

Economic recession, challenges and coping strategies among the rural aged in Selected communities in Ile-Ife of South-Western Nigeria

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Abstract. Many studies have been carried out on the impact of economic recession on the populace, however these studies have failed to focus on impacts on rural aged. This oversight may be attributed to the fact that provision of care and support for aged parents is considered the responsibilities of the adult children and other relatives in the Nigerian context. Inspired by the challenges faced by the rural aged during the last Nigeria's economic recession, this study was conducted to investigate the impact of economic recession on the rural aged, particularly as it affects the high costs of their drugs, nutrition and adult children's inability to provide the necessary care and support due to unemployment and underemployment and mechanisms employed to mitigate these shocks. Four low-income residential rural areas in Ile-Ife namely: Abiri-Ogudu and Owena in Ife East and Tokere and Akile in Ife Central Local Government Areas were purposively selected for the study. Primary data was obtained utilizing both quantitative and qualitative data. In all, 240 questionnaires were administered to both men and women aged 70 years or older out of which 200 were retrieved from the selected communities. Altogether, 16 in-depth interviews were also conducted with men and women aged 70 years or older. The results indicate that the economic recession affected the aged in various ways including their inability to afford food and drugs due to high cost. Also, poor living condition, increased poverty combined with adult children's inability to provide financial and material support were found to have resulted to the aged inability to eat nutritious food or three times in a day. The coping strategies adopted include involvement in subsistence farming, petty trading, dependence on remittances from offspring, financial and material assistance from religious organizations, working for other people, alms begging and pension among others. The paper concludes that the economic recession has impacted negatively on the rural aged and suggests that there is need for government to address the needs of the rural aged left behind by their adult children who are in search of greener pasture in towns and cities.

Keywords: economic recession, rural aged, challenges, coping strategies, Nigeria.

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Introduction

The last two decades have proven extremely thorny for the Nigerian economy. The economic situation was so bad that the Central Bank of Nigeria (CBN) and the Minister of Finance (2016) announced that the Nigerian economy was in recession. The set of macroeconomic data released by the National Bureau of Statistics (2017) also proclaimed that the economy was in bad shape and has indeed slid into recession, contracting to -2.06 percent in the second quarter of 2016 after an initial negative growth of -0.36 percent in the first quarter of the same year. Since then, the term “economic recession” has become a subject of commentary by different shades of analysts, public affairs commentators and has also been a daily song on the lips of every Nigerian including the aged (Noko, 2016). It comes to no surprise that economic commentators Onyinye Nwachukwu and Chux Ohai in their article published in *The Punch Newspapers* (2016) entitled: ‘Nigerians groan as economy bleeds’ lamented the acute poverty and hunger being experienced by Nigerians as a result of the downturn of the economy.

According to Alisi (2016), economic recession is a period of general economic decline usually as a contraction in the GDP for six months (two consecutive quarters) or longer. The period is usually marked by high unemployment, stagnant wages, and fall in retail sales accompanied by high increase of inflation resulting to low purchasing power of many people. The National Bureau of Economic Research (NBER, 2008) defines a recession as a significant decline in economic activity spread across economy, lasting more than a few months, normally visible in a real gross domestic product (GDP), real income, employment and industrial production and wholesale-retail sales. Eneji, Mai-Lafia and Weiping (2013), observe that the current economic crisis confronting the Africa’s most populous country has had a catastrophic and debilitating effect on the generality of Nigerian populace including the aged. According to them, the current Nigeria’s economic situation has not only reduced the purchasing power of aged but also of those of their adult children who are supposed to obtain the goods and service needed to secure the wellbeing of their aged parents. Sadly, economic recession is a period when employers, both public and private sectors of the economy are compelled to place embargo on further employment while others adopt either retrenchment or pay cut as a survival policy (Omololu, 1990). The Nigeria Bureau of Statistics (2016), while reporting Nigeria’s ailing economy indicate that 3.67 million Nigerian graduates of tertiary institutions became jobless in the fourth quarter (Q4) of 2016. The report also shows that the number of all the unemployed youths has increased to about 11 million in the third quarter of 2016, from around 9.5million recorded in the first quarter of the same year; while output contracted by 2.4 percent over the same period. This figure was expected to increase in 2017 due to continuous loss of jobs. This general economic situation cuts across every sphere of life: business, technology, industry and education and has affected all category of people in a number of ways, particularly adult children who are supposed to provide necessary care and support for their aged parents (Noko, 2016). The economic commentators have also argued that while the economic crisis has affected nearly all Nigerians, the aged and their adult children bear much of the shock as a large number of them have share of job losses in period of economic recession (Afolabi, 2017). In practical consequence, those mostly affected by the recession are the low-income households particularly households that are being resided by the aged and other households where adult children have migrated to urban areas in search

of greener pastures (Eboiyehi, 2010). The migrant children who are fortunate to get employment are so far away from their aged parents and so, are unable to discharge their filial piety (Liu, 2016). There is no doubt therefore that the present economic recession in Nigeria has placed many of the aged at the bottom of the well-being scale and at the risk of exclusion (Hurd & Rohwedder, 2010).

Traditionally, the role of children in providing economic support for their aged parents has been constantly maintained by scholars (Oyeneye, 2003; Ebigbola, 2000; Adawo & Atan, 2013; Fajemilehin, 2000; Udegbe, 1990; Fapohunda & Todaro, 1988; Orubuloye, 1987; Caldwell, 1982). For instance, Udegbe (1990) has observed that in the past, the aged among the Yoruba of south-western Nigeria were dependent on their adult children for physical, social and economic support particularly when they are too old to engage in domestic and agricultural work. With advancing age, adult children in conjunction with the extended family members cater to their needs through collective efforts (Eboiyehi & Onwuzuruigbo, 2014; Cattell, 1993). This cultural practice was feasible because adult children and their aged parents lived together in the extended family household where they managed to survive on subsistence agriculture (Eboiyehi, 2008a; Okojie, 1994). Udegbe (1990) notes that while the able-bodied men and women worked in the farm, the aged stayed at home to look after the children in reciprocal relationships. Ebigbola (2000) argues that adult children whether or not they have moved away; have married or have children of their own provide economic, medical and psychological support to their aged parents especially when they are unable to support themselves. According to Fajemilehin (2000), at that period, the aged neither experienced economic hardship nor do they suffer poverty and hunger as it was culturally imperative for adult children and members of the extended family to provide their basic necessities. Fajemilehin (2000) further explains that this practice was possible because the traditional Nigerian society was based on descent and kinship ties that enhanced group solidarity and reverence for the aged. Therefore, in the absence of formal social security, the aged relied on these people for their economic support. Support in this sense is defined in terms of space (e.g. co-residence), material (e.g. money or goods) or time (e.g. household assistance or care), and transfers (Eboiyehi & Onwuzuruigbo, 2014). The aged could also move freely among members of the extended family and be assured of best of care and support. The social relationship and structure of the extended family were such that they promoted closeness among members, thus reducing the problems of economic crisis among the aged (Oyeneye, 2003). By this, the physical, economic, social and emotional needs of the aged were met through this informal network (Fadipe, 1970).

However, the role of adult children and the extended family system described above are now being threatened by an economy that is bedevilled by recession. This has resulted in the face of high unemployment and high rate of inflation, the normative expectation of the aged that they would be catered for by their adult children/relatives in the evening of their lives could be uncertain. With high unemployment rate, adult children who are struggling to keep their immediate families may barely have enough to meet their own needs, let alone saving enough to cater for their aged parents (Ogwumike & Aboderin, 2005). Evidence from the National Bureau of Statistics (2017) indicates that youth unemployment had reached a pandemic scale to the extent that it is almost impossible for adult children to meet the needs of their aged

parents. NBS (2016), Olannde (2016) and Ashinuneze (2011), maintain that over 40 percent of Nigerian youths are unemployed and that about 20 percent of them are so poor that they cannot afford three square meals a day meaning that they will not be able to cater for their aged parents. The Bureau also stated in the report that the number of people that were unemployed or underemployed increased from 24.4 million as at the end of the first quarter to 26.06 million persons. The resultant effect therefore is the decline in purchasing power as the rising cost of medical bills and price of food items may force many of the aged to reduce their household budgets leading to high risk of poverty, poor diet and all the associated health impacts.

Sadly, the economic recession occurs at the time the extended family system which used to sustain older family members is diminishing, placing a high-risk factor for the longer-term mental health of the aged (Fajetimehin, 2000). Coupled with the above is the defective pension and gratuity management which has led to severe delays - up to several months - of pensions, and to non-payment of terminal benefits of retirees (Ogwumike & Aboderin, 2005). Furthermore, those who managed to save have seen their reserves depleted or eroded through inflation and worsening exchange rates (CBN, 2014). This situation may further contribute to the large number of older persons destitute who were either formerly wage paid workers or those that have been abandoned by relatives who themselves are retrenched without any means of livelihood (Togonu-Bickersteth, Akinnawo, Akinyele & Ayeni, 1997). This means that the prevailing economic situation in the country has provided the impetus for the existence of older persons begging on the streets in Nigeria (ibid). There is no doubt therefore that the present economic situation has overnight spurned an army of helpless and needy aged who may need to survive the hard times.

Studies have shown that economic hardship among the aged is more felt in the areas of health (Fajemilehin, 2000). In the rural areas, which is the focus of this study, health care service is a scarce commodity and when available, it is unaffordable to the aged (Fajemilehin, 2000). Consequently, the traditional means of health care service becomes the better option to them (ibid.). It therefore becomes necessary to examine the consequences of economic recession on the aged and their survival strategies. In addition, a study of this nature would be fascinating as economic recession affects both the aged and their adult children (their presumed primary caregivers) who by reason of economic downturn do not have enough resources to cater for their needs, the needs of their immediate families and those of their aged parents. In spite of this reality, there have not been many studies in Nigeria that have examined the impact of economic recessions on the aged in rural Nigeria. It is in this respect that this study was conducted in four low-income rural communities in Ile-Ife of south-western Nigeria namely: Tokere and Akile (Ife Central Local area) and Abiri-Ogudu and Owena (Ife East Local area).

Research Questions:

The questions addressed by the study are:

- i. What are the challenges confronting the aged in rural areas in period of economic recession?
- ii. What strategies do the aged adopt to address the identified problems?

Research Objectives:

In order to answer these research questions, the specific objectives are to:

- i. examine the challenges confronting the rural aged in period of Nigeria economic recession in the study area; and
- ii. investigate the various strategies adopted by the aged to address the identified challenges.

Conceptual Clarification:

The following concepts are defined within the context of this paper.

Economic Recession. For the purpose of this study economic recession is defined as a downturn in the economy. It is an economy characterized by symptoms such as rising prices of goods and services, inability of government and individuals to meet financial obligations, exchange rate fluctuations, and poor performance of other macroeconomic variables which defines the state of the economy per time.

Aged. The term aged as used in this paper implies men and women aged 70 years or older who by reason of old age and ill health are unable to provide for themselves. In this paper the terms “older persons”, “aged”, “older men” and “older women” are used interchangeably.

Survival Strategies. These include various mechanisms employed by the aged to cope with challenges imposed by economic recession.

Rural areas. For the purpose of this paper rural areas refer to the countryside with sparsely populated, agricultural community with large concentration of aged with low income.

Theoretical framework

The political economy theory frames this study. Political economy originated from the work of Adam Smith. In his *Wealth of Nations*, Smith (2007) posited that real wealth is the annual produce of the land and labour of the society. He considered political economy to be a science of the state man, to supply plentiful revenue for the people and to enable them to provide such revenue sufficient for public services. In the critic of the political economy Marx (1976) maintained that conflict between social classes was the driving force of change throughout history (Marx & Engels, 1976). With the arrival of industrial era, this conflict became one between capitalists and the working class. Marx posited that there is a constant struggle between the bourgeoisie and the proletariat and that the bourgeoisie is driving down wages lower and lower making it difficult for the proletariat to live decent lives (ibid.). As such, political is concerned with the interplay between politics and economics and it is grounded on the fundamental observation that politics and economics are inherently linked (Asimwe, 2015). It is the interconnection between political climate (government policies, peace and social order, security of life and property) and the economic situation that accompany it

(Roncaglia, 2003). The political climate influences the economy of a nation and determines the economic situation of the people and their general quality of life generally.

Political economy theory becomes relevant to this study owing to the fact that the current economic recession in Nigeria has made it difficult for most Nigerians to meet their basic necessities of daily living. This is specially so for the aged in the rural areas (Eboiyehi, 2013). This segment of the population live in abject poverty and many of them survive on stipends sent by their children that live in towns and cities (ibid.). Currently, the economic recession has brought about much hardship on the working population (Noko, 2016). As such, many people in towns no longer send money to old parents in the rural areas thereby compounding the challenges faced by the aged (Apt, 2000). In the midst of all of these, the aged are battling with a lot of health challenges which also require money for treatment (Makoge, Maat, Vaandrager & Koelen, 2017). As a result of the problem of poverty, many of them do not attend hospitals when they are sick but rather resorted to self-medication and in this way many of them die avoidable deaths (ibid.). To make matter worse, healthcare has become very expensive in Nigeria due to the current economic situation in Nigeria (Menizibeya, 2011).

Importantly, the Nigerian government has not come out with a clear welfare package/policy or social security system that would take care of the aged (Eboiyehi & Onwuzuruigbo, 2014). Unlike in the developed world, there are no old people's home and geriatrics in Nigeria for them (ibid.). It is therefore not surprising that this segment of the population is left to be catered for by their children who are themselves are facing economic hardship which prevents them from carrying out the roles expected of them such as sending money home to aged parents in the rural areas (Eboiyehi, 2008a). This situation constitutes stressors in the family which tend to weaken the strong family ties enjoyed by Nigerians in the traditional Nigerian society. Furthermore, among the aged are the childless who have nobody to cater for them and who depend on charity which has dwindled in recent times (Eboiyehi, 2009). Many of them now resort to begging and eating in scarcity which has serious implications for their health and quality of life (Togonu-Bickersteth, Akinnawo, Akinyele & Ayeni, 1997; Eboiyehi & Onwuzuruigbo, 2014).

Using Smith (2007)'s idea, political economy as the common wealth of the Nigerian nation produces plentiful wealth which has been left in the hands of the privileged few and majority are suffering due to corruption and ostentatious life style of the political class which has partly resulted in the recession in the first place (Aloko, 2018; Awojobi, 2015; Achebe, 1988). As such, public services are not readily available and there is no tangible policy on the welfare of the aged as it is generally believed that it is duty of the children and the extended family of the aged to cater to them (Eboiyehi, 2019). This privileged few as Karl Marx's bourgeoisie while the majority of Nigerians are the proletariat. This is the scenario which is faced by older persons in contemporary Nigeria and it is not clear when this scheme of things will change.

Methodology

The study involved data collection using both quantitative and qualitative methods. Data for the study was collected quantitatively through the administration of questionnaires at the

household level, while qualitative data were collected through in-depth interviews involving men and women aged 70 years and older. The study was carried out in four low-income areas with high concentration of older persons. The selection of these areas was influenced by the fact that households in these areas are more affected by the prevailing economic conditions. In this study we define low income households as those families whose annual income is not adequate enough to provide basic family need of clothing, shelters, health care and food. According to Kalu, Agbarakwe and Anowor (2014), low income group includes employees or the self-employed whose income per annum is ₦216, 000 that is ₦18,000 minimum salary per month of which 70% of Nigerians fall within this earning group.

Using questionnaires, the household survey was conducted to elicit information on the effects of the Nigeria's economic recession on the aged; specific challenges confronting them and mechanisms employed to mitigate the identified challenges. Four low-income residential areas of Ile-Ife namely: Abiri-Ogudu and Owena in Ife East and Tokere and Akile in Ife Central Local Government Areas were sampled. The questions posed to the participants centred on their socio-economic characteristics, such as their ages, highest level of education attained, number of surviving children, number of co-residing and non co-residing children, number of working and non working children and whether they receive remittances from the working children among others. Furthermore, 16 in-depth interviews among men and women aged 70 years and older was conducted. The in-depth interviews focused on the specific challenges confronting the aged while the third part dwelled on various mechanisms, they adopt to mitigate the identified challenges. The in-depth interviews were mainly conducted in the Yoruba language because the aged of the selected communities are largely Yoruba-speaking and are not verse in English language. Quantitative data obtained were collated and tabulated. The Statistical Package for the Social Science (SPSS) software was used for the basic statistical analysis including simple percentages. The qualitative data obtained from the in-depth interviews were translated, transcribed and content-analyzed along with the main theme of the study.

Contextualising rural household in Ile-Ife

Ile-Ife is located in Osun State in South-western Nigeria. It is comprised of over half a million inhabitants and its people speak Yoruba language. Majority of the population of Ile-Ife reside in the rural areas. Before having established contact with the Europeans, the habitants were mainly farmers who lived in extended family household (Facts.NG, 2018). Each man had the assistance of the dependent male members of his family in tilling the field, planting crops, as well as reaping while the women were expected to harvest crops (Fadipe, 1970). The sexual division of labour between the husband and the wife is carried over to the disposal of the farm produce (ibid.). The wife is responsible for selling either an elaborately processed form or practically as harvested, some of the products of the farm that are in excess of the normal requirement of the farmer and his family. While the unmarried girls assist their mothers at whatever may be their occupation, sons from age six up to marriage assist the father in productive operation on the farm (Okojie,1994). Therefore, a Yoruba man in the olden days had to rely on his own labour, supplemented by that of his wife or wives, unmarried sons and daughters, the labour of the extended family members and on the labour of slaves and peons

(Fadipe, 1970). The only source of commercial labour which could be obtained in the pre-colonial days was that of slaves and pawns otherwise, it was not the practice to sell labour of free-born was freely given when required but on the basis of mutual reciprocity (ibid.).

Support was provided through extended family networks for the vulnerable members. Of the two kinds of collective help of a productive nature which the farmer may rely on in certain circumstances, one has to be specially commissioned by the party desiring, it is known among the Yoruba as 'owe' (Oyerinde, 2006; Arinola, 2005; Fadipe, 1970). It is used in building a house or to rebuilding or re-roofing of one's house and the clearing of land or bush or forest growth (ibid). In this kind of cooperative help, a man son in-law and other relatives together with friends and neighbours will take part (Eboiyehi, 2008a; Oyerinde, 2006).

Besides 'owe', there is a form of standing association for mutual help known as 'aro'. A number of 'aro' associations are entitled to call upon the entire group to come and help him on the farm, either to clear the land of the weeds preparatory to planting or to plant seeds. All the obligations that fall upon the host is, as in the case 'owe', to feed his associates and second to reciprocate in kind (Oyerinde, 2006)

The people of Ile-Ife's contact with the Europeans began with the 'Missionary Society' which introduced Christianity that has remained the dominant religion in Ile-Ife ever since. The church was also involved with promoting education, translating and printing the Bible in English and establishing schools. The first schools were "pastor's schools" in which children were taught reading, writing, and arithmetic (Babalola, 1976). The majority of changes had been material items adopted from European culture, but the acceptance of Christianity and the introduction of formal education had been the most significant elements of change through the mid-1950s (Mbachirin, 2006). Since then, there had been general improvement of the standard of living in Ile-Ife as there are increased opportunities for wage employment, agricultural improvements, and consolidation of schools, among others (Effoduh, 2015). In short, the modern era began in Ile-Ife shortly after Nigeria gained political independence in 1960 (Facts.NG, 2018). The first priority project of the government of western region included the establishment of the University of Ife (now Obafemi Awolowo University) located in Ile-Ife (ibid). Other projects included the construction of modern roads and modern markets. Health and sanitation standards were also important aspects of the rehabilitation campaign, with major efforts directed toward eradication of diseases (Facts.NG, 2018). Another health measure introduced was a family planning programme, which was embraced by the inhabitants. This has consequently led to the reduction of childbirth in the area, especially in the urban area (Esike et al., 2017).

The most dramatic changes, however, was in the economic sphere. The establishment of banks, hospitals, schools and industries provided employment for young school leavers (Akintoye, 2010). By the time this study was conducted, these changes were evident. A large number of Ife people, mostly young school leavers, were working primarily in the wage-labour market (Adepoju, 1976). Others migrated to other urban centres in search of employment (Ajaero & Okafor, 2011). With the increased availability of wage employment opportunities, fewer people engage in agricultural activities or are available to assist their

parents on the farm (Torimiro, 2013). Imports of food had become increasingly important as they had demands for other products such as automobiles, television sets, and clothing, among others. It is not surprising that a few specialty shops selling ready-made clothing, shoes, or sports equipment have been established in recent years especially in the urban Ile-Ife towns. There are also a variety of recreational activities on which the habitants spend their money (for example, movie theatres, night clubs and tennis courts (Akinjogbin, 1992)

The educational system in the area ranges from early childhood education for preschoolers, through primary schools, secondary schools to tertiary institutions. Like every other Nigerian cities, housing has also become increasingly western. Telephone and television service is available in virtually all the towns and villages. Improvement in communication and transportation has made life more interesting as many people are now more aware of happenings within and outside their own locale and no doubt encourage some of the changes within it (Alhaji and Lawal, 2017). These kinds of changes, along with urbanization and rural-urban migration, have been suggested as those most likely to negatively affect living arrangements of the aged and their economic support in the study area (Eboiyehi & Onwuzuruigbo, 2014).

Results

Socio-Economic and Demographic Characteristics of Respondents

The respondents for this study were drawn from four rural areas namely, Abiri-Ogudu, Owena, Tokere and Akile within Ife East and Ife Central Local Government Areas of Osun State, Nigeria. The age structure of the respondents in the sample indicated that 31.0% were aged 70-75 years, 27.5% were in the age group 76-80 years, 26.5% were within the age cohort 81-85, 12.5% in the age bracket 86-90 years while only 2.5% were above 90 years (Table1). This revealed that over 40% of the respondents (i.e. 41.5%) fell within old-old age group (i.e. above 80 years). The implication for this is that majority of the respondents within this age group might be too old to engage in economic activities that would enable them fend for themselves.

Table 1 also showed that the sexes of the respondents were equally represented (50% males and 50% females). Half of the respondents (50%) subscribed to African Traditional Religion (ATR) compared to 35% Muslims and 15% Christians. With regard to marital status, an overwhelming majority of the respondents (78.0%) were widowed while only 22% were married. A vast majority 60% had no education, 29% attended only primary school, 10% had secondary education while only 1% were graduates from tertiary institutions. This is a pointer to the educational backwardness of rural areas in Nigeria in which the aged did not see the relevance of education to succeed earlier in life. More than half of the respondents (60%) were farmers. This result was expected since the major occupation among rural dwellers in Nigeria is farming. This was followed by 25% of petty traders (all of whom were women). However, 15% of them had no occupation. This group of the respondents were within the 86+ age bracket who admitted they were too old to engage in any occupation. This finding was in tandem with an in-depth interview with a male interviewee aged 90 years old who said:

I was a well-known farmer in Ile-Ife. In the whole of this community and beyond, there is nobody who did not know me or hear about me. But now I cannot farm because I am too old to do so, there is no strength to engage in any strenuous work.

Table 1 also showed that the respondents' level of income is extremely low. The level of income is a determinant of wellbeing in old age without which the aged would be susceptible to poverty. Table revealed that 10% of the respondents had no steady income. About one-quarter (25.5%) earned between ₦40,000 – ₦60,000 while 16%, 5% and 2.5% of them received between ₦61,000–₦80,000; ₦81,000 - ₦100,000 and above ₦100, 000 per annum respectively. The low-income level of the respondents is traced to the educational background and occupation.

With regards to the number of surviving children, Table 1 also showed that 4% of the respondents had no surviving children. In African communities, children served as old age social security and inability to have them implies suffering at the twilight of their lives (Eboiyehi, 2008a). About 6% of them had between 1 and 2, 16% had between 3 and 4 while 18% had between 5 and 6 surviving children. The majority of the respondents (30%) had between 7 and 8 surviving children while 26% had more 8 surviving children. According to male interviewee aged 93 years:

In those days we prayed for many children because we needed many hands to help us in the farm. It was believed that the more children a man has, the larger the size of his farm and the larger farm, the more he is respected in the community.

More than half of the respondents (51%) stated that they were not co-residing with their adult children. This suggests that this group of the aged were living alone without physical support of their adult children. This result is contrarily to the traditional African society, whereby co-residence in multi-generational household was a key mechanism through which the aged were supported and catered for. Co-residence is a situation whereby the aged live with their adult children, grandchildren and members of the extended families within the same households or in nearby households (Eboiyehi, 2008b). In such household, the aged were actively involved in caring and nurturing of their grandchildren and in return, the children and grandchildren assisted in daily household activities such as cleaning, washing, laundry, running of errands and providing both financial and material support (Udegbe, 1990). This is in line with filial piety, a belief that necessitates children to cater to their ageing parents in traditional African society (Udegbe, 1990). However, the result shows that 34% of the respondents had only 1 of their adult children co-residing with them. This could be attributed to rural-urban migration of children in search of wage employment and other opportunities in towns and cities. About 12.5% were co-residing with 2 of their adult children while 2% and 0.5% were co-residing with 3 and 4 of their adult children respectively. With regard to the number of non co-residing adult children, 65% of the respondents indicated that they had more than 4 of their adult children not living with them, 21.5% had 4 of the adult children not living with them, 10% had 3 of non co-residing adult children while only 1% had 1 of their adult children living elsewhere. This situation was found to have left many of the aged to be living alone without physical care from their non co-residing children.

The respondents were asked to state whether their adult children were employed or not. This was to ascertain the financial ability of adult children in supporting them in times of economic recession. Only 9% of the respondents stated that their adult children were employed and highly paid (Table 2). A quarter (25%) affirmed that their adult children were underemployed and poorly paid while the majority (35% and 31%) of them stated that their adult children were either unemployed or retrenched respectively. This situation was found to have adversely affected children's financial wherewithal to support their aged parents.

As indicated in Table 3, respondents were further asked to indicate how regular the monthly salary of their adult children. According to the Table, 26% of the respondents said their adult children were not receiving monthly salary. Only 11% affirmed that their children were receiving full and regular salary while 19% stated that their adult children's salary was full but that the payment was irregular. About 20% avowed that their adult children were paid regularly but with half salary while 24% admitted that their adult children were being paid half salary but was not regular.

Table 4 shows the frequency of remittances from non co-residing adult children. From the result, only 9% of the respondents said that their adult children send remittances frequently while the majority (91%) alleged that remittances from non co-resident adult children were intermittent and infrequent. This position was also found to have negatively affected the aged in the study area.

The respondents were again asked to mention the effect of economic recession on them. As shown in Table 5 below, 18% of them stated that high cost of drugs was having negative effect on their health. This was followed by reduction and intermittent of remittances from adult children (17.5%), falling standard of living/poor living condition ((16.5%), increased in ill-health/mortality (15%) and high cost of food (14.5%). Other effects included increased poverty (9%), inability to eat three times in a day (7%) and increased of depression (2.5%). These findings could be linked to the shift from agro-based to industrial society, migration of young people to cities and unemployment of adult children which were found to have left the aged unsupported or eroded the economic independence of the respondents. It was therefore not surprising that majority of the respondents suffer from different kinds of challenges ranging from "constant illness", "poor access to basic healthcare, "poor nutrition" to "poverty". These problems were found to be more prevalent among the rural aged women. Feeding on carbohydrates without nutritional values was found to be common among the respondents in the study area. These problems were also linked to children's absence which has left many of respondents without emotional, financial and physical support thus making them vulnerable to economic crisis.

Table 1: Socio-demographic characteristics of aged women heads of households (N=200)

Variables	N	Percentage (100 %)
Age		
70-75	62	31.0
76-80	55	27.5
81-85	53	26.5
86-90	25	12.5
90 and older	5	2.5
Sex		
Male	100	50.0
Female	100	50.0
Religious Affiliation		
Christianity	30	15.0
Islam	70	35.0
African Traditional Religion	100	50.0
Marital status		
Married	44	22.0
Widowed	156	78.0
Level of education		
No education	120	60.0
Primary school	58	29.0
Secondary school	20	10.0
Tertiary Institution	2	1.0
Occupation		
Farming	120	60.0
Petty trading	50	25.0
No occupation	30	15.0
Level of Income		
No steady income	20	10.0
₦1 – ₦20,000	7	3.5
₦21,000 – ₦40,000	75	37.5
₦41,000 – ₦60,000	51	25.5
₦61,000 – ₦80,000	32	16.0
₦81,000 – ₦100,000	10	5.0
Above ₦100,000	5	2.5
No of Survival Children		
None	8	4.0
1-2	12	6.0
3-4	32	16.0
5-6	36	18.0
7-8	60	30.0
Above 8	52	26.0
No of co-residing adult children		
None	102	51.0
1	68	34.0
2	25	12.5
3	4	2.0
4	1	0.5

No of non co-residing adult children		
1	2	1.0
2	5	2.5
3	20	10.0
4	43	21.5
More than 4	130	65.0

Table 2: Employment Status of Adult Children

Employment Status of Adult Children	N	%
Employed with high salary	18	9.0
Underemployment/Employed but with poor/low salary	50	25.0
Unemployed	70	35.0
Retrenched adult children	62	31.0
Total	200	100.0

Table 3: Regularity of Monthly Salary of Adult Children

Regularity of Monthly Salary of Adult Children	N	%
No salary	52	26.0
Regular/full salary	22	11.0
Irregular salary but full salary	38	19.0
Regular but half salary	40	20.0
irregular but half salary	48	24.0
Total	200	100.0

Table 4: Frequency of Remittances from Non-Co residing Adult Children

Frequency of Remittances	N	%
Very frequently	18	9.0
Infrequent/ intermittent	182	91.0
Total	200	100.0

Table 5: Effects of Economic Recession on the Aged (N=200)

Variables	N	%
Inflation (high cost of food)	29	14.5
Falling standard of living/ Poor living condition	33	16.5
High cost of drugs	36	18
Increased of poverty	18	9
Inability of children to provide support/reduction of remittances from children	35	17.5
Inability to eat three times in a day	14	7
Increased in ill-health/mortality	30	15
Increased of depression	5	2.5
Total	200	100

Results from in-depth interviews

The Challenges

Investigation into the specific challenges facing the aged in the study area revealed that of all the problems, perhaps the most serious in terms of its consequences is the high cost of drugs in managing age related ill-health problems. Majority of the aged interviewed said they were suffering from arthritis, rheumatism, visual impairments, immobility, cardio vascular condition and malaria. Health problems generally, are products of the chronic disability conditions, which affect the ability to perform routine daily tasks of the aged (Fajemilehin, 2000). Papa Adedeji (pseudo name) aged 82 years in Abiri in Ife East Local Government Area stated:

For many years now, I have been suffering from arthritis and rheumatism. I have found it very difficult to move my legs. The doctors prescribed some drugs for me but I cannot afford any of them because the price at which I used to buy them has tripled. Since I cannot afford any of them, I have resorted to herbal treatment which is also costly. Lack of regular income is a major problem. This is affecting my inability to attend to my ill health as I do not have money for regular medical check up or to eat properly. Many of us have been sent to early graves because they could not afford the prescribed drugs for their ailment.

Mama Adediwura (pseudo name) aged 78 years from Owena in Ife East Local Government Area also affirmed:

The cost of drugs in managing my health condition is very high. The drug I used to buy for ₦5,500 is now ₦18,500 per packet of three drugs and I need 6 packets a month.

Since some of the aged do not engage in economic activities, scarcity of food and malnutrition were found to be the major challenge confronting them. In this regard, a man popularly called Baba Kolapo (pseudo name) aged 81 years in Ogudu in Ife East Local Government area stated:

The major problem we face is the cost of food items. As you can see, I cannot go to farm. My wife is equally old and does not have the strength to go to farm. We only depend on some good neighbours who have been kind to us. The money my son sends is not only too small but intermittent. We have dropped the habit of eating in-between meals. Sometimes we eat twice or once a day as the case may be. Many of us in this community are suffering from poverty. We cannot afford anything be it food or drugs. Things are just too costly. This is not the country of our dreams. We are not happy with this situation we found ourselves. Government should please come to our aid.

Another important revelation in the study was the problem relating to inability of adult children to support their aged parents particularly those with low income and the unemployed. In this respect a male interviewee Mr. Awoyarin (pseudo name) in Tokere in Ife central Local Government Area aged 70 years blamed his present predicament on his children's inability to support him. He stated:

If these children tell you how much they receive as monthly salary, you will pity them. Don't forget that they have family too. They have to eat, buy clothes for them and send them to school in this hard time. It is not easy for them too! When you look at all these, it is we, their aged parents that suffer especially in this hard time.

Coping Strategies

The various coping strategies employed by the aged men in mitigating the challenges posed by economic crisis are different from their female counterparts. These include involvement of subsistence farming and night guard (30%) while 20% mainly women were engaged in petty trading. They trade in different articles such as salt, pepper, kola nuts and other articles. Most of these articles were displayed for sale in front of their doorstep. Remittances from non co-resident offspring was another major coping strategies identified by 17.5% the respondents. Remittances from offspring were found to be the most important coping strategy of the respondents even though they were said to be intermittent. Two types of material support were identified by the respondents which included the provision of food and/or clothes and provision of money. The respondents received support in form of food and/or clothes from co-resident and non co-resident adult children while others received financial and other material support such as drugs. Also observed was a cluster of related dwelling units in which married children who reside within or nearby villages share food and other resources with aged parents. About 10% of the respondents worked for other people for money and for food as their coping strategies. Among this group are the aged widows (10%) whose services range from assisting farmers in carrying their farm produce from their farms to their houses, who themselves are too old to engage in agricultural work and others who were performing the

functions of baby sitters and informal teachers for their grandchildren. Receipt of financial and material assistance from members of religious organizations also served as coping strategies for 6% of the respondents. While 7.5% depended on their pensions, 5% relied on support from friends and neighbours, 3% on alms begging and only 1% depended on government support. However, our findings differ from the impression that extended family members still provide for their aged as it was done in the traditional Nigerian society. In this respect, it was found that the traditional care and support by extended family which used to mitigate the economic hardship of the aged in the traditional Nigerian society was diminishing among the study population. It was therefore not surprising that 3% of the respondent begged for alms. This practice was seen in the past as disgraceful to the entire extended family.

Table 5: Coping Strategies of the Aged (N=200)

Variables	N	%
Engaging in subsistence farming/night guard	60	30.0
Petty trading	40	20.0
Remittances from non co-resident offspring	35	17.5
Financial and material assistance from religious organizations	12	6.0
Working for other people for money and for food	20	10.0
Alms begging	6	3.0
Pension	15	7.5
Support from friends and neighbours	10	5.0
Support from government	2	1.0
Total	200	100.0

Coping Strategies: Evidences from In-depth Interviews

The perceived coping strategies employed by the aged did not differ significantly with respect to ones obtained by the questionnaires. It is therefore not unexpected that the interviewees in the study identified involvement in subsistence farming, petty trading, material and financial support from non co-residing children, working for other people and alms begging as survival strategies. According to Mr. Olanipekun (pseudo name) aged 75 years old in Akile village in Ife Central Local Government Area:

I am a farmer. In my farm, I plant yams and cassava though on small scale. My wife and I feed on these and sell the surplus in the market. The money we realize from the sales is expended on other things we need to take care of ourselves even if it is not enough.

Mrs. Alice Olaoye (pseudo name) aged 72 years old in Owena village also stated as follows:

I engage in petty trading. I sell garri at Oduogbe market here in Ife. I have a lot of customers coming to buy from me especially customers from Ijebu extraction of Ogun State. The money I get from the sales is used to buy the necessary things I need for myself and my aged husband.

Material support from co-resident and non-co resident offspring was found to be the most important coping strategy among the aged. In this respect, Mr. Akintude Babalola (pseudo name) aged 86 years old from Akile in Ife Central Local Government area stated as follows:

My children are of great assistance. Those residing within Ile-Ife and its environs visit us regularly to assist us financially and materially. The ones in the cities send us money regularly although the money is being overwhelmed by high cost of things. They also engaged a medical doctor for my wife and I and they come regularly attend to our medical needs in the family. I must confess they are trying for us. It is only that the cost of health care is very high these days. We spend almost all the money they send on drugs.

Although care and support by extended family is diminishing, the evidence from the in-depth interviews showed that it still provided assistance for its aged relatives in the study area. Mrs. Adeola Awoyarin (pseudo name) aged 81 years old from Tokere in Ife Central Local Government area affirmed:

I lost my husband about 9 years ago. I had six children but all of them are no more. It has been my brothers, sisters and their children that have been supporting me. Even at this hard time, they do not allow me to suffer. They supply me food, clothes and drugs on regular basis. Most importantly, they visit me regularly.

The in-depth interview also confirmed the findings from questionnaire that some of the aged particularly the women work for other people for money and for food. Madam Funke Aderimbige (pseudo name) aged 70 years old from Abiri in Ife East Local Government area stated:

In order to survive this hard time, I help farmers on their farms. The services I provide include assisting in carrying their farm produce. I also help people to wash their clothes and plates. I do assist the young working couples in looking after their babies while they are away to work.

This position corroborates Udegbe (1990) who found that among the Yoruba that when women are too old, the aged may perform the functions of baby sitters or informal teachers for their grandchildren. As Fatiregun Oni (Baba Tokere) (pseudo name) aged 72 years old stated:

I have a small farm and depend on my pension although government is not paying as at when due.

Baba Fatiregun spoke the minds of so many aged Nigerians who are queuing to receive their pensions. This is an indication that even the people that worked as civil servants suffer the same fate as others showing the enormousness of the problem.

Discussion of Findings

This paper explored the challenges faced by the aged in this era of economic recession in Nigeria. It was revealed that the aged face several challenges including poor health, fallen standard of living, high cost of drugs and foods. The high cost of living was especially felt in the area drugs and funding their health. These findings corroborate that economic hardship among the aged is more felt in the areas of health (Fajemilehin, 2000). Health issues of the aged continues to come up due to the fact that many age-related diseases afflict people when they are old and as such, it is at that time of their lives that the aged need more money for their health. Apart from several health problems faced by the aged, the high cost of drugs compounds the problem by making it difficult for them to procure the necessary drugs for the ailments. This is also accompanied by hunger and fallen living standards (Food and Agriculture Organization, 2015). Importantly, all these are happening at a time when the children of the aged are finding it difficult to feed themselves well, as they no longer send money to aged parents in the villages corroborating (Eneji, Mai-Lafia and Weiping, 2013). The sufferings of the aged in this study was not surprising because a situation where the children of 91 percent of them were either under employed, unemployed or retrenched had incapacitated them and made it impossible take care of their aged parents.

The study further indicated that the aged cope by begging for alms, subsistence farming, petty trading, working for other people, support from religious bodies and neighbours. The current economic recession in Nigeria has brought to the fore the issue of the aged resorting to alms begging. Culturally, begging for alms by the aged was considered disgraceful especially for the aged, their children who should take care of them and members of their extended family (Togonu-Bickersteth et.al., 1997). Also, engaging in subsistence farming at a time when someone is already tired, old and having health challenges is akin to killing oneself gradually but the aged were doing this as a measure of last resort. Others resorted to working for other people in order to earn a living at a time when they should be resting and dependent on their children. Furthermore, others were getting support from religious bodies and neighbours. It is important to point out that this kind of support does not come all the time because it is when religious bodies and neighbours have extra resources that they are able to assist and are not under any obligation to provide since Africans believe that it is the duty of children to take care of their aged parents (Eboiyehi, 2013; 2008a). Even the aged who were classified as pensioners, disclosed that the Government was not providing their pension in due time, as was indicated by an interviewee. This corroborates with Eboiyehi's findings that Nigerian pensioners are passing through psychological trauma due to non-payment of their pensions and gratuities which has subsequently result to hunger, depression, preventable diseases and untimely death (Eboiyehi, 2006).

All these issues point to the seriousness of the problem and exposed the political economy of Nigeria in which there is no formal provision for the aged in any aspect of life. There is no provision for the health of the aged, feeding and their general wellbeing. The aged are left to be catered for by their children which was not a serious problem until the economic recession came and exposed the problem. Importantly, in the current situation in which the aged that have children were no longer getting enough support from their children, one might ask, what about the aged who never had children? What are the plans of the relevant authorities concerning this category of the aged? In present day Nigeria, the answer is “nothing”. This means that the situation of this category of the aged was worse off than the other group. These are loop holes in the political economy of Nigeria. Essentially, in this political economy, the economic recession had resulted in loss of jobs, unemployment and shrinking of businesses which has resulted in general poverty for the aged and their children (Potts, 2013).

The implication of this study was that the socio-cultural safety net which shielded the aged from hardship had collapsed without any institution to replace it. The aged in the study area were now living their lives in penury and they were not enjoying their old age which was capable of instilling fear in people looking forward to old age. The implication for government and policy makers was that they should begin to draw up effective intervention programmes to ameliorate the problems encountered by the aged in Nigeria particularly those in the rural areas. The implication for further studies was that the impact of the economic recession on the aged without children in Nigeria should be explored which would enhance it being brought to the limelight. Also, the effect of economic recession on aged men and women may differ and further studies should examine this.

Conclusion and recommendations

This paper concluded that the economic recession has impacted negatively on the aged: the challenges they faced were enormous and their coping strategies were not effective and sustainable. The paper therefore recommends that:

- State and Local Governments should establish old people’s homes in their localities. Although this is un-African, it is necessary since most of the caregivers are not available to attend to their needs. In this regard, there should be legislation to cover the running of voluntary and commercial “old peoples’ homes” to protect those in need of such services.
- Communities should re-establish community care for the aged;
- Concessions should be provided for all the aged persons, especially those who cannot afford to obtain the basic aids such spectacles, dentures and hearing aids as well as other implements where necessary for them to continue to interact and participate fully in their local communities.
- Medical care and services with appropriate medical staff and expertise to cater for the needs of the rural aged should be set up in the rural areas to provide geriatric care, as such specialties are not yet available in Nigeria.

- As health costs tend to escalate beyond the reach of rural aged, some form of health insurance, possibly from the young should be encouraged and implemented. For those in the disadvantaged groups, both the public and private sectors should provide some form of concessions so that the aged in these groups can have access to good quality medical care.

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