

60th Inaugural Lecture

“Of Growing Old and Dying Well: A Gerontologist at Work”

By

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Preamble

Mr. Vice Chancellor Sir, to the Almighty Allah, the creator of heaven and earth be the glory and honour for this rare privilege, he has bestowed on me to deliver this inaugural lecture in this great citadel of learning – Lagos State University. It is instrumental to praise Allah, for His mercies upon me and great things He has been doing in my life. I also thank the Vice Chancellor, *Prof. Olanrewaju Adigun Fagbohun*, the apostle of a new dawn LASU by whose permission I stand to present this lecture.

Mr. Vice Chancellor Sir, it may interest you to know how i became interested in aging research and what has propelled a career-long interest in demography of ageing. I was a young Sociologist, whose main dream was to become a demographer with focus on fertility behaviors/reproductive health and rights.

My interest in ageing dated back to more than a decade and half ago while undergoing my doctoral degree programme in the premier University, University of Ibadan. I was supervised by an eminent demographer, Prof. Uche Charlie Isiugo-Abanihe, who is now the Vice Chancellor of Paul University, Awka, Anambra State. As a supervisor, he directed that i come up with twelve possible Ph.D. topics and draft Prof. Uche Charlie Isiugo-Abanihe proposals on my top three. This took me a while to submit, only for him to reject all within five minutes. He thereafter requested for another 12 topics cum proposal on my best 3. Unfortunately, none of the topics interested him. At this point, frustrations came upon me and I retorted: Sir, what do you really want? He then told me that he wanted a “green and novel research”. He thereafter gave me few

minutes lecture on population aging and how the current baby boom would create future ageing boom, with improvement in health care and lower mortality rate. He warned me that Nigerian demographers and sociologists know very little about population ageing and care less about growing old and dying well. That was my “light bulb” moment. As I started dreaming about his spoken and unspoken words, the large intellectual opportunities to have a Ph.D. and future specialization in a “green area” inspired me. I thought about the opportunities of a being a pioneer researcher in this area in Nigeria (though Bickersteth-Togonu at OAU, Ile-Ife and Late Oberu Aribiah and Akeredolu-Ale at UNILAG had done some work on this) but not at doctoral level.

Since that God-driven encounter with Uche, as we used to call him eighteen year ago, the seed that grew into an interesting career on ageing was planted. Mr. Vice Chancellor, Sir, it may interest you to know that since I blazed the trail with my doctoral research on Ageing in the Department of Sociology, University of Ibadan in 2005, atleast seven other doctoral theses have completed or about to be completed in that Department on different aspects of ageing in Nigeria, an indication of centrality of the subject matter for present and future social realities in Nigeria. degrees

Introduction

Mr. Vice Chancellor Sir, my field is Sociology while my research focus on the twin areas of Demography of Ageing and Social Gerontology. Demography of ageing is a phenomenon that occurs when the median age of a country or region increases due to rising life expectancy and / or declining fertility rate, certainly that of Nigeria is due to the latter. Social gerontology is a new and dynamic field reflecting the increasing interest in aging across the world, as it dismantles the social constructs which society builds around ageing.

The field of Sociology has certainly gone through significant changes over the past two decades. Sociology is the study of human life, groups and societies. It is the systematic study of human societies which originated from the need to understand how far reaching changes occur in human societies. According to its founders, sociology is a science in the sense that it involves systematic methods of investigation and the evaluation of theories in the light of evidence and logical argument. Nonetheless, sociological methods are different from those of natural sciences, because studying human behavior is in fundamental ways different from studying the world of nature. The practice of Sociology involves the ability to think imaginatively and to detach oneself from preconceived ideas and biases about social reality, otherwise called value neutral sociology. However, this presents epistemological challenges as to how possible and realistic can man study his social environment without imputing his culture and values. Among the classical founders of Sociology are Auguste Comte, Karl Marx, Emile Durkheim and Max Weber. Comte and Marx, while working in the mid-nineteenth century, established the basic issues of sociology, later elaborated upon by Durkheim and Weber among others. Of interest also, is that the first school of thought in sociology is called the French Sociology, followed by German, British and American Sociologies in that order. Then, where is African and particularly Nigerian Sociologies?. Even though Ibn Khaldun, from Tunis in Tunisia came before Comte and wrote about Sociology in Arabic language, it took time before the sociology in his write-ups was acknowledged. The main business of sociology is to explain why, where, and how members of a social group behaves differently. This group can be the whole world, a country, a state, a union, a class and in fact, anywhere you find more than one person; Sociology starts its work. Thus why do we have older

person's abuse in one society and not in another? Where is such abuse more prevalent? How do we curb such abuses? These among other issues can indeed be germane to understanding different social world, and their motivations, their changes over time and how these can help shape society in the future. Among the many specializations in sociology is Demography otherwise more broadly called population studies. Demography is the scientific study of human populations primarily with respect to their size, structure, composition and their developments and changes overtime. It has three main focus namely fertility, mortality and migration. It also has several special areas like reproductive health, marriage, environmental change, aging among others. As an, undergraduate sociologist in embryo in the early 1990s, I gained great insight into the challenges facing society and man, and I was touched by the conditions of vulnerable population including the aged population. While I was deeply engrossed with my course work, I found myself continually asking what the panaceas to these challenges could be. And how have governmental policies affected growing old and dying well? These and many other sociological imaginations formed the bulwark of my intervention to improve the life of the real man and society. Again, during my postgraduate studies, I tried to weave a closer relationship between Sociology and Demography, especially in the aspects of methodological paradigms. Eventually, I came to the conclusion that both sociology and demography can be better improved by such methodological and disciplinary triangulation.

Mr. Vice Chancellor Sir, this inaugural lecture is the first in the Department of Sociology, Lagos State University (LASU), the first to be delivered by an alumnus of LASU in LASU, is to give an account of my effort in the last two decades of academic sojourn in connecting Sociology and Demography as well as give prominence to Demography of ageing. These two prongs bring much-needed attention to growing old and older person's wellbeing. For me, it is this third prong- dying well – that makes this inaugural lecture so distinct and important. I have spent the better part of the past two decades focusing on Demography of Ageing, with a large share of that time directed at aging wellbeing. Over all those years, I carried on with me both my Sociological expertise as well as legal knowledge, with both, my ability to shape and influence ageing wellbeing would have been less impressive. Indeed, I find it hard to fathom how gerontologists can be effective without the voices of Sociologists. Examples of the linkages among Sociology, Demography, Gerontology and Law are legion. What are the social and economic securities of older persons? What is the importance of children in old age security provision? What are the

impacts of life time investment in anticipation of old age security? What are the epistemological advances in the study of demography of ageing? What are the socio-economic differentials in the health seeking behavior of old persons? How adequate is the care received from children at old age? What are the socio-economic situations of elders within the contexts of MDGs (now SDGs)? Of what effect is achieved fertility in anticipation of old age securities? What is the relevance of intergenerational households and older persons well beings? And how adequate are retirement benefits among other issues affecting the elderly or senior citizens. I have utilised sociological research methods, analysis and paradigms in the study of Demography of Ageing – once mutually exclusive disciplines. Even though, I was alone in this green area of research, the outcome has been wonderful and serendipitous – as sociological research tools are now deeply integrated into Demographic analysis.

Given my disciplinary foundation in Sociology, I am especially pleased to show ‘Growing old and dying well: A Gerontologist at work’.

As a Sociologist and Gerontologist, the study of growing old and dying well naturally relied on the classical and contemporary theories. Besides the classical writings of Emile Durkheim, Karl Marx and Max Weber, who were acknowledged as the “holy trinity” of founding fathers, sociology of ageing also drew upon theories of structural functionalism (e.g. Talcott parsons, Robert Merton); Social conflict, (e.g. Gerhard Lenski, Ralph Dahrendorf); Social interaction and exchange (e.g. George Simmel, George Homans, Peter Blau); symbolic interactionism (e.g. George Herbert Mead, Charles Cooley, Irving Goffman);, and phenomenological and social constructivism (e.g. Alfred Sahutz, Peter Berger and Thomas Luck man). Central starting points for developing theories were also found in social gerontology, especially disengagement and modernization theories of ageing of the 1960’s and 1970’s (e.g. Cumming and Henry 1961, Cowgill and Holmes 1972, respectively).

Population Ageing in Nigeria

Wahab and Ajiboye (2014) see population ageing as increases in the older population as a proportion of the total population. This is distinct from increase in the number of older persons. Globally, baby boom era of the 1950s and 1960s, with massive improvement in survival rate to older age cumulatively account for the rise in the number of older persons and this increase is expected to continue unabated. In other words, population ageing occurs when the growth rate in

the number of older persons exceed that of the total population. This is quite different from individual ageing, the latter referring to individual chronological aging. There can be individual ageing without population ageing if the overall population growth rate is high (substantial increases in the number of older persons). Foreexample, the population age 60 years and above more than doubled in Nigeria between 1950 – 1975 even though the percent of the total population in these older ages increases from 5.0 to 5.5 percent.

Statistics on the Nigerian population stand at 181.5 million with the population growth rate of 2 percent per annum. Nigeria is the most populated nation in Africa and currently seventh in the world (UN, 2015). It is expected to have a population of 397 million by 2050, as fourth in the world. According to the 2006 National Population Census Priority Table 4, the population of older persons in Nigeria stood at 6,987,047 which is about 5.0% of the total population of the country. By 2015, it was estimated to have increased to 6.8%, which is projected to triple by 2050. The implications of the foregoing for both social and economic life are far reaching and profound. Despite the fact that the two phenomenon's are inextricably linked, with the reduction on birth rate driving the ageing of the population they are typically viewed quite differently by government planners and policy makers (Wahab and Ajiboye, 2014).

In Nigeria, as in most African countries lower fertility was not only welcomed but actively encouraged through government supported family planning programmes and related measures. In contrast, population ageing and associated increases in the number of older persons are viewed less favorably, typically as posing growing burdens for economic support and health care, even as a “crisis” to be averted (World Bank, 1994).

Moreover, there is growing interests and concern about how different segment of the population are affected with considerable attention being paid to how age groups within the older persons age span, men and women urban and rural residents may fare differently as population ageing proceeds.

Table 1: Nigeria Population Ageing 1950 - 2050

Indicator	Age	1950	1975	2000	2025	2050
Population (thousands)	Total	29,789.7	54,885.8	113,861.8	202,957.2	278,788.3
	0 – 14	12,426.9	24,714.7	51,299.9	75,575.5	69,847.3

	15 – 59	15,839.8	27,526.8	57,143.1	115,886.6	180,157.8
	60 – 64	632.5	1,005.0	1,947.9	3,826.1	9,749.7
	65 – 69	434.7	732.3	1,460.0	3,016.6	7,488.8
	70 – 74	265.1	480.6	1,012.3	2,214.1	5,276.2
	75 – 79	132.3	282.9	607.9	1,325.5	3,324.1
	80+	58.5	143.3	390.7	1,112.7	2,944.3
Percentage in Older Ages						
Total	60+	5.1	4.8	4.8	5.7	10.3
	65+	3.0	3.0	3.0	3.8	6.8
	80+	0.2	0.3	0.3	0.5	1.1
Growth Rate (Percentage)						
Indicator	Age	1950 - 1955	1975 – 1980	2000 - 2005	2025 - 2030	2045 – 2050
Total		2.2	3.2	2.6	1.6	1.1
	60+	2.5	2.7	2.9	3.1	4.1
	65+	2.5	2.6	3.1	3.2	4.3
	80+	2.9	3.9	4.8	3.4	3.9
Life Expectancy at birth						
Total	Birth	36.5	46.1	52.1	62.5	69.3
Survival Rate (Percentage)						
	Total	-	-	49.3	64.1	75.7

Source: UNDESA, 2011

Theories in Demography of Ageing

Cumming and Henry (1961) advanced the first multi-disciplinary theory of ageing through their disengagement theory (disengagement of older persons from society was a normal part of the ageing process). This theory, however, clashed in philosophy with the activity theory (which treated ageing as a decrement to be adjusted to by maintaining as much as possible the activity levels of mid-life). I have endeavored to combine both in all my studies, appreciating their strengths while depreciating their weaknesses.

Essentially, the strength of one is like the weakness of the other. However, on growing old and dying well, I have leaned more towards activity theory for successful ageing, couple with the structural perspective in sociology.

In this vein, all my studies, hinged on close connections between the conditions of the older persons and the social structure. Therefore, structural functionalism and exchange structuralism have persistently formed my theoretical orientation especially activity and disengagement strands of functionalism have been used to explain the varying contemporary challenges facing the older persons. Through the above theoretical triangulation, that transfused the hitherto sociological and demographic theories, I have been able to contribute to demography of ageing research.

Conceptual contributions to Demography of Ageing

To be regarded as an aged, social scientists generally agreed that a person must be 60 years and above, Julian (1980) makes three classifications in this regard. The first classification comprises the “young old persons” within the age brackets of 60 – 74. This group is regarded as still being healthy and active. The second group is referred to as “old-old” and constitutes persons aged 75 – 85, who are more likely to require support. The third group, the “frail elderly” is made up of people above 86 years, who for health and economic reasons, cannot fend for themselves without supports. However, in a study conducted by Wahab (2005), the above, categorization could not apply to Nigeria due to low life expectancy of birth and shorter life span coupled with economic recession and life chances and life style that make people much older than their chronological age.

Table 2: Demographic Profile of African Countries

COUNTRY or geopolitical		Entity		Deaths (per100 pop.)	Projected population 2050 (million)	Infant mortality (per1000 births)	Total fertility rate (children per woman)	Pop. age 0-14 (%)	Pop. age 65+ (%)	Life expectancy male (years)	Life expectancy female (years)	GNI PPP per capita 2014 (USD)
Indicator	1	2	3	4	5	6	7	8	9	10	11	12
WORLD.	136,137	7,336	20	8	9,804	37	2.5	26	8	69	73	15,103
AFRICA.	30,312	1,171	36	10	2,473	59	4.7	41	4	58	61	4,720
NORTHERN AFRICA.	7,880	222	29	6	392	29	3.4	31	5	69	72	9,741
Algeria.	2,382	39.9	26	6	60	21	3.0	28	6	72	77	13,540
Egypt.	1,001	89.1	31	6	162	22	3.5	31	4	70	73	11,020
Libya.	1,760	6.3	21	4	8	14	2.4	29	5	69	74	16,190
Morocco.	447	34.1	22	6	42	26	2.5	25	6	73	75	7,180
Sudan.	1,861	40.9	38	9	105	52	5.2	43	3	60	64	3,980
Tunisia.	164	11.0	19	6	13	16	2.1	23	8	74	78	10,600
Western Sahara.	266	0.6	20	6	0.8	37	2.4	26	3	66	70	-
WESTERN AFRICA.	6,138	349	39	12	784	64	5.4	43	3	54	56	4,041

Benin.	113	10.6	37	10	22	67	4.9	45	3	58	61	1,850
Burkina Faso.	274	18.5	44	11	47	69	6.0	45	2	56	57	1,660
Cape Verde.	4.0	0.5	21	6	0.7	22	2.4	31	6	71	80	6,320
Côte d'Ivoire.	322	23.3	37	14	46	74	4.9	41	3	50	52	3,350
Gambia.	11	2.0	42	10	5.0	47	5.6	46	2	58	60	1,580
Ghana.	239	27.7	33	8	53	41	4.2	39	5	60	63	3,960
Guinea.	246	11.0	38	12	24	67	5.1	42	3	58	61	1,140
Guinea-Bissau.	36	1.8	37	13	3.5	92	4.9	43	3	53	56	1,430
Liberia.	111	4.5	36	9	9	54	4.7	42	3	59	61	820
Mali.	1,240	16.7	44	15	44	56	5.9	47	3	53	53	1,660
Mauritania.	1,026	3.6	34	9	7	72	4.2	40	3	62	64	3,700
Niger.	1,267	18.9	50	11	68	60	7.6	52	4	59	61	950
Nigeria.	924	181.8	39	14	397	69	5.5	43	3	52	53	5,680
Senegal.	197	14.7	37	8	32	33	5.0	42	4	63	67	2,290
Sierra Leone.	72	6.5	37	14	11	92	4.9	41	3	50	51	1,830
Togo.	57	7.2	38	11	16	49	4.8	42	3	56	57	1,310
EASTERN AFRICA.	7,006	388	36	9	841	52	4.8	43	3	59	63	1,928
Burundi.	28	10.7	43	10	30	65	6.2	46	3	57	61	790
Comoros.	2.2	0.8	33	9	1.3	36	4.3	41	3	60	62	1,530
Djibouti.	23	0.9	27	9	1.2	58	3.4	34	4	60	63	-
Eritrea.	118	5.2	37	7	10	46	4.4	43	2	60	65	1,180
Ethiopia.	1,104	98.1	31	8	165	49	4.1	41	4	62	65	1,500
Kenya.	580	44.3	31	8	81	39	3.9	41	3	60	65	2,890
Madagascar.	587	23.0	34	7	53	38	4.4	41	3	64	66	1,400
Malawi.	118	17.2	37	11	37	53	5.0	44	3	60	62	780
Mauritius.	2.0	1.3	11	8	1.2	15	1.4	20	9	71	78	18,290
Mayotte.	0.4	0.23	31	2	0.5	4	4.1	44	3	76	83	-
Mozambique.	802	25.7	45	13	73	83	5.9	45	3	52	56	1,170
Uganda.	241	40.1	40	9	104	54	5.9	48	2	58	60	1,690
Reunion.	2.5	0.9	17	5	1.2	8	2.4	24	10	77	84	-
Rwanda.	26	11.3	31	8	21	32	4.2	41	3	63	66	1,530
Seychelles.	0.5	0.09	17	8	0.10	13	2.4	22	8	69	78	24,630
Somalia.	638	11.1	44	12	27	79	6.6	47	3	53	57	-
South Sudan.	644	12.2	36	12	25	77	6.9	42	3	54	56	-
Tanzania.	945	52.3	39	9	129	37	5.2	45	3	60	63	2,530
Zambia.	753	15.5	43	13	42	75	5.6	46	3	51	56	3,860
Zimbabwe.	391	17.4	33	9	37	55	4.3	43	3	60	62	-
MIDDLE AFRICA.	6,613	149	44	14	378	96	6.1	46	3	50	54	2,684
Angola.	1,247	25.0	46	14	66	95	6.1	47	2	50	53	7,150
Cameroon.	475	23.7	37	11	52	57	4.9	43	3	56	58	2,940
Central African Republic.	623	5.6	45	16	14	109	6.2	45	3	48	52	610
Chad.	1,284	13.7	48	14	37	95	6.5	48	2	50	52	2,130
Congo.	342	4.8	37	10	10	61	4.8	41	3	57	59	5,120
Congo (Dem. Rep.).	2,345	73.3	46	16	194	108	6.6	46	3	48	52	700
Equatorial Guinea.	28	0.8	37	13	1.8	70	5.1	39	3	56	59	22,480
Gabon.	268	1.8	32	9	3.3	43	4.1	38	5	62	64	16,500
São Tomé and Príncipe.	1.0	0.2	36	7	0.42	43	4.3	42	4	64	68	3,030
SOUTHERN AFRICA.	2,675	63	23	10	77	36	2.7	31	5	59	63	12,288
Botswana.	582	2.1	26	8	2.5	31	2.9	33	5	62	67	17,460
Lesotho.	30	1.9	31	20	3.0	59	3.3	36	5	43	46	3,260
Namibia.	824	2.5	29	7	4.7	39	3.6	35	4	62	67	9,880
South Africa.	1,221	55.0	22	10	65	34	2.6	30	6	59	63	12,700
Swaziland.	17	1.3	30	14	1.8	50	3.3	37	4	50	48	5,940

Source: Population and Societies: The Population of the World (2015)

The above table depicts the glooming demographic challenges of Nigeria compared to other smaller countries in Africa. Thus making most universal standard impracticable in Nigeria.

Table 3 – Life expectancy at birth (years, both sexes)		
Indicators	(10 +	Years 11
1 Japan		83
2 Spain		83
4 Switzerland		83
5 Italy		83
8 France (metropolitan)	82	
12 Australia		82
21 Canada		81
26 Austria		81
33 United Kingdom		81
European Union (28)		80
37 Germany		80
39 Portugal		80
54 United States		79
76 Argentina		77
85 China		75
89 Mexico		75
99 Brazil		75
129 Vietnam		73
141 Paraguay		72
144 Ukraine		71
WORLD		71
146 Egypt		71
148 Russia		71
162 Philippines		69
167 India		68
180 Senegal		65
192 Kenya		62
197 South Africa		61
213 Burkina Faso		56
221 Angola		52
225 Congo (Dem. Rep.)		50
229 Nigeria		45

Source: Population and Societies: The Population of the World (2015)

Hence, Wahab came up with the following categorization: 1. The old persons within the age bracket 60-69. This group mostly still very active and or about to disengage from active service. The persons here are mostly healthy, growing well with very high probability of dying well. 2. The “older persons” comprising of persons age 70-79, majority of whom are very much likely to require support. 3. The “oldest persons” made up of persons 80 years and above, who are mostly secluded, prejudiced and discriminated against (ageism). To this last group is attributed all negative things like witch craft, wizardry among others. The truth of the matter as found out by Wahab (2005) is that age among Nigerians is the most controversial and falsified variable especially among people in the formal sector, as an average Nigerian understates a minimum of four or five years from this actual age to still be in service. This very tendency is creating problem to the gerontologist as people who are supposed to be “oldest old” are still being categorized as “old persons”.

To assist gerontologists in resolving the above challenge, I generally see ageing in three perspectives viz; social, psychological and physical. The psychological approach considers the older persons feelings, perceptions and attributes (Rogers, 1979). This refers to the development stages in the emotional, cognitive and behavioral aspects of the individual’s personality. According to Bailey (1976), “the signs of approaching old age are identifiable, the degenerative illness of a relative or close friends of appropriately the same age or increase in old age pain”. The concern here, according to Wahab (2010, 2010b; 2012; 2013) is with the individual’s perceptions of his ageing process and his mental reaction to the process.

Physically, old age is identified with regard to body posture, hair color, voice and ability to see and hear. That is body maturity or biological and physical changes in the individual over time. This is the visible aspect of the ageing process; physically an individual’s body does not age in homogenous fashion. Some parts of it may decline sooner than others (Wahab, 2010a).

Social ageing relates to the movement of an individual from one status to another and is experienced in the course of his life and the manner in which he relates his ageing to his society (Abdulrahman, 1988; Wahab 2008). Social age is gauged by social roles and habits (Wahab, 2011). Older persons’ social roles are defined by the way people at large perceive him (Rogers, 1979). Therefore, how a society at large perceives the aged is the important factor that determines their social roles.

Generally resulting from above intellectual contributions, I often refers all persons aged 60 years and above as older persons. I have also toyed with concepts such as aged, elderly, older persons, old people, senior citizens among others, and used them interchangeably even though I know they are conceptually different.

Empirical Contributions to Demography of Ageing

In a study conducted by Wahab (2005) on social and economic security of ageing, educational status proved to be a key factor to the effect that the more educated are more the likely of growing old and dying well. Upon further probing, most respondents affirmed that education comes with knowledge and enlightenment to take care of one's health among other functions. In the same study, I also found that those who lived in urban or semi urban were more likely to grow old and die well. This still flowes quite well with the earlier finding as most urbanites are educated. Of several concerns, however, was the finding that high family size had significant relationship with growing old and dying well. This finding may not be far-fetched judging from the Pronatal nature of most Nigerians as well as our national population that allowed for four children per woman, thus giving ample room for men to do serious *multiplier* effect within the ambit of the law. This finding is however inimical to development as buttressed by the Caldwell and Caldwell's wealth flow theory. The only safety net, however, has to do with the fact that people wanted both high quality and quantity of children. The realism of such wish is currently being queried by the economic recession and depression.

A corollary study was also conducted on an assessment of the importance of children in old age support system, utilizing logistic regression for males and females, Wahab (2005b) observed that while the male logistic regression model revealed little importance on children, the female logistic regression model had a stronger relationship between children and growing old. The reason has been due to the patriarchal and polygynous nature of our society; men in such situations are aware that once children enter into marriageable ages, the mothers enjoy more benefits from them than the fathers. Often some old men even become bachelor at old age while their wives become rearers of grandchildren outside their matrimonial homes. This concern made some men to marry younger women to keep body and soul together. So growing old and dying well requires women on the side of men and grandchildren on the side of women.

In same year, I was stimulated to study the impact of life time investment in anticipation of old age on growing old and dying well. I realized that younger old persons (60 -69) were more likely to have done such investment in anticipation of growing old and dying well, than the frail elderly (80 years and above). This reason was due to modern social awareness of the need to prepare adequately for retirement. In fact, family type (individuals in monogamous family setting were more likely to have done such investment than those in polygynous family setting). Of major interest here is that those in skill labour planned more about growing old and dying well than those in unskilled labour setting. Therefore, those with one wife and those with minimum of secondary school education were more likely to have invested in anticipation of growing old and dying well than those with many wives and little or no education.

I know that women would applaud the above findings, however on a lighter mood, men with many wives but with a united *front* (unity among the wives) are also likely to grow older and die well. Then, what about men with low educational standard, who just marries educated young ladies to live longer and die well?.

In a study on the impact of old age security on achieved fertility (2010), I found that most respondents gave birth to certain number of children in expectation of growing old and dying well. However, unlike my previous study in 2005, the respondents prefer qualitative children over quantitative children (conforming to Caldwell wealth flow theory). I then investigated the basis for this change in view and came to the realization that changes in time and respondents naturally change findings.

In both studies, the contention was that childlessness was evil and detrimental to growing old and dying well. The respondents only disagreed on number of children required for growing old and dying well. In the same year, I investigated the social-economic differentials and health seeking behavior of older persons and found that educational level, income and place of residence were found to be directly proportional to health seeking behavior. I also found that older persons preferred “combinatorial health care”, a fusion of both hospitals with traditional medicine, mainly due to the supposed efficacy, availability, affordability of herbal products. They get engaged in this because as the saying goes “the end justifies the means (Either orthodox or traditional, the goal is to grow older and die well).

Myths and Realities of Growing Old

Old age has suddenly become the usual stage in life that is erroneously linked with dementia, poverty, frailty, depletion of medicare funds and even bankruptcy (Carstensen, 1994; Wahab 2015). Though it presents formidable challenges to individual and societies, it is still shrouded with fallacies such as loneliness, depression and even intergenerational wars (Wahab and Oludasa, 2012).

In fact, Carstensen (1998) identified three basic myths about growing old (1) there is a foundation of youth or the search for eternal youth and the avoidance of death (2) Ageing is all downhill and all differences are interpreted as age decrements (3) Gender does not make a difference about ageing (gender blind).

Generally, myths associates with old age sees old people as being in poor health, ill or disable, senile, being sad, depressed, lonely, grouchy, sexless; boring, lacking vitality and vigour; unable to learn and unproductive. Such myths are based on lack of knowledge about growing old, leading to negative attitude that support age discrimination, otherwise called ageism (Wahab, 2015).

Is growing old related to number of years or to other traits? Are all older persons the same? The reality of these questions is that growing old is a state of being mature than the number of years, and also all older people are never the same. In reality, growing old is not boring because old age allows for liberation, where a sense of personal freedom allow them to speak their minds and make plans for new and different experiences. Also, the reality is that growing old is affected by gender, culture, education, place of residence among others, tending to make, individual biological variation greater, between people as they grow older (Wahab, 2014).

Adjustments to growing old also differ greatly between individuals consistent within a person's image, goals, attitudes and strategies developed throughout life (WHO, 1999; Wahab, 2013). Wahab (2010b) went further to assert that men and women experience growing old differently as a result of the different roles they have undertaken throughout their lives. He further asserted that generally women tend to live longer than men, and are most likely to be in the majority among the oldest people in the world. He also found out that growing old experience differ for

men and women in terms of chronic diseases such as arthritis, osteoporosis, incontinence, diabetes, dementia and hypertension which are more likely to afflict women while men are more likely to suffer from heart diseases and stroke, The body metabolism and the life style coupled with culture plays a major role in this differentials.

There is a general myth that growing old is synonymous with unwellness. However, in reality, growing is not an affliction, but a natural part of the life cycles. Hence, growing old does not mean becoming sick or morbid, as some can be more active than others.

As corollary to the above, Wahab also debunked the myths that disability comes with growing old. He found that in reality, some older persons remain physically fit and well into after life. Some remain very alert and active in even their late seventies, though frail, yet active. He was also able to successfully debunk another myth that growing old and older persons are economic burden to the family and friends, due to rising health cost among others. But, in reality Wahab (2012) found out that they are capable of learning new skills and redirect life along growing old, contribute to family income, communities and even many are bread winners in intergenerational households.

Challenges in the Study of Demography of Ageing in Nigeria

Ordinarily, this period is not propitious to embark on demography of ageing research of Nigeria. This is due to the large number of children and young people of the baby boom cohorts that are yet to come of age. Thus, public attention and policies are on young people, reflecting traditional investigation into old age as ill-timed.

To the proponent of this thought, the Nigerian population is seeing on growing old, a term jokingly borrowed for this presentation. This school basically rejects attention on the “negligible” five percent of older persons, while focusing on the significant ninety-five percent that are both youthful and working populations. However, the second school of thought led by Wahab, strongly opined that it would be statistically wrong and dangerous to ignore the raw population of the older persons and socio- economically calamitous, as five percent of one hundred and eighty million, is a whopping nine million older persons (more than the total population of Liberia, Mauritania and Gabon combine see table 1 above). In fact, of all the 58

countries in Africa, only 32 countries have a total population of more than nine million and above.

The below table underscores the need for both teaching and researching in Demography of Ageing.

Table 4: Total population of selected countries

S/No	Country	2014 Projected Population
1	Benin	9,742,000
2	Somalia	9,662,000
3	Burundi	9,023,000
4	Togo	6,675,000
5	Libya	6,323,000
6	Sierra Leone	5,823,000
7	C.A.R	5,217,000
8	Eritrea	4,980,000
9	DR Congo	4,525,000
10	Liberia	3,881,000
11	Mauritania	3,461,000
12	Nigeria	181,504,000

Source: Population Reference Bureau, 2014

Table 5: Nigeria Age Structure using 2006 Census

Age (Total)	Population (140,431,780)	Percent (%)
0-4	22,594,967	16.09
5-9	20,005,380	14.25
10-14	16,135,960	11.49
15-19	14,899,419	10.61
20-24	13,435,079	9.57
25-29	12,211,426	8.70
30-34	9,467,538	6.74
35-39	7,331,755	5.22
40-44	6,456,470	4.60
45-49	4,591,293	3.27
50-54	4,249,219	3.03
55-59	2,066,247	1.47
60-64	2,450,286	1.74
65-69	1,151,048	0.82
70-74	1,330,597	0.95
75-79	579,838	0.41
80-84	760,053	0.54
85+	715,225	0.51

Source: NPC Census, 2006

Attitude to Ageing / Ageing research

In almost 2 decades of research in this field, I generally opined that there is problem with accepting and internalizing such labels as “old, elderly, senior and aged”. However, the reality is that it takes a while to live with such labels. Coincidentally, we all pray to become old, but no one is ready to be called a *geron*.

Recently in Nigeria, ageing has become a curse rather than blessing, contrary to what was obtainable in traditional Nigerian society, where it was rather a blessing to grow old. This current perception is due to the fact that this category of people that requires support from both family and government, are hardly included in development plans. There is a salience of age and growing denial of age due to the belief that old age is a dark period of irrecoverable physical and cognitive ability. On a lighter mood, I have a female colleague who prefers to dress to kill and look like a lady always; I normally smile when I see her. One day she called me, Elias why are you always smiling when you see me and I said, you are always looking sweet ma. She then responded, thank you my Dear! What I really had in mind for smiling always was her refusal to accept old age. The day I decided to tell her that she was getting old, she was very angry with me. However, society must accept the realities of ageing. Another older female colleague warned me one day to stop using “Ma” for her but call her by her first name because she is still young and I spontaneously retorted, “Ok, Ma”. She was very angry with me.

Wahab (2005) asserted further that coincidentally, most ageing researchers who creates expectations, conducts research, partake in policies, engage in practice, related to old people and old age are not old themselves. Such researchers are often outsider to the very people and phenomena they seek to study and understand, as the saying goes “he who wears the shoes knows where it pinches” Therefore, how affective neutral using Talcott Parsons phrase are such researchers?

Wahab and Isiugo-Abanihe (2008) agreed that the physical environment and conditions of life affect the place which individuals and population age. The affecting social factors require

concomitant social institutions to address them. However, in reality, the care of older persons in Nigeria is within the family setting.

While examining the welfare of the older persons in a depressing economy, Wahab (2010) asserted that, the negative impact of urbanization, modernization and industrialization on such family care and life can never be exaggerated. This is due to rapid social changes within and outside the family setting, thus reducing the safety net of care givers. This is unlike the traditional setting, where values, practices and social institutions, place greater emphasis on group actions and choices. The post-modern societies on the other hand are relatively kinless, with fragmented family ties and limited or no support system for older persons. Such role conflict, Wahab asserted has negative consequences on family members as they grow old. Thus, affecting their health care, living arrangement and even financial management.

Methodological Orientation and Contribution

Essentially, I belong to the empirical sociology school of thought, as my research reflects deep intellectual root in social epistemology. As an apologist of methodological triangulation, I have been able to harness the beauties of quantitative and qualitative data. My researches in demography of ageing principally challenge the status quo.

Poverty Coping Strategies and Health Seeking Behaviour

My studies in this regard established a positive correlation between poverty, and acceleration of old age. Poverty was linked to earlier physical ageing, thus, people wear out easily. Essentially, most *gerons* are trapped into poverty and they embark on sales of petty items to survive, others even embark on street begging. The level of elderly neglect and abuse were related to poverty. Most were even socially excluded, thus further hampering the welfare. Unfortunately the earlier safety net provided by the “extended family” has been weakened and compromised by nuclearisation of the family, modernization, industrialization and even urban renewal cum urbanization.

More unfortunately, I found out that things are more terrible under economic recession, as those who ought to have taken care of them are either unemployed, mis-employed and/or even under-employed; this definitely accounts for rise in intergenerational households. In such households,

an older person who ought to have been cared for, eventually becomes the care givers! Such practice was found to be more prominent in traditional setting, towns and villages than cities.

As a corollary to the above, I generally found out that the health seeking behavior of these *gerons*, is quite unique. Most of them prefer traditional medicine over orthodox medicine. The former to them is more efficacious, deep, thorough and long lasting while the latter is fast and short term. To them, the herbal concoction is also trusted with no side effects due to age long interaction. I later found out that the issue of affordability, availability and even accessibility to orthodox medicine further influenced their preference for traditional medicine.

On the other hand, the older persons in the cities prefer the combination of both, herbal concoction and hospital, yet they complain about the cost and accessibility (spending 3 hours before seeing physician in several hospitals and 24 hours minimum wait for medical test results).

All the above among others make them to prefer traditional medicine (long expectation, effectiveness, efficiency, affordability, availability). To them, this is *sine qua non* to growing old and dying well. I also found prominence of dementia and alzheimer among the *gerons*. Some can even be early onsets (50-59) resulting in poverty, loss of memory and independence. Dementia is the loss of cognitive abilities particularly loss of memory.

Apart from above, Wahab et al (2010) identified the major medical conditions affecting the *gerons* to include coronary heart disease, low back pain, weaknesses, headaches among others.

Access to pension, gratuity and housing loan scheme.

Table 6 presents the odd ratios of two logistic regression models examining the effects of some basic characteristics on the likelihood of ever to have benefited from housing loan scheme. In this regard, separate models are developed on the basis of gender, examining the effects of the independent variables on the likelihood of ever benefiting from housing loan scheme by sex of the respondents. The variable is coded 1 for those ever to have benefited from housing loan scheme, and 0 if otherwise. The aim was to assess the effect of each of the independent variables (with respect to defined categories) on housing loan scheme while others are held constant.

According to the Table, family size, type of family, education and living arrangement are significantly related to access to housing loan scheme. In the male model, with the exception of

family size and religion, all the characteristics are insignificantly associated with access to housing loan scheme. In this model, while those with 1-3 children are 1.7 times more likely, those with more than 6 children are 22 percent less likely to have benefited from housing loan scheme than those with 4-6 children. With respect to religion, those who are traditionalists are 65 percent less likely to have benefited from housing loan scheme than the Muslims.

In the female model, while those with 1-3 children are 1.6 times more likely, those with seven and more children are 33 percent less likely to have benefited from housing loan scheme than those with 4-6 children. With regard to religion, those who are traditionalists are 2.5 times more likely to have benefited from housing loan than the Muslims.

TABLE 6: Odds ratios from two logistic regression models examining effect of selected characteristics on likelihood of ever benefited from housing loan scheme.

MALE			FEMALE	
Characteristics	Odds	S.E	Odds	S.E
AGE				
60-64	1.41	0.446	0.74	0.324
65-69	1.00	Rc	1.00	Rc
70+	1.81	0.539	0.82	0.408
Education				
None	0.78	0.537	0.74	0.354
Primary	1.16	0.473	1.31	0.435
Secondary	1.00	Rc	1.00	Rc
Marital status				
Married	0.34	0.657	0.88	0.357
Divorced/Separate	0.34	0.848	1.35	0.510
Widowed	1.00	Rc	1.00	Rc
Religion				
Christians	1.14	0.425	1.04	0.299
Islam	1.00	Rc	1.00	Rc
Traditionalist	0.65*	0.596	2.47**	0.573
Family size				
1-3	1.67*	0.682	1.57*	0.476
4-6	1.00	Rc	1.00	Rc
7+	0.21	0.335	0.33	0.254

-2 log likelihood

382.463

598.217

Model chi-square

64.767**

64.502**

*Significant at $P < 0.05$ ** Significant at $P < 0.01$

Rc -reference category

Table 7 presents the odds ratio of two logistic regression models examining the effect of some basic characteristics on adequacy of gratuity. In this regard, separate models are developed on the basis of gender, examining the effects of the independent variables on the likelihood of adequate gratuity by sex of respondents. The dependent variable is coded 1 for adequacy of gratuity and 0 if otherwise. The aim was to assess the effect of each of the independent variables (with respect to defined categories) on adequacy of gratuity while others are held constant. According to the Table, while age of the respondents, education and family size are significantly related to adequacy of gratuity among males, in the female model with the exception marital status, all the characteristics are significantly related to adequacy of gratuity.

Table 7: Odds ratio of two logistic models examining the effect of selected characteristics on adequacy of gratuity.

MALE			FEMALE	
Characteristics	Odds	S.E	Odds	S.E
Age				
60-64	2.01*	0.373	0.62	0.312
65-69	0.97	0.363	0.72*	0.325
70+	1.00	Rc	1.00	Rc
Education				
None	0.342	0.548	1.02*	0.390
Primary	0.245	0.423	0.95*	0.324
Secondary	1.00	Rc	1.00	Rc
Marital status				
Married	1.04	0.478	0.82	0.309
Widowed	2.28	0.481	0.93	0.363
Divorced	1.00	Rc	1.00	Rc
Religion				
Christian	0.81	0.478	1.26*	0.333
Muslim	1.24	0.481	1.38	0.343
Traditionalist	1.00	Rc	1.00	Rc
Family Size				
1-3	2.73*	0.412	3.40*	0.338
4-6	2.57*	0.336	1.85*	0.240
7+	1.00	Rc	1.00	Rc

-2log likelihood 195.804 231.138

Model chi-square 39.916** 19.536*

*significant at $p < 0.05$ **significant at $p < 0.01$ rc-reference category

In the first model, while male respondents aged 60-64 are 2.0 times more likely to, those aged 65-69 are 97percent less likely to have reported adequacy of gratuity than those aged 70years and above. With respect to education, while those without education are 34 percent less likely to, those with primary education are 25 percent less likely to report adequacy of gratuity than those with secondary education. With respect to family size, while those with 1-3 children are 2.7 times more likely to, those with 4-6 children are 2.6 times more likely to report adequacy of gratuity than those with seven or more children.

In the female model, the result indicates that aged 60-64 years are 62 percent less likely to, those aged 65-69 are 72 percent less likely to have reported adequate gratuity than those aged 70 years and above. As regards education, those with primary education are 95 percent less likely to report adequacy of gratuity than those with secondary education. With respect to religion, while Christians are 1.3 times more likely to, Muslims are 1.4 times more likely to report adequate gratuity than those who are adherents of African traditional religion. Finally, while those with 1-3 children are 3.4 times more likely to, those with 4-6 children are 1.9 times more likely to report adequate gratuity than those with seven or more children.

Table 8 presents the odds ratios of two logic regression models examining the effect of some basic characteristics on the likelihood of regular pension. In this regard, separate models are developed on the basis of gender, examining the effects of the independent variables on the likelihood of regular pension by sex of respondents. The dependent variable is coded 1 if receiving regular pension and 0 if otherwise. The aim was to assess the effect of each of the independent variables (with respect to defined categorize) on regular pension while others are held constant. According to the Table, while age of respondents, religion, and family size are significantly related to regular pension in model 2, in the Male Model, with the exception of religion, all other factors are significantly associated with regular pension. In this model, while males aged 60-64 are 1.2 times more likely to, those aged 65-69 are 2.0 times more likely to report regular pension than those aged 70 years and above. In terms of religion, while Christians are 2.1 times more likely to, Muslims are 2.4 times more likely to report regular pension than

adherents of African traditional religion. With respect to family size, while those with 1-3 children are 2.8 times more likely to, those with 4-6 children are 1.4 times more likely to report regular pension than those with seven or more children.

In female model, age shows that while those ages 60-64 are 1.7 times more likely to, those aged 65-69 are 1.2 times more likely to report regular pension than those aged 70 years and above. With respect to education, while those with no education are 1.6 times more likely to, those with primary education are 1.2 times more likely to report regular pension than those with secondary education. Marital status shows that while currently married are 1.7 times more likely to, those who are widowed are 1.5 times more likely to report regular pension than the divorced and separated. In terms of family size, while those with 1-3 children are 2.4 times more likely to, those with 4-6 children are 86 percent less likely to report regular pension than those with seven or more children.

TABLE 8: Odd ratios from two logistic regression models examining the effect of selected characteristics on the likelihood of regular pension.

Characteristics	MALE		FEMALE	
	Odds	S.E	Odds	S.E
Age				
60-64	1.19*	0.321	1.67*	0.286
65-69	1.65*	0.356	1.20*	0.296
70+	1.00	Rc	1.00	Rc
Education				
None	0.55	0.461	1.56*	0.378
Primary	0.51	0.353	1.24*	0.309
Secondary	1.00	Rc	1.00	Rc
Marital status				
Married	0.58	0.496	1.67*	0.289
Widowed	0.53	0.552	1.50*	0.350
Divorced	1.00	Rc	1.00	Rc
Religion				
Christian	2.10*	0.400	1.05	0.334
Muslim	2.41	0.401	0.98	0.343
Traditionalist	1.00	Rc	1.00	Rc
Family size				
1-3	2.79*	0.405	2.42	0.345
4-6	1.43*	0.300	0.86	0.242
7+	1.00	Rc	1.00	Rc

- 2 log likelihood	446.189	639.393
Model chi-square	11.288	25.995**

* Significant at $P < 0.05$ ** Significant at $P < 0.01$

Rc = reference category

The logistic regression models that examined this phenomenon indicate that family size and age are statistically related to access to housing loan scheme. This result suggests that the most important factors responsible for house ownership are housing loan scheme, adequate child support, actual number of children, adequacy of gratuity and regular pensions. This study confirms the position articulated by Bloom (2003) that one of the critical factors for the wellbeing of the elderly is house ownership. To her, the income from rent age could be used to meet some social needs. The implication of the foregoing in Nigeria is the need for housing policy for the elderly. It was also substantiated by the report from the qualitative study where the participants urged for the establishment of a low-cost housing loan scheme. Such a scheme should include the elderly who must be involved in all stages of planning, implementation and its evaluation.

Secondly, the analysis indicates that the majority of the respondents do not earn gratuity. Therefore, very few of the respondents rely on gratuity to survive. This is judging from the fact that less than five percent of Nigeria's elderly earned gratuity. The implication of the foregoing is that the chi-square values indicate that only education and occupation are related to adequacy of gratuity. On the other hand, the study reveals that religion, education, occupation and living arrangement are related to regular pension. The logistic regression that examined the foregoing indicates that family size and religion are significantly related to regular pension.

The foregoing observation confirms the finding of Akeredolu-Ale (2001) that the public policy which has prevailed in Nigeria since 1960 has very largely, neglected the problems and needs of the elderly, failed to address issues relating to the old age security and wellbeing of the citizens. The implication is that social services are inadequate and largely inaccessible to most of the elderly, in both urban and rural areas. There are no special provisions for the elderly (for example health care, transportation, recreation etc.) and the whole question of social security in old age is not yet of serious concern to the state. Ideally, social security provision is a major factor in the wellbeing of the country's elderly. However, in a country where such provision is

limited to the very few government employees, the picture is best imagined. One of the essential elements of the wellbeing of any elderly is income security. This is well established in South Africa and Namibia. To the elderly in these countries, old age is a blessing rather than a curse. It is also pertinent to note that socio-demographic characteristics of the elderly are major variables in the determination of the wellbeing of the elderly. The foregoing points to the importance of investment in anticipation of old age. This investment is both capital and human, therefore the elderly with well brought up children demonstrated higher wellbeing than their counterparts with little education and lower occupational status. As observed by Akeredolu-Ale (2001), socio-demographic characteristics of the elderly and the provision of essential formal social security facilities will enhance the social wellbeing of the elderly. This study confirmed the above claim with emphasis on housing loan scheme, pension and gratuity. Thus, the study confirms the conceptual framework. The gradual improvement in the amount and regularity of pension and gratuity are indications of government response to their importance in old peoples' wellbeing.

Wahab found the above to be rather abnormal and disturbing. In fact, less than 5 percent of older persons worked in the formal sector. Therefore, a clear great number of them work in the informal sector, where there is no retirement age nor pension or gratuity. To this very great multitude, child production (family size) is the surest pension and gratuity. These children (investment) were well reared in anticipation of supports at old age, thus among the Yoruba speaking people, childless (agon) is a condemnation to poverty at old age as the saying goes, *a jeun omo* (enjoy the reward of child birth). This thinking provides a veritable justification for the pronatal nature of an average Nigerian Man. I found an average family size of 5 children per woman, coupled with our over polygynous traits (one man, many wives). So, having less than required was sinful, abominable or careless. For instance, my late father once told me that he had more than one wife due to frequent prodding from his family of orientation, being the only surviving son of his parents. Thus the urge to multiply was cultural.

Therefore, some older persons have atleast half of a football team others even have referees and I consistently encountered the Yoruba myth of *anka omo fo lo mo* (counting and mentioning of procreated children is a taboo). However, I investigated the Caldwell and Caldwell (1982) wealth flows theory, which posits that bearing more children then was beneficial than costly as wealth used to flow from the bottom to the top. Caldwell's theory has two propositions:

traditional and modern; and continued high fertility and declining fertility. I soon found out in Wahab (2009) that the reverse is now the case, as it is more costly than beneficial to have many children today, as wealth now flow from the top to the bottom. Again, I came across another Yoruba idiom, *olorun lon wo omo* (God is the best carer, number is immaterial). This pro natal Yoruba's justification has sociological implication in Darwinist survival of the fittest and Hobbesian state of nature.

My findings earlier presented on intergenerational household further called to question the Caldwell and Caldwell (1982) wealth flow theory, as these days you find that it is more expensive giving birth to many children due to increased school fees, cost of care for qualitative child training. And even after schooling, you still have to bear the responsibility of getting them jobs, marriage expenses, settling them down and even times taking care of their spouse and children.

Thus, I found little or no justification for high number of children in my studies, so I resolved personally to have two. Essentially, without loosening track of the argument, there are no pensions nor gratuity nor even housing loan scheme for over 90 percent of older persons. Even the very few, who were "opportuned" to have served in the formal sectors, had neither enough gratuity nor prompt pension. And you find some of them slumping on queues for pensioner verification exercise among others. The collapse in economic boom of Nigeria even worsened the housing loan scheme. So the real situation I found out is God for us, everyone for himself.

Certainly this is no good news and our 30 years of meritorious services to fatherland's land has not been proportionally appreciated. The pension administrators and managers are growing fat, while the pensioners are growing thinner. Conclusively, retirement benefits are rarely enough to stimulate growing old and dying well.

Policy and Programme Contributions to Demography of Ageing

This is another area of my intellectual contribution to sociology and society. The Nigeria's 1999 Constitution under Chapter II (Fundamental Objectives and Directive Principles of State Policy) stated that all Nigerians irrespective of age were guaranteed against exploitation whatever, and against moral and material neglect. I have always found the gross violation of the above in all my studies, even though inherent in the above is the recognition of social sovereignty for all

citizens in need. Such policy and plans should be put in place by both Federal and State governments to enhance growing old and dying well. This is expected to include pension, income tax reliefs, medical benefits, monthly stipend for older persons, financial support, upgrading of old people's home, day care centres among others.

In spite of the large Indian's population (above one billion people), its senior citizen policy of 2011 covered socio-economic, financial, health and shelter issues and focused on more vulnerable groups such as the elderly woman, rural poor among others. Indeed, no wonder the India's senior citizens are growing old and dying well.

The Nigeria old people's policy should intervene in the following areas to enhance growing old and dying well:

- Income security (public distribution system of those below poverty line; income tax and microfinance)
- Health care (affordable, available and accessible health facilities)
- Safety and security (social inclusion in decision making and yearly get together of senior citizens at the local government level to enhance sense of belonging)
- Housing needs (affordable housing scheme should be put in by government and citizens can pay across time)
- Enhancement of productive ageing

Living Conditions as indices of dying well

It is no longer news that the world's population has transited from high birth and death rates to low birth and deaths; what is however news is that such transition is the major cause in the growth in the number and proportion of older persons. UN population Division (2000) predicted this to continue into centuries. Of great concern is that the greater majority of this growth is expected to occur in developing countries like Nigeria. Wahab (2011b) affirmed that this good news may become disastrous due to policy somersault and cultural imperialism, I had earlier cited poor pension scheme, insufficient gratuity, and non-existent housing loan scheme as depleting the living conditions of the older persons, and this necessitates different coping

strategies as identified by Wahab (2008a; 2008d; 2010c; 2012a). Unfortunately, all the above coping strategies either further deteriorated their living conditions or merely ameliorating them.

Furthermore, the expected supports from adult children are already jeopardized due to unemployment and economic recession, thus increasing older person's dependency ratio (Wahab, 2008a;2010c; 2011a). As a Corollary to the above, the intergenerational household was expected to assist in the care and support of older supports. However, in reality, the older people indeed are the bread winners in such household as they care and support their children; Partners; grandchildren among others.

Interestingly, the hitherto developmental indicators such as modernization, urbanization and westernization had weakened the vibrant informal support/ old age security system, thereby making the care of type of old person a no man's business. As you are all aware, such business is a veritable ground for poverty, sickness, frustration, aggression, and non-dying well. As Wahab once put it such lack of support is proportionally correlated to systematic morbidity and mortality.

As asserted above, the nuclearisation of the family structure, relative poverty and the resultant economic crises provide ample ground for adult children from providing the expected traditional support roles. Wahab (2005) in this vein examined the social exchange theory of Blau (1947) and Homas (1956). The theories attempt to explain motivation for behaviors, and the balance and structure of exchanges. On this point, Gouldner (1958:22) stressed that social exchange assumes some principles of reciprocity such norm of reciprocity defines certain actions and obligations as payments for benefits received: These theories makes two (2) interrelated minimal demands:

- A. people should help those who have helped them
- B. people should not injure those who have helped them (so you can see that sociologist can be biblical and Quranical – love thy neighbor as thy love yourself

The nexus of these theories to this paper is that much of human suffering as well as much of human happiness has to its source in the action of other human beings. For instance, the neglect of older persons is due to the actions of government and their immediate families. Some social associations are intrinsically rewarding, for instance, children had pleasure in caring for their parents. This mutual affection is sociologically relevant and rewarding. Therefore, children and

their parents benefit simultaneously from the social interaction and the only cost they incur is the indirect one of giving up alternative opportunities by devoting time to the association. A person who fails to reciprocate favour is accused of ingratitude.

More fundamental is the fact that there is very limited social security system for the older persons in Nigeria, resulting in more, profound poverty among them. Coincidentally, beneath of all my studies recommendation has been the needs of older persons for support in the society. This clamor although affect them differently depending on sex (older women are far more vulnerable to poverty than their men counterparts); location (older persons residing in rural areas have been discovered to be more prone to poverty than their counterparts residing in urban or semi-urban areas); size of cohort (the larger the size, the more they are prone to poverty), economic resources (individual, familial and national); norms inherited from the past and individual's live experiences and personality. For instance, marital status (those in polygynous marital setting are less prone to poverty than those in monogamous marital setting); patterns of childbearing (those with less than 3 or 4 adult children were more prone to poverty than those with more than 4 children in the rural areas, incidentally, the reverse was the case in the urban or semi-urban areas). All these among others influence the nature, type, source, quality and quantity of support available in older age. While co-residence of older persons and adult children is more common in semi-urban or rural areas, the reverse was the case in the urban areas. This has direct consequences for economic security, especially in the rural areas, where majority of the older persons reside. This is coupled with the fact that pensions are paid only to a small proportion of older persons who are eligible because of earlier employment in the formal sector or few older persons who were able to save or few older persons who were able to save or invest for their old age. Wahab (2008d) averred that family type, occupational status had positive relationship with life time investment in anticipation of old age. He further asserted that male were 1.6 times more likely to have saved or invest for old age than their female counterpart using logistic regression analysis. The same analysis asserted that male aged 60 – 69 years are more likely to have saved or invested in anticipation of old age than those age 80 years and above. I therefore concluded that older persons suffer a large financial care gap because of the lack of a comprehensive and adequate social security system.

The real threat of poverty among the older person women has been further exacerbated by social exclusion. Wahab (2013b) found out that more than half of the respondents admitted to have been discriminated against based on their age. They also agreed that household poverty is an important predictor of whether or not on elderly persons would be socially excluded. I therefore concluded that changing social system have severe implications for the welfare of the older persons.

There is also the deteriorating health conditions experienced by many older persons particularly, women at more advanced ages. The care of the frail elderly and physically challenge becomes increasingly problematic both in terms of stress placed on care providers and care givers as well as the mobilization of the appropriate resources to meet their basic needs. According to Peil (1991), as life expectancy rises, young couples are more likely to be called upon to provide for their older parents than these parents were at the same stage of the life cycle, at a time when increasing emphasis on educating one's children, rampant inflation and widespread unemployment of young adults make adequate provisions for older persons difficult.

The situation among older persons without children of their own was even more pathetic. For instance, those with no living children tend to risk the chances of isolation and lack of support (Wahab and Ajiboye, 2014). All the above are crucial variables, which determine whether an individual would live a befitting living conditions and die well.

In Nigeria, evidences from literature and observations reveal that social exclusion, attendant hopelessness and deprivation of a segment of the older persons are now beginning to come to full glare. A typical example can be found among the pensioners who protested due to the non-payment of their gratuities or who fainted and died during the monthly pensioners verification exercise or who beg at major motor parks for money or those who have become destitute. Yet, these are very few lucky ones in the organized paid labor. The situation among the older women is more even precarious and pathetic. Even though women have experienced greater increase in life expectancy than men, and because women frequently outlive their husband, they experience a distinct drop in the standards of living on the death of the spouse because much of their societal access to resources have been channeled through their spouse which often is one of the potential source of exploitation and feminization of poverty in later life (Delphi, 1984, Peil 1995, Amber and Ginn, 2002; Bloom et al, 2003; Mba, 2007; Wahab 2012).

It would be germane to say at this juncture that, as the population ageing of the world continues unabated, it is evident from the various literatures that, very little attention has been paid to older persons in Nigeria; in fact, the welfare of older persons has received very little attention.

The argument by the Government is that there is an existing extended family system, that generally protects and provides for the welfare of older persons in rural areas. This may account for successive governments policies and programmes focus on challenges facing youth and adolescence at the detriment of older persons.



FIG A



FIG B



FIG C

The above pictogram of three individuals (all female) with different life styles and chances, living conditions yet of the same age group. I think you will all agree with me that fig. A is looking more glowing and sparkling in her late seventy than figs B and C, and has the likelihood of dying well than others. However, what is dying well? Dying has its own trajectory, sometimes short and steep, sometimes with recurring crises and transient improvement. Obviously, sudden death, whether from accident or massive heart attack or stroke, does not have much trajectory. Dying well is regardless, implies putting medical care in proper perspective. Most of the researchers in this area affirmed that dying is a awful process, yet dying well takes planning and choices. Dying well is not just a matter of getting ones affairs in order and ensuring that health care proxy is well informed of its emergency conditions. Essentially, there are three components of dying well. 1. Medical care needs to be put in proper perspective. 2. Dying well has close connection with ones faith. 3. Dying well means living well with God.

Development of Group–Atomistic Theory of Ageing : Theoretical Contributions

In the course of my research, I developed the above theory. This was after the theory had satisfied the following; the two hitherto polar ends were brought together and named “Group – atomistic” theory,

Which asserts to the complementary nature of support from government and individuals? This new theory overcame the challenges of structuralism and interactionism, as it account for both exogenous and endogenous factors militating against the welfare of older persons.

My Contributions to Methodology

The original research aimed at finding the various socio-economic and demographic implications of the ageing process involved the collection of descriptive data on both the respondents and their immediate families (Wahab, 2005). However, it was difficult tracking down their children and this has obvious implications. It was soon to be discovered that there were very little literature to draw upon in Nigeria, and that studies elsewhere, especially in the developed countries, were not very useful. Thus, the need for preliminary anthropological work was stronger than in main stream demographic studies like fertility and migration. There was also the need to keep community excitement and interest at the minimum. This is to increase the willingness of the target population to meet the researchers (Akeredolu-Ale, 2001).

Unlike in fertility survey, the critical ingredients for success proved to be the caliber of the interviewer, not merely in terms of intelligence, training and competence, but also in personality. It was noticed that an interview that would take one hour in fertility surveys could take three or more hours in demography of ageing, yet the older persons had less time to spare. Thus the interviewers needed to inspire and understand the disposition of the subjects at every question. This created greater responsibility on the interviewers than in fertility surveys and therefore required greater cooperation between supervisors and interviewers (Wahab, 2009a).

There was the need to specially train the interviewers the act of respect and greetings. There was the need for letters of identification unlike in fertility studies. Somewhat to my surprise, i found out that the respondents had more belief in university oriented research than government sponsored research. This is due to the fact that they have lost faith in government with unfulfilled promises; this is uncommon in fertility survey (Wahab, 2005).

It was also noticed to my greatest amusement that older persons preferred to be interviewed when at least one of their wards is around. The reason being to remind them of certain things when in need. This had failed in several fertility studies, it breached the principle of confidentiality (Akeredou-Ale, 2001; Wahab, 2005).

In early fertility studies, it was the norm for the supervisors to check with the interviewers the location of the sampled household to complete schedules and a time to re-interview the subject to check facts. This is not possible in older person's studies because it could generate hostilities (Abeles and Riley, 1972).

The above methodological modifications of the practices in fertility research raised questions of central importance with regard to the verification of the research. The fundamental problem was that it was difficult to locate the older person children for interview and to resolve this; Wahab (2005) developed three methodological approaches:

The first has been the need to return to the extended family members who live with the elderly person. It was felt that they lived together. Yet this posed further epistemological problem because the older person may not confide fully in such person.

The second method of verification employed was to collect data with addition of a series of questions on their children's occupation, coping mechanisms, place of care when sick, and relationship with children partners among others.

The third method of verification aimed at checking the facts and figures of the respondents due to failing memory. This requires the use of certain events, which, they remember more than dates. All the above constitute epistemological advances that are uncommon in the study of fertility and even migration. This is one of the reasons why gerontological researches can be time consuming and eventful.

To ensure growing old and dying well, the following steps must be addressed:

i. Reducing obesity:

The proliferation of processed and high calorie foods, coupled with sedentary life style should be curbed, as this can help to reduce heart disease, diabetes and hypertension.

ii. Addressing Diabetes:

Diabetes increases the risk of heart diseases, kidney disease and other conditions that can shorten life. So, there is the need for diet low in sugar and good physical activity and good sexual life can assist .

iii. Reducing Blood Pressure:

Lack of exercise and high sodium diet contribute to hypertension and high blood pressure. There is the need for regular screening and taking regular medication.

- iv. Reducing salt intake: Need to reduce sodium intake to the barest level.
- v. Reducing excessive drinking: Excessive drinking can affect the liver and lead to cancer as well as contribute to high blood pressure. So government can assist by increasing the cost of alcohol to deter excessive drinks.
- vi. Reducing smoking: There should be ban in public smoking and tobacco products should be heavily taxed to deter smoking.

In short, excess of everything can affect effective growing old and dying well

Recommendations

Finally, the following are my recommendations to enhance growing old and dying well.

- The concept of old people home needs to be reviewed to meet up with the latest trends in developed countries. This should entail the provision of necessary facilities and policies. Otherwise, the government should encourage family care and supports for older persons, such care would be family based.
- Governments at all levels should accept the responsibility for the care and support for older persons such as financial assistance in form of monthly stipend. The five thousand stipend currently being given by the government is only for unemployed youths, thus neglecting the older persons, who are more vulnerable to poverty.
- There is the urgent need for a comprehensible old person's policy.
- Pensions, gratuity, housing loan scheme, income tax relief among others should be given to older persons in need.
- Availability, accessibility and affordability of health care facilities should be enhanced.

- A programme and policy to give stipend on monthly basis for all those aged 65 years and above should be put in practice.
- The extended and compound families system needs to be rekindled.
- There should be upward review of pensions in line with Section 173(3) of the Constitution. This Constitutional provision states *inter alia* that pensions should be reviewed every five years or anytime worker's salaries were reviewed. This has been due since July 2015.

Concluding Remarks

- ✚ Population ageing has become a source of major concern worldwide
- ✚ The rate of population ageing in Nigeria is the fastest in Africa and at a greater speed compared with developed countries.
- ✚ The above mentioned rapid rate, coupled with dearth of socio-economic and health care infrastructure is impeding growing and dying well
- ✚ The collapse of extended family system and the rise of nuclearisation of family are a major factor eroding care and support of the older persons.
- ✚ The failure of successive government to respond to the challenges of population ageing is rather unfortunate and an indication of lack of fore sight on the part of our agents of governance.
- ✚ The time for leaders of thought, government, politicians, and donor agencies to act is now.
- ✚ The ultimate goal of life is growing and dying well, A gerontologist has spoken.

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