02 (0.02)	-.01 (0.01)	-.02 (0.01)	.02 (0.01)
Education	.04 (0.04)	.03 (0.05)	.06 (0.04)	.07 (0.04)
Religion	-.51 (0.32)	-.19 (0.40)	.06 (0.33)	.69 (0.45)
Child present	-.81*** (0.25)	.26 (0.30)	.01 (0.28)	-.28 (0.34)
Marital status	.41 (0.31)	.12 (0.36)	-.17 (0.25)	-.25 (0.29)
Poverty status	-.28 (0.25)	-.46+ (0.28)	.03 (0.24)	.54+ (0.31)
Employment status	.34 (0.23)	-.40 (0.28)	-.37 (0.25)	.72* (0.34)
Urban	-.04 (0.22)	-.26 (0.26)	-.39+ (0.23)	-.33 (0.28)
Personal economy	.46** (0.17)	-.19 (0.19)	.44* (0.18)	.05 (0.22)
Country economy	.03 (0.11)	.03 (0.13)	-.21+ (0.11)	.00 (0.14)
Accept change	.16 (0.24)	-.41 (0.28)	-.35 (0.24)	-.08 (0.29)
Ageing a problem	-.68** (0.22)	-.82*** (0.26)	-1.05*** (0.22)	-.25 (0.26)
Old age secure	.43 (0.27)	-.02 (0.30)	.39 (0.27)	-.17 (0.32)
Intercept	0.24	-0.42	1.53+	-3.23**
Nagelkerke R ²	19.6	8.4	17.8	6.7
% Predicted	65.7	83.8	68.1	85.5
Model χ^2	67.08***	25.83+	61.96***	19.53
N	423	513	433	510

Note: Dependent variable for Private is coded 1 for private provision, and 0 for public provision. Dependent variable for Partnership is coded 1 for burden sharing between private and public, and 0 otherwise. The reference category for ethnicity/tribe is Igbo.

+p<.10; *p<.05; **p<.01; ***p<.001 (two-tailed test).

Table 4. Explaining Choice of Private Over Public Provision, by Ethnicity/Tribe

Variable	Hausa	Igbo	Yoruba	Minorities
Gender (male)	-.71* (0.35)	-.19 (0.39)	-.09 (0.35)	-.04 (0.28)
Age	-.03+ (0.01)	-.02 (0.02)	-.03+ (0.02)	.01 (0.02)
Education	.06 (0.04)	-.07 (0.10)	-.06 (0.08)	.10+ (0.06)
Child present	-.73 (0.53)	-.81+ (0.44)	.07 (0.43)	-.63* (0.31)
Marital status	.34 (0.39)	.21 (0.47)	-.07 (0.46)	-.59 (0.36)
Poverty status	-.31 (0.32)	-.22 (0.43)	-.31 (0.43)	.05 (0.31)
Employment status	.39 (0.41)	.21 (0.39)	.26 (0.37)	.09 (0.31)
Urban	.34 (0.32)	-.04 (0.39)	-.23 (0.43)	-.84** (0.29)
Personal economy	.18 (0.22)	1.05*** (0.28)	-.42 (0.35)	.85*** (0.24)
Country economy	-.17 (0.15)	.17 (0.19)	.17 (0.19)	-.31* (0.14)
Accept change	.86* (0.36)	-.86* (0.43)	-.25 (0.37)	-.14 (0.34)
Ageing a problem	-.45 (0.32)	-.01 (0.39)	-1.82*** (0.36)	-.92*** (0.28)
Old age secure	.75* (0.34)	.75 (0.49)	.66 (0.74)	.29 (0.32)
Intercept	1.82+	0.68	2.05	-0.34
Nagelkerke R ²	20.0	25.8	26.2	22.8
% Predicted	63.8	73.9	74.1	68.6
Model χ^2	36.90***	33.09**	41.03***	51.84***
N	229	157	193	277

Note: Dependent variable is coded 1 for private provision, and 0 for public provision.

+p<.10; *p<.05; **p<.01; ***p<.001 (two-tailed test).

SUMMARY AND POLICY IMPLICATIONS

Every indication is that Nigeria's ageing population will continue to increase both numerically and as a proportion of the total population. This is a global trend that, like other countries, Nigeria cannot escape (United Nations, 2006). It is equally obvious that new developments affecting the family, the very institution that for long has acted as the firewall for the country's

elderly care, will continue to weaken its capacity to buffer the ageing. This manifests a vacuum that some are projecting as a looming crisis in ageing care. As a nation, Nigeria can continue its automatic default to the family on ageing care. The country can also turn a corner. At a minimum, a policy window has swung open that includes consideration of some role for government. Typically, this entails a massive, potentially divisive, redistributive policy that in a mono-commodity oil economy with volatile oil prices and consequent dwindling economic fortunes, promises to be a spirited campaign.

This research has used a unique data set chronicled by a foremost public opinion research organization to explore Nigerians' preferences regarding the provision of economic security to the elderly. For a nation lacking in data to the point that even its population figures are disputed, the availability of these national baseline data must be welcome. Apart from its source, the data set is unique in several of its other attractive features, including: 1) a national probability sample; 2) inclusion of sizable numbers of each major ethnic/tribal group allowing both intra- and inter-group comparisons; and 3) inclusion of a sizable number of women from various groups—in an acutely patriarchal setting where women, especially Hausa women seldom feature into the mainstream.

Engage any Nigerian, indeed, Sub-Saharan African about elderly economic security and care in his or her community, chances are that you will hear about the dictates of culture and tradition. Everything else will appear tangential. Accordingly, our research proceeded in tandem with conventional wisdom that culture and tradition will be the primary driver of mass opinion on provision of economic security to the elderly in the country. One could anticipate the role of culture from several angles, including a gender cleavage that should have men preferring private provision; age, where older adults raised in more traditional times would be expected to choose private provision; education, where more educated people would reject private provision; urbanism, where urbanites would be more likely to reject private provision; and finally, where people more amenable to accepting change are more likely to reject private provision.

The results do not uncover a substantial evidence of cultural determinism. We do not find a gender cleavage. We do not find an age effect in favor of private provision: if anything, the weak age effect we find is consistent with self-interest. We do not find an education effect or a propensity to accept-change effect. Upon further probing for both gender and ethnic/tribal interactions, we find small differences here and there, but none of that can be construed as culture being a major catalyst on this decision. What we find, instead, is that people are thinking rationally about this matter, and from two imperatives. The first is a problem definition stream, where people who have recognized the ageing care problem, particularly the Yoruba and ethnic minorities, simply reject the status quo outright.

The second major decision stream is the pragmatic role of economics. Quite simply, people appear to be voting with their pocket books. Older adults, particularly Hausa and Yoruba reject private provision. Families with the additional burden of childcare, especially among the Igbo and ethnic minorities, also reject private provision. In contrast, people who are content with both their current economic position and their outlook approaching old age want to retain private provision. Interaction data for ethnic/tribal groups posit that the Igbo and ethnic minorities are more concerned about their current economic position and its capacity to carry the burden of family, while the Hausa worry about their outlook reaching old age. These findings clearly confound conventional wisdom, but they separate fact from fiction.

Research is designed to answer questions. In the process of answering questions, new and substantive puzzles often emerge. One such puzzle being thrown up by this research is the explanation as to why, more than any other major ethnic group, the Yoruba, both men and women, resoundingly reject the current plan of family reliance on provision of economic security. As previously noted, nothing about culture and tradition can explain this differentiation. We believe the explanation may be linked to what we notice in Table 4 as the strong negative effect of diagnosis of the ageing problem with the group. While Figure 2 clearly suggests that the Yoruba do not particularly vary with respect to their intensity of diagnosis of the ageing problem,

Table 4 results do show the unusual intensity of that diagnosis vis-à-vis other groups. This strong group interaction may explain why the Yoruba are particularly averse to continuation of private provision.

Our results have significant repercussions for theory and social policy. First, about theory, our data have established that culture is not the *sin qua non* here. Thus, any contention—stereotype or impugned—that Nigerians are hamstrung by culture and will not contemplate these issues rationally seems to be misplaced. We want to be clear that we are not dismissing culture altogether; it certainly is simmering in the background, but, it does seem clear from these data that it is being trumped by rational economics. Regarding social policy, we must reiterate that our study is not an exercise in policy prescription. Thus, we are not prepared to endorse a provision scheme, especially not with the piercing questions ably fronted by Patel (2012) regarding the efficacy of state action in Africa vis-a-vis social policy. Given the policy question facing Nigeria in provision of economic security for the ageing, our aim is to decipher mass preference, explain it, and deduce potential policy implications. Accordingly, we make these key observations: if there is a national social policy debate brewing in Nigeria over ageing care, it does not appear that it will be one in which the conflict is across gender or ethnicity/tribe. Instead, it will more than likely be demarcated between two other divisions. The first divide will be between those who see the growing ageing population as a problem and those who do not. As the data in Table 1 reveal, Nigerians are virtually evenly split on that score. Those conscious of the looming ageing problem see a role for government in providing economic security, though to varying degrees, while their counterparts who do not share that view of the growing ageing population as a problem prefer the status quo.

The second division will be along socioeconomic lines. The haves would prefer that the government stay clear, while the have-nots will support a role for government in addressing the need. In this, Nigerians are actually no different from others as this pattern of impasse has been observed in the United States, for instance, where the intractable rift on social policy has been

between the Republicans (often seen as holding the ageing policy line for the wealthy and insisting on private action and Democrats (seen as the champions of the lower class seeking greater redistribution through government activism). Much of the gridlock on Social Security and Medicare legislation in the United States is attributed to this stalemate. Nigeria does not have such a strident ideological party division. Thus, barring sudden emergence of some national champion for the rich or poor who could mobilize both sides and engineer a gridlock, the debate should be less spirited. The big elephant in the room, of course, remains the Nigerian National Legislature itself, which has earned the dubious reputation of being out-of-touch with the masses (Dauda & Falola, 2016). If there is one silver lining, though, it is that any conflict that spans beyond the ethnic/tribal divide in Nigeria is not intractable. Perhaps, ageing is that *common enemy* that can finally coalesce Nigerians beyond the ethnic/tribal gulf to confront a truly National question.

NOTES

This paper uses data from the 2013 Spring Pew Global Attitudes Survey. The views expressed in the paper are those of the authors only and have no connection to Pew, its agents, or institutions.

1. Custom, culture, and tradition are used interchangeably throughout this paper. So, also, are ageing and elderly.
2. The General Assembly convened the first World Assembly on Ageing in Vienna in 1982. The United Nations followed up in 1991 with the General Assembly's adoption of the *United Nations Principles for Older Persons*, enumerating 18 entitlements for older persons, which ranged from independence and care, to the dignity of the person. In 2002, the Second World Assembly on Ageing convened in Madrid, Spain and adopted the *Madrid International Plan of Action on Ageing* for the 21st Century (United Nations, 2016).
3. In the United States, for instance, the anxiety has been over the continued viability of the Social Security and

- Medicare trust funds, as the rate of growth of the ageing population begins to outpace the projected balance between labor-force active and old-retired, required to keep the intergenerational scheme solvent (SSA, 2015).
4. Kenya's National Social Security Fund (NSSF) Act, signed into law in 2013 and implemented in 2014, is one of the most comprehensive social policy programs in place in Africa besides South Africa.
 5. In 2014, President Goodluck Jonathan signed legislation into law criminalizing homosexuality. The National debate which preceded the law hinged on culture and tradition. In 2015, Nigeria's Senate rejected a bill (*'Gender Parity and Prohibition of Violence against Women'*) seeking gender equality. Reminiscent of the anti-gay bill, opposition came on cultural and religious grounds (Oshi, 2015).
 6. Just like Togonu-Bickersteth (1988), we must clarify that this is an important distinction, as providing economic security and providing care are different and have traditionally been gendered. Indeed, we must be cautious not to crowd out one area in the discourse as both areas have different implications for elderly care.
 7. Of course, some of this is changing with time (Edewor, 2006), but this role differentiation explains why, traditionally, women have been more of the actual caregivers than men.
 8. Because of violence, Borno, Yobe and some areas in Taraba, or about 5% of the population, were excluded from the sampling frame.
 9. Those included in the "minority" category are: Edo, 27; Urhobo, 8; Itsekiri, 2; Fulani, 27; Kanuri, 1; Tiv, 16; Efik, 20; Ijaw, 18; Ibibio, 14; Koro, 8; Rivers, 9; Eggon, 10; Ikwere, 7; Jenjo, 7; Shamba, 7; Nupe, 6; Kalabari, 11; Mumuye, 10; Birom, 7; Other, 119.
 10. We planned to measure this variable with at least an additional category for Muslims. Unfortunately, it came as measured. Even if it were available, it could have clashed with ethnicity/tribe.

11. Poverty status needs explanation. Question 182a asked: 'Have there been times during the last year when you did not have enough money to buy food for your family?' Instead of income, we used this question to measure consumption. Income was included in the survey, but many did not report it. Understandably, this is a culture where many are not formally employed and taxes are not paid on 'informal' wages.
12. We tested for non-linear effect of age by adding age^2 to the regression models. We stayed with the linear term when that assumption failed.

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