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AN ANALYSIS OF SOCIAL SUPPORT SYSTEM AND THE CHALLENGES FACED BY OLDER ADULTS IN ANKPA LOCAL GOVERNMENT AREA OF KOGI STATE, NIGERIA

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Abstract

The value of social support in boosting the quality of life of older individuals cannot be overemphasized. Though several studies have been carried out on social support systems in Nigeria, none has assessed the place of social support systems for older adults in Kogi state, let alone the Ankpa local government area of the state. This study, therefore, analyzes the social support system and the challenges faced by older adults in the Ankpa local government area of Kogi state, Nigeria. The study adopted the survey design, which includes both qualitative and quantitative methods of data collection. A total of 332 respondents were validly surveyed through the instruments of a questionnaire and an interview. Findings of the study revealed that older adults received emotional support from family, friends and close relatives, while support from the government and non-governmental organisations was negligible. The study further found that older adults faced two major challenges: low financial and health-related support. The challenges stem from non-payment of pensions and the strain imposed on family structures due to economic hardship. Therefore, the study recommends the following: the Government should formulate a national institutional care policy to improve the quality of life for older adults; ensure prompt and regular payments of pensions; and provide free medical services to older adults. Implementation of these recommendations will give solid interpersonal relationships that lead to human integration, reassurance, direction, and material assistance for older adults in Nigeria.

Keywords: Ageing, Medicare, Population, Social Support, Socioeconomic,

1. Introduction

The world population of older persons aged 60 years and above is 12.3% (United Nations Department of Economic and Social Affairs (UNDESA, 2020). UNDESA (2020) projected Africa to have 220 million older people, while Nigeria has 9.4 million, which is expected to rise to 25.3 million by 2050. Nigeria's population is ageing rapidly, with projections indicating that by 2050, over 10% of its citizens will be 60 years or older (UNDESA, 2020; National Senior Citizens Centre (NSCC), 2021). This demographic shift exacerbates longstanding challenges for older adults, including economic insecurity, limited access to healthcare, social isolation, and inadequate support systems. Key issues include high poverty rates among older adults, delayed or irregular pensions due to corruption and underfunding, rising non-communicable diseases like arthritis and hypertension, family structure breakdowns that leave older adults without care, and a lack of institutional facilities at the primary healthcare centres. These problems are compounded by weak policy enforcement and the absence of safety nets tailored to help older adults in Nigeria. The World Health Organisation (2016) reported that Africa's productivity lost over $ 159 billion due to non-communicable diseases among those aged 60 years and older, including Nigeria.

The effort of the government to provide for older adults has not been considered a priority in Nigeria (Ayodeji, 2015; WHO, 2016). Ayodeji (2015) observed that only the governments of Anambra and Ekiti states had introduced social assistance programmes for their older adults. Social support is a key aspect in dealing with personal challenges since it provides solid interpersonal relationships that lead to human integration, reassurance, direction, and material assistance. Social assistance can be provided by government and non-governmental organizations

or social institutions (Chi-Ming & Bi-Kun, 2019). In the same vein, social assistance can also be provided by family members, friends, and close relatives. Older adults require support as they age (Cadmus, 2020; Tanyi et al., 2018; Devereux et al., 2020; UN, 2016). Cadmus (2020) contends that ageing is a series of physical, psychological, and social adaptations that an older adult struggles with in later life. He further posits that older people have declined functional abilities. Tanyi et al. (2018) argue that older adults are less active, fragile, have low immunity, and are vulnerable to diseases that affect their well-being.

On the other hand, Devereux et al. (2020) state that older adults lack sufficient social security arrangements to live a fulfilling life. The United Nations in 2016 concluded that globally, the poverty rate is more pervasive among older people than other age groups. Older persons today are faced with the challenges of socioeconomic hardship due to strains imposed on family structures, marginalisation of the older adults, and absence of social safety nets for the vulnerable members of the ageing population (Ogunyemi et al., 2018).

Poverty and strained family structures have deprived older adults of life satisfaction in Nigeria (Uzobo and Dawodu, 2015, 2015; Bélanger et al., 2016). Uzobo et al. (2015) noted that poverty had prevented older adults from achieving good well-being and life satisfaction in Nigeria. They further contend that economic deprivation makes older adults vulnerable to hardship. In their findings, Bélanger et al. (2016) conclude that family members can no longer cater to older adults due to financial incapacity and lack of a comprehensive social support system, which exposes them to health problems. Furthermore, older adults suffer neglect, discrimination, and social isolation (Tanyi et al., 2018; Salami & Okunade, 2020; Mudiare, 2013). Tanyi et al. (2018) contend that despite the increasing number of older adults in Nigeria, the government has not been able to provide sufficient social protection programmes for them. Salami and Okunade (2020) reported that older adults' lives have been cut short in Nigeria due to poverty and lack of institutional care and support. On his part, Mudiare (2013) argued that the older adult is subjected to abuse and neglect, both physically and psychologically, by family members and other caregivers. He further contends that older adults are prone to diseases of old age, such as stroke, depression, dementia, and Parkinson's, because of their fragility and lack of proper care.

Though several studies (Lopata, 2020; Salami & Okunade, 2020; Aboderin, 2017) have been carried out on social support systems in Nigeria, such as surveys, adult and social supports for older parents and challenges of late adulthood, none has assessed the place of social support system for older adults in Kogi state let alone Ankpa local government area of the state. This study, therefore, investigates the availability of the social support system and the challenges faced by older adults in the Ankpa local government area of Kogi state.

2. Materials and Methods

This study utilised the mixed-methods research design, specifically a convergent parallel mixed-methods approach. This design combines qualitative and quantitative methods to provide a comprehensive understanding of the assessment of the social support systems available to older adults in Ankpa Local Government Area of Kogi State, Nigeria and the challenges they face in accessing these systems. The quantitative component of the research design assessed the extent and distribution of social support and challenges across the sample size. In contrast, the qualitative component provides the answers to challenges such as emotional isolation, financial dependency, or cultural expectations. A semi-structured interview revealed how support systems function in the Ankpa socio-cultural context. This approach aligns with similar studies on elderly social support in Nigeria and Africa, in which mixed methods balance breadth and depth. For instance, a survey of social support and well-being among older people in Ekiti State, Nigeria, conducted by Ogunbiyi (2024) used survey data for quantitative patterns alongside theoretical framing for qualitative insights into cultural reciprocity.

The study was conducted in Ankpa Local Government Area of Kogi State, Nigeria, a LGA created in 1969 with its headquarters at Ankpa Town as part of the administrative divisions in the former

Kwara State (Ministry of Finance and Economic Planning, n.d.; Manpower Nigeria, n.d.). It was one of the initial LGAs in the Igala-speaking region, alongside Idah and Dekina, and was fully formalised under the nationwide Local Government Reforms of 1976, which standardised the structure and functions of all LGAs in Nigeria (Ola, 1984). The 1976 reform, led by the military administration of General Olusegun Obasanjo, marked the official recognition of LGAs as the third tier of government, but the initial delineation for Ankpa dates to 1969. It has 1,155km2 area with a projected population of 358,800 and a population density of 310.7/km² at an annual population change of 1.9%. The postal code of the area is 270101. It comprises three major districts, namely, Ankpa, Enjema and Ojoku, with over 300 communities. It is the third largest local government in Kogi state. The majority of the inhabitants are Igala, with other tribes cohabiting with them.

Further information shows that the males constitute 180,118(50.2%), while the females are 178,682(49.8%). The age distribution is as follows: 0-9 years (123,786); 10-19 years (78,936); 20-29 years (60,996); 30-39 years (40,186); 40-49 years (25,475); 50-59 years (13,634); 60-69 years (8,252); 70-79 years (3,946), and 80+ years (3,588) (National Population Commission, 2022). The local government has a total of thirteen electoral wards (Registration Areas) with 292 polling units (Independent National Electoral Commission, 2023). From the demographic dynamics of the population, the older adults aged 60 years and above are put at 15,786, which includes community-dwelling older adults (NPC, 2022). The Krejcie & Morgan (1970) model of sample size determination was used in arriving at the sample size. The model states, "The ever-increasing need for a representative statistical sample in empirical research has created the demand for an effective method of determining sample size" (p.607). The formula state thus:

$$S = \frac{X^2NP(1-P)}{D^2(N-1) + X^2P(1-P)}$$

Where:

S = Required Sample size

X = Z value (e.g., 1.96 for 95% confidence level)

N = Population Size

P = Population proportion (expressed as decimal) (assumed to be 0.5 (50%))

d = Degree of accuracy (5%), expressed as a proportion (0.05); it is margin of error

$$S = \frac{1.96^2 \times 15{,}786 \times 0.5(1-0.5)}{0.05^2(15{,}786-1) + 1.96^2 \times 0.5(1-0.5)} = 375$$

Thus, by the sample determination formula above and the Krejcie and Morgan sample table, the sample size obtained is 375 respondents. In determining the respondents, a multi-stage sampling technique was used to select the 375 respondents within the local government area. The LGA was divided into clusters covering the thirteen (13) Registration Areas in Ankpa LGA as delineated by the Independent National Electoral Commission (INEC). Within each cluster, the established polling units by INEC were used to get the desired respondents. In Ankpa LGA, a total of 292 polling units were established across the thirteen (13) Registration Areas (Electoral wards), wherein some are rural, semi-urban and urban settlements (INEC, 2023). The multi-stage sampling technique is most appropriate for health studies. It is cost-effective and logistically feasible for large populations, as well as flexible and adaptable to complex population structures.

However, to determine each of the 375 respondents, purposive sampling, a non-probability sampling technique, was further used because of the specific characteristics of the research objectives, which are limited to participants with particular experiences. The sampling technique also allows the study to focus on a subset of a population that is most relevant to the study's purpose, ensuring the data collected is directly tied to the research question. The sampling technique prioritised quality over quantity. The selected respondents possessed unique insights and experiences relevant to the research questions (Etikan & Alkassim, 2016). Each of the 292 polling units in thirteen (13) electoral wards was allocated a respondent, with the remaining 83 respondents allocated to Ankpa Township, which is an urban settlement. It is important to point out that the 12 electoral wards were made up of rural and semi-urban settlements.

The administered questionnaires were numbered according to electoral wards and polling units to ensure proper tracking of the data collected and computer imputation. Respondents who could not fill out or complete the questionnaire were assisted by the research assistants deployed for the study. Data were collected using the validated instrument of a questionnaire and an interview. The research assistants obtained the consent of the respondents with strict adherence to confidentiality and cultural adaptations in the administration of the research design.

3. Findings

Section A: Sociodemographic Information

Variables	Frequency	Percentage
Age		
60 – 69	258	77.7
70 – 79	66	19.9
80 and above	8	2.4
Gender		
Male	143	43.1
Female	189	56.9
Marital Status		
Married	192	57.8
Widowed	132	39.8
Divorced	8	2.4
Primary Source of Income		
Pension	285	85.8
Family support	29	8.7
Personal savings	11	3.3
Others	7	2.2
Education Level		
None	75	22.6
Primary	57	17.2
Secondary	91	27.4
Tertiary	109	32.8
Place of Residence		
Rural	178	53.6
Semi-Urban	56	16.9
Urban	98	29.5
Total	**332**	**100**

Source: Researcher's field survey, 2025

Table 1 show the socio-demographic characteristics of the respondents. The age distribution revealed that majority of the respondents (77.7%) fell within the age bracket of 60 – 69 years, while 19.9% of the respondents fell within the 70 - 79 years. Only 2.4% are of age 80 and above. In the same vein, more than half of the respondents representing 56.9% of the respondents were females. The data also showed that majority of the respondents with 87.05% rely on pensions for their living. Furthermore, more than half of the respondents representing 57.8% were married as at the time of the study. The educational status showed that large majority of the respondents representing 77.4% could communicate in English language. However, 53.6% of the respondents lived in the rural settings.

Section B: Sources of Social Support

Table 2: From which of the following sources have you received social support in the past year?

Variables	Frequency	Percentage (%)
Family, friends and close relatives	262	78.9
Government Programmes	51	15.4
Non-Governmental Organisations	19	5.7
Total	**332**	**100**

Source: Researcher's field survey, 2025

Table 2 shows that 262 respondents, representing an overwhelming 78.9% receive social support from family, friends and close relatives. Less than one-third of the respondents, representing 22.1% have access to social support from government and non-governmental organisations at 15.4% and 5.7% respectively.

Table 3: What kind of social support have you received?

Variables	Frequency	Percentage (%)
Emotional support	181	54.5%
Financial support	79	23.8%
Information support	35	10.5%
Practical support	21	6.3%
Health related support	11	3.3%
None	5	1.5%
Total	**332**	**100**

Source: Researcher's field survey, 2025

Table 3 depicts the kind of social support that the respondents have received. More than half of the respondents, representing 54.5% received emotional support from family, friends and close relatives which entails hugs, listening and encouragement. The findings further show that 23.8% of the respondents received financial support while 3.3% of the respondents got health related support.

One of the participants in the interview session revealed that what older adults need mostly are access to finance and medical services. To him, lack of these support services leads to sickness and early deaths in some cases. Moreso, that their pension is not being paid as at when due. He says, *"An older person or a retiree who have access to finance can easily provide all his needs including paying someone to take care of errands for him or her."*

Table 4: How effective are the social support services?

Variables	Frequency	Percentage
Very Effective	53	16
Effective	71	21.4
Not Effective	197	59.3
Do no know	11	3.3
Total	**332**	**100**

Source: Researcher's field survey, 2025

The findings on Table 4 provide a comprehensive assessment of the effectiveness of the social support services available to older adults. These services are rendered by family members, friends, close relatives, government and non-governmental organisations.

More than half of the respondents representing 59.3% described these services as not effective.

Section C: Challenges Faced by Older Adults

Table 5: What are the challenges you faced as an older adult?

Variables	Frequency	Percentage (%)
Difficulty functional abilities	5	1.5
Struggle to pay for medical care or medications	3	0.9
Emotional abuse by family members	5	1.5
Lack of financially support	16	4.8
Loneliness or lack of companionship	9	2.7
Lack of safety or security at home	7	2.1
Lack of care by younger family members	15	4.5
Lack of government facility for older adults	7	2.1
All of the above	265	79.8
Total	**332**	**100**

Source: Researcher's field survey, 2025

Table 5 shows that the highest number of respondents, representing 79.8% are facing the challenge of a number of issues ranging from difficulty functional abilities, struggle to pay for medical care or medications, emotional abuse by family members, lack of financially support, loneliness or lack of companionship, lack of safety or security at home, lack of care by younger family members, and lack of government facility for older adults.

In supporting the above finding, a participant in the interview session said and I quote:

> *"Old age is a natural thing that no human being will escape except where the person dies young. An older person is faced with a lot of challenges in life especially coping with daily life activities. The major problem is lack of money to cater for their needs. Even where there is money, there is difficulty in taking care of oneself because of fragility and social stigma."*

Table 6: What are the solutions to the challenges faced by older adults?

Variables	Frequency	Percentage (%)
Prompt payment of pension	87	26.2
Free medical services	76	22.9
Older Adults Homes	11	3.3
Financial support	158	47.6
Total	**332**	**100**

Source: Researcher's field survey, 2025

Table 6 provided the findings on the best way the challenges faced by older adults can be solved. 47.6% of the respondents prefer that financial support be given to them inn order to live a good life. 87 Respondents representing 26.2% advocate for prompt payment of pension while 22.9% representing 76 respondents seek free medical services for older adults. On the other hand, 3.3% of the respondents want the government to provide Older Adults Homes as a way of solving the challenges of older adults.

4. Discussion of Findings

The findings from this study found that the majority of the respondents are within the age category of 60 – 69 years. In Nigeria, the retirement age for public sector employees is generally 60 years or after 35 years of service, whichever comes first, as outlined in the Public Service Rules (Federal Government of Nigeria, 2008, Rule 020810). However, specific sectors and roles may have variations, such as Judges and Judicial

Officers, which was raised to 70 years under the Constitution of Nigeria (Fifth Alteration Act, 2023). Similarly, academics in the tertiary institutions may retire at 65 or 70 years as per guidelines from the National Universities Commission (National Universities Commission, 2004). The age bracket is in conformity with the definition of an older adult by the United Nations Department of Economic and Social Affairs (UNDESA, 2020).

The study further shows that the majority of the older adults rely on pensions for their living, which has untold implications whenever they are not paid as due. Irregular and delayed pension payments remain a core financial stressor for older adults, especially retirees, with many waiting months or years for benefits, leading to debt, malnutrition, and mental health decline. The lack of regular and prompt payment of pension means that older adults, especially those who are retired civil/public servants, would go into poverty, which confirms the postulation by the United Nations (2016) that globally, the poverty rate is more pervasive among older people than other age groups.

Furthermore, the study found that most older adults receive social support from family, friends and close relatives, which confirmed the finding by Devereux et al. (2020) that social assistance can also be provided by family members, friends, and close relatives, which shows that older adults require support as they age. The striking aspect of this finding is that older adults have less access to social support from government and non-governmental organisations. It shows that in the study area, both government and non-governmental organisations have not been able to provide sufficient social protection programmes for older adults, as contended by Tanyi et al. (2018).

In dissecting the form of social support received by the respondents, only 3.3% got health-related support. Health challenges are synonymous with older adults and require a social support system. The finding on lack of health-related support exposes older adults to abuse, neglect, social isolation and prone to diseases of old age such as stroke, depression, dementia, and Parkinson because of their fragility and lack of proper care further confirming the contention of Mudiare (2013) who argued that the older adult is subjected to abuse and neglect both physically and psychologically by family members and other caregivers. The most services required are financial and health-related support, which are lacking in these findings. Lack of adequate financial and health-related support has confirmed the position of Bélanger et al. (2016), who conclude that family members can no longer cater to older adults due to financial incapacity and lack of a comprehensive social support system, which exposes them to health problems. One of the participants in the interview session revealed that what older adults need mostly are access to finance and medical services. To him, the lack of these support services leads to sickness and early deaths in some cases. Moreso, their pension is not being paid as due. He says, *"An older person or a retiree who has access to finance can easily provide all his needs, including paying someone to take care of errands for him or her."*

The findings on effectiveness of the social support services available to older adults show that services provided by family members, friends, close relatives, government and non-governmental organisations were not effective, which confirms the workings of Ogunyemi et al., (2018) who contend that older adults are faced with the challenges of socioeconomic hardship due to strains imposed on family structures, marginalisation of the older adults, and absence of social safety nets for the vulnerable members of the ageing population. In support of this finding, a participant stated that, *"with this economic hardship in Nigeria today, our children can no longer meet up with our needs as they also battle to provide for their wives and children".* He went further to say that the lack of free medical services within their communities affects their health status.

The study also found that highest number of respondents are facing several issues ranging from difficulty functional abilities, struggle to pay for medical care or medications, emotional abuse by family members, lack of financially support, loneliness or lack of companionship, lack of safety or security at home, lack of care by younger family members, and lack of government facility for older adults which affect their well-being, therefore validating the study by Cadmus (2020) and Tanyi et al., (2018) that older

adults are less active, fragile, have low immunity, and are vulnerable to diseases that affect their well-being. The finding further buttresses the fact that economic hardship or poverty affects the well-being of older adults.

It is the contention of this study that older adults faced many challenges due to the inability of family members to cater to their needs as a result of financial incapacity and lack of a comprehensive social support system, which exposes them to health problems as postulated by Bélanger et al. (2016). The inability of the family members, friends and close relatives to provide support services to older adults has further confirmed the position of Salami and Okunade (2020), who reported that older adult lives have been cut short in Nigeria due to poverty and lack of institutional care and support, which this study has reinforced. This finding implies that older adults are subjected to untold hardship in a situation of economic crunch, which affects the finances of family members, friends and close relatives. The deprivation of access to social support makes older adults vulnerable to hardships.

The study discovered that there is a lack of formal social services like payment of regular pensions or elder care programmes with inadequate funding, confirming the work of Salami & Okunade (2020) that the non-availability of institutional care and support has affected the quality of life of older adults in Nigeria. Traditionally, Nigerian society relies on family-based support for older adults, with children and extended family expected to provide care. However, this system is weakening due to urbanisation, migration, and economic pressures. Extended family systems, once a primary source of care, are eroding due to the migration of younger relatives to urban areas for work, leaving elders isolated in rural settings. This results in loneliness, spousal loss without adequate emotional buffers, and unmet needs for daily assistance, heightening risks of depression and poor psychosocial health.

In supporting the above finding, a participant in the interview session said:

> *"Old age is a natural thing that no human being will escape except where the person dies young. An older person is faced with a lot of challenges in life, especially coping with daily life activities. The major problem is a lack of money to cater to their needs. Even where there is money, there is difficulty in taking care of oneself because of fragility and social stigma."*

Older adults in Nigeria, typically defined as those aged 60 and above, face unique challenges that undermine their well-being, as highlighted in this study, particularly in the realm of social support. The finding confirms the work of Bélanger et al. (2016), who posit that family members can no longer cater to older adults due to financial incapacity and lack of a comprehensive social support system, which exposes them to health problems. In the same vein, older adults are also not immune to physical, emotional, and financial abuse, which is often linked to economic dependency on family in the face of poverty and economic hardship. The responses by the Respondents have equally confirmed that strained family structures have deprived older adults of life satisfaction in Nigeria. This finding validates the position of Uzobo et al. (2015), who noted that poverty had prevented older adults from achieving good well-being and life satisfaction in Nigeria.

In discussing the possible solutions to the challenges enumerated in the findings of this study, a significant number of the respondents prefer access to financial support to other social support systems. Be given to them to live a good life. 87 Respondents representing 26.2% advocate for prompt payment of pension, while 22.9% representing 76 respondents seek free medical services for older adults. On the other hand, 3.3% of the respondents want the government to provide Older Adults' Homes as a way of solving the challenges of older adults.

5. Conclusion

Nigeria lacks comprehensive social policies for older adults, such as pensions or welfare programmes, increasing dependence on informal networks. The absence of institutional support can lead to lower perceived support, as older adults may feel neglected by the broader community. Poverty is a significant barrier, with many older adults living in deplorable conditions, particularly in rural areas or urban slums. The lack of formal social welfare systems exacerbates reliance on informal support, which in

most cases is unavailable. Economic hardship limits access to resources that could bolster social support, such as transportation to visit friends or participate in community activities.

The Nigerian population is projected to continue aging over the next 20 years. The United Nations Population Division (2015) indicates that Nigeria's ageing population will double by 2020. Therefore, a deliberate government policy aims at providing social support to meet the economic, health, psychological, and material well-being challenges of older persons in the face of dwindling traditional family support systems, as a result of strain on family members' finances becomes expedient.

Therefore, a robust social support system must be established to alleviate the suffering of older persons who have used their productive years to contribute to the country's development and growth. The attitude of the government policymakers in ensuring that the welfare of older adults is adequately taken care of requires interrogation. Psychological, health, and social challenges in Nigeria are threatening older adults. What heightens the challenge is the absence of a clear policy or any functional social security service for older adults in Nigeria. Consequently, social policy for older adults remains turbulent, especially with the retrenchment of workers, non-payment of pensions and gratuities, lack of health insurance policy for senior citizens, lack of Medicare services, unemployment status of their children, and adoption of neoliberal economic policies in Nigeria.

Everyone must develop and use a support system daily to balance and manage stress and maintain a sense of well-being. It is, therefore, expedient for older adults to have access to a support system. The persons, agencies, and organizations a caregiver contacts – directly or indirectly – are called a person's social support system. Social support may be provided through physical and practical assistance, resource and information sharing, emotional and psychological assistance, and attitude transmission. The social well-being of older adults will significantly improve through the availability of personal support systems, which will reduce stress, challenge physical health problems, and improve living conditions. For older adults to be guaranteed a fulfilling life, it becomes necessary to understand where the support system will come from and who provides it.

It is also essential to know why older adults do not ask for or accept assistance and why people may not. Nigeria's primary problem, in the face of fast demographic change, is to establish policies and hire trained individuals capable of comprehending and responding to contemporary societal objectives and the complicated demands of an ageing population. Fundamentally, Nigeria is undergoing fast socioeconomic and political upheaval and unsustainable economic development, which has a detrimental influence on older adults. As a result, older adults must rely on financial assistance from their children or other relatives or risk dying in a poor economy.

However, because the traditional focus on family-centered care is quickly eroding in the face of poverty and unemployment, it is no longer a solid financial safety net for older adults. For most Nigerians, there is no safety net as the number of older adults grows. The family has long been seen as a birthplace of love, where all of the family's needs, even those of the older adults, were fulfilled. In a culture driven by consumerism and competitiveness, it is increasingly under attack, and its power and importance are eroding daily. This attack on the social institution results in a decrease in the older adults' worth, support, and care, leaving them vulnerable to poverty and other forms of maltreatment. If nothing is done to halt this trend, we expect to see an increase in incidents of older adults being abandoned on the streets of Nigeria.

Social support is a multidimensional concept consisting of various elements (emotional, instrumental support, confidential support, and economic support); any approach to the phenomenon must specify the concrete contents, which means that different measurement instruments can help assess various dimensions of the idea, varying depending on the population examined, as seen by comparisons with other research. A review of health financing in Nigeria has indicated that the only safety net, the Health Insurance Scheme, has excluded older adults from Nigeria's population. The cost of medical bills in

Nigeria is high, leading to high out-of-pocket expenses for members of society. This effect is that household budgets become overstretched to the level that other needs are neglected, coupled with the country's economic recession.

Nigeria lacks a social support system for physical needs, such as transportation, housing, and personal care, as well as emotional needs, such as understanding and addressing the problems of older adults.

6. Recommendations

The government should formulate a national institutional care policy, which both national and subnational governments should implement to ensure quality of life for older adults. The government should also subsidise the business of institutional care for private involvement with mouth-watering incentives such as free land for the construction of residential care facilities, tax rebates, and access to soft loans, among others, which will aggressively revolutionise the need for a social support system in Nigeria.

Prompt and regular payments of pensions should be a priority and first-line charge on the consolidated revenue funds of national and subnational governments. Having given their best to the nation during their productive years, older adults need the country to live fulfilling lives after retirement from the nation's service. The finances of their caregivers have shrunk over the years in the face of economic difficulties, thereby affecting the physical, emotional, financial, psychological, and social support older adults need.

The government is enjoined to provide free medical services to older adults diagnosed with HIV/AIDS and other chronic diseases such as dementia, tuberculosis, hepatitis, diabetes, arthritis, poor sight, Parkinson's, etc. In this case, a special unit should be created at the primary, secondary, and tertiary levels of health care services dedicated to providing succour to older adults in all the 774 LGAs of the Federation.

The National Health Insurance Scheme Act should be reviewed urgently by the National Assembly to provide free access to Medicare for older adults in Nigeria. Alternatively, the government should review the National Health Insurance Scheme guidelines to extend coverage to 6 persons, including ageing parents as beneficiaries of the principal contributor, instead of the current 4 persons, which will adequately lessen the burden on the lean financial resources of family members.

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