



INCLUSIVE ACCESS TO EFFICIENT HEALTH CARE AND SUSTAINABLE INCOME AMONG THE AGED POPULATION IN NIGERIA: PROBING THE CORE ROLE OF SOCIAL SECURITY IN PROMOTING LIFE EXPECTANCY

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Abstract

Social security has been a big challenge facing Nigeria as a democratic society, especially among the aged population. So far, there is a dearth of scholarly inquiries on inclusive health care, particularly with a focus on the possible role of care homes in offering quality health care service to the aged population – retired federal, state, local governments and private individuals. This research gap informed the desire to carry out this review work. This study, therefore, aims at investigating the role of care homes in providing quality and social welfare for the aged and elderly groups in the Nigerian society. The study adopted ex post facto design. It is anchored on the social assistance theory. The study revealed that most of the aged population in Nigeria is at risk of social service – deterioration of health, poor feeding, challenges of family dynamics, increased demand for medical services, decreased functional independence, government neglect, absence of an effective national health policy and increased economic stress among others. Based on the findings, the study recommends among others, that government, Non-Governmental Organizations (NGOs) and private individuals should provide effective care homes for the vulnerable aged in the rural, urban and city centres across the states in Nigeria, including the Federal Capital Territory (FCT), Abuja. They should also employ competent health personnel, care givers and social workers to can man(age) the care homes effectively for optimum inclusive health development in Nigeria.

Keywords: Aged Population, Care Homes, Development, Health Care, Inclusive Health

Introduction

The place of social security investment that guarantees social security nets of all citizens, particularly the aged or elderly population cannot be overemphasized. It is complementary to achieving an inclusive national health development. This worthwhile strategic investment is more germane when social welfare – quality healthcare and wellbeing of the citizenry – is considered (Lynch et al., 2022). Perhaps a lucid understanding of this informed the popular maxim – *health is wealth*. With a huge population density, Nigeria ought to be among top countries



with best investment in social security nets. Unfortunately, Nigeria is distastefully trailing behind other countries, raising some concerns about what is actually wrong (Tanyi et al., 2018).

Of all the categories of the Nigerian population, the aged or elderly group is the most neglected, deprived and uncared for by the Nigerian government (Araromi, 2015). This disturbing abandonment is difficult to defend on any scale of rational judgment by the Nigerian government given the avalanche of natural resources at its disposal. Socioeconomically, in the truest sense of it, the Nigerian government has little or no effective social security provision for the aged population (Anifalaje, 2017).

Although there are few legal legislations and pronouncements in the name of social security and welfare for all Nigerian citizens by both state and federal governments, these are more of decorative statements than pragmatic ones (Anifalaje, 2017). This is because they are more theoretical than practical as they lack an effective human-centered implementation force. The statement, for instance, that ‘the security and welfare of the people shall be the primary purpose of government’ of Nigeria as contained in section 14(2), subsection (b) of the 1999 constitution, as amended, buttresses the point advanced above. To what extent have successive governments of Nigeria since 1999 made good the above statement in its true spirit and letter?

Noting the absence and ineffectual implementation of the few social schemes scarcely known in Nigeria, Anifalaje, (2017) observes that, the various Nigerian laws on social security are inadequate in their content and scope. Where these laws exist at all, they merely apply to the active workers of government but are completely silent on the aged or elderly retired civil, public servants and private individuals. Hence it is argued that the provision of social security should not be limited to people working in the formal economy’ (Anifalaje, 2017) only but should include all citizens, in particular, the aged population.

A number of issues or problems are thus of concern to this study. In the developed countries, the provision of social security nets to all citizens – young, adult and aged or elderly – is accorded prioritized national importance. Even prior to the conception stage, governments of the advanced nations map out adequate healthcare for the unborn child(dren) (Ettielt et al., 2020). The mapping of the health and social security plans are comprehensively made that they accommodate all the critical stages of growth – infancy (childhood), adulthood and elder hood. This social security arrangement enhances quality of life, access to quality health, healthier longevity, affordable housing and the rest (Tanyi et al., 2018). However, in developing nations such as Nigeria, social security



arrangements for all citizens, particularly the aged leaves nothing to be desired. Consequently, health outcomes and life expectancy has remained poor in Nigeria. Significantly, where social security is in force such as in the UK, US, Germany, Canada, Japan among others, it enhances healthier life's expectancy. In the aforementioned countries, for instance, life's expectancy averages 75 -90 years unlike what obtains in Nigeria– 54.5 (Tanyi et al., 2018). This discrepancy on the ladder of attaining quality healthcare, which inadvertently affects the aged or elderly because those who would narrowly escape this life's bracket, may have a lot of health complications to contend with. This attests to the abysmal level of decay in social security services in Nigeria. The hapless state of the aged population in Nigeria, occasioned by the near absence of social security safety nets to cover for a quality health service and/or sustain lives at care home (if they are existence in Nigeria), gives this author a great concern.

Existing literatures have examined the implementation of extant laws on provision of social security (Anifalaje, 2017), nuances of psychosocial health impediment of the elderly in Nigeria (Animasahun and Chapman, 2017), rights protection of old people in Nigeria (Araromi, 2015), challenges of active ageing in Nigeria (Bai-Tachia and Tyowase, 2017), policy formation and care of the elderly in Nigeria (Tanyi et al., 2018) without sufficient scholarly literature on the inclusive health development in Nigeria. This research lacuna fuelled my interest in the subject. The author, therefore, probes the role of care homes in the inclusive health development in Nigeria.

This is significant in a number of ways. First, in view of the fact that there is a dearth of scholarly literature in this area of study in Nigeria, this study is making a novel contribution to knowledge from the Nigerian background. It will, essentially, add on the oeuvre of literature on the health and ageing/elder hood discourse of the sociology of development from the Nigerian perspective.

Objectives of the Study

The major objective of the study is to probe the role care homes could play in the inclusive health development in Nigeria. However, the specific objectives are, to:

- 1) Examine government's negligence of social welfare services in Nigeria;
- 2) Evaluate its implication on the aged people who need, but do not, have social security;
- 3) Discuss the role care homes could play in the quest for an inclusive health development in Nigeria.

Review of Relevant Literature

At the global scale, national health systems are challenged to build successful aging models to prepare for biomedical, psychological and social changes



((Anifalaje, 2017; Chika and Oguche, 2019; Animasahun and Chapman, 2017). This is necessitated by the recognition that care homes play an important role in the lives of an increasing number of older people, therefore, it is pivotal to understand how residents and their families engage their care and support (Lynch et al., 2022). With an emphasis on the Nigeria's demographic changes, Animasahun and Chapman argue that, in addition to cultural considerations, absence of a social security system presents unique challenges to the elderly (Animasahun and Chapman, 2017). Culturally speaking, the society views some set of elderly people as vulnerable and therefore, requires special care and premium protection (Araromi, 2015).

Common with ageing across cultures and climes, old(er) age is a period that the elderly people are more susceptible to an increased disposition to diseases and other health challenges (Tanyi et al., 2018).. Given that the population of older people continues to rise globally, and the incidence of long-term conditions such as dementia increase, care homes progressively play a more important role in the lives of older people (Lynch, 2022; Age UK, 2017). The integral psychosocial health, overall quality of life and well-being of old(er) group essentially underscores the need for greater focus on the aged population in the Nigerian health economy (Animasahun and Chapman, 2017).

Active ageing is a long-life process of optimizing opportunities for improving and preserving health, ensuring full participation and guaranteeing security so as to enhance quality of life as people age in a society (Bai-Tachia and Tyowase, 2017). Ageing is a global phenomenon that cuts across cultures and gender, therefore, there is a need to cater for the health of the people as they age in orders to keep them healthy and active thereby contributing to national development. Doing so in Nigeria, according to Bai-Tachia and Tyowase, will enable them to realize their potentialities for physical, social, and mental well-being throughout their life's course and to participate in the country's activities based on their needs and ability (Bai-Tachia and Tyowase, 2017).

Aged population in Nigeria suffers social abuse and denial. The aged have the fastest growing segment of the population world-wide and this growth is mainly taking place in developing countries, and as the number increases, there is no safety net in place for most of the elderly already living in the least developed and developing countries today (Adelakun and Obue, 2020). Traditionally in Nigeria, family is valued as a source where family needs are met. However, challenges have weakened most family networks that it is now difficult, if not impossible, to provide support to the elderly. Some of the elderly while in their active years have worked satisfactorily for the good of humanity. Now, they are both helpless and hapless as a reason of inability to function well and help them;



hence, the government reciprocity policy for social support despite the physiological retirement is important.

An ageing population, makes living arrangements, housing choices and ageing in place of interest to an international audience (Board and McCormack, 2018; Stones and Gullifer, 2016). Being able to live independently and in a place of choice would be the intention of the majority of adults as they get older, especially since with advanced age, people spend an increasing amount of time within their own home environment. The majority of people, aged over 65 years living in the European Union (EU) live well and independently in their own homes (International Longevity Centre [ILC] 2016). However, others have admissions to hospitals, and a smaller, yet significant proportion, move to live in a residential setting (care homes) (Board and McCormack, 2018; Stones and Gullifer, 2016).

Theoretical Framework

Due to the multidisciplinary underpinnings of this work, straddling – developmental sociology, medicine, public health among others – the social assistance theory of Howell (2001) was employed to undergird this study. A human-centred theorization, social assistance champions welfare, protection and provision for all populations together with its attendant rights, privileges and social security. This view is supported by Howell’s assertion that social assistance should be designed as an investment aimed at poverty reduction, attainment of quality health for all, especially the aged and vulnerable populations.

As an ideological compass that drives the articulatory figuration of this study, it foregrounds universal protection, inclusion of the vulnerable groups, and access to quality health, effective social remedies, dignity and autonomy of both the young, adults and the aged populations respectively. In this study, the utilitarian signatures of the social assistance theory as highlighted above are imported to address the exclusion of the aged group in the research quest to harvest the roles care homes could play in actualizing an inclusive health development in Nigeria.

Methodology

This study adopted ex post facto design. For the purpose, we relied on the desk research (secondary data) whereby we analyzed journals, newspapers and other scholarly publications that basically focused on the health challenges and the welfare of the aged and vulnerable groups in Nigeria. The study adopted content analysis technique in analyzing huge secondary data derived from the desk research. The major concerns were to probe the social care, social security and health challenges of elderly segment of Nigerian population and make concrete recommendations for tackling them.



Results / Insights from Literature Regarding Status of Inclusive Access to Efficient Health Care, Sustainable Income and Social Security for the Aged Population in Nigeria towards Promoting their Life Expectancy

Government Negligence of Social Welfare Services in Nigeria: At least 350,000 older people in the UK have been estimated to be living in care homes, specifically for their remaining months and years of their lives (Ettielt et al., 2020; Laing-Busissson, 2008; Age UK, 2019). This set of elderly people suffers from one ailment to another. For instance, findings estimated that over 70 percent of the elderly in the care homes have severe memory challenge or dementia (Alzheimer's Society, 2019). Consequently, the degree of effective wellbeing of the aged population depends largely on their experience of living in a residential faculty and the quality of care received by the aged population (Ettielt et al., 2020). All the senior citizens of the UK, for instance, receive well-planned social welfare and health provision. However, in Nigeria, such a social provision is deemed as a luxury as the Nigerian aged people are deprived, starved and denied of such opportunity. As a consequence, the aged population is abandoned to resort to fate, thereby increasing their vulnerability and haplessness.

In addition, unlike Nigeria, the United Kingdom provides public healthcare to all permanent residents numbering about 58 million people (Chang et al., 2022). Also in the UK, healthcare coverage is free at point of need (Chang et al., 2022). In all, about 8.4 percent of UK's gross domestic product (GDP) is spent on the healthcare needs of her citizen – the youth, adult and the elderly. Conversely, Nigeria has no functional national policy on the care and welfare of older persons. Hence Tanyi et al. lament that the evolving demographics and the breakdown of the family structure caused by unemployment, underemployment and economic hardship coupled with absence of a social security are inimical to the elderly population in Nigeria (Tanyi et al., 2018).

Ageing and the increase in non-communicable diseases, as well as the demand for chronic medical care programmes have increased globally. Yet it has been noted that the Nigerian health care system is shrouded with problems and lacks the capacity to cater for long term care, particularly the aged, the major recipient (Chika and Oguiche, 2019). This neglect on the side of government has been contributive to increased communicable disease, dementia and ultimately to increased death rate of the aged in the country. The ugly development is worrisome hence this study would serve as a pointer to the decay in the ageing subsector of the Nigerian health economy for possible intervention both by government and private bodies.



Implication of Government Negligence of Social Security and Welfare Services in Nigeria

The findings of their experiences revealed that constellation of social, economic and environmental challenges are being experienced from hospitals, ranging from brain drain, poor remuneration, obsolete infrastructure, inadequate medical facilities and underfunding of the hospitals (Omoleke and Taleat, 2018). These ugly narratives are prevalent because the Nigerian health system is defective when compared with developed countries and even with few African countries (Omoleke and Taleat, 2018). One of the challenges facing Nigerians is poor healthcare delivery in the country which is affecting active ageing. (Bai-Tachia and Tyowase, 2017). The aged population in Nigeria is both socially abused and exploited.

Accordingly, World Health Organization (WHO) (2002), observed that the elderly abuse comprises three type accordingly: isolation, abandonment and social exclusion; secondly, violation of human, legal and medical rights; thirdly, deprivation of choices, decision, status, finances, respect and honour. Such abuses of the elderly include physical abuse, physical neglect, verbal assaults, materials exploitation, sexual abuse and neglect of the environment and violation of rights (Hoover and Polson, 2014). Elderly abuse could be described as the intentional actions that cause harm and risk at the detriment of elderly wellbeing in society ((Hoover and Polson, 2014). Elderly abuse manifest when care required and support are deprived. When the attention ranges from formal and informal that comprises all forms of service from health care, counseling, material, financial or other related goods are not available or sufficient (Hoover and Polson, 2014).

The abuser of elderly can be traced amongst the government, children and family members, spouse, and other caregivers in the institutional setting, especially in care or facility center. The signs or symptoms of elderly abuse overlap with symptoms of mental deterioration, frequency arguments or tension between the caregiver and the elderly or the sudden changes in the personality ((Adelakun and Obue, 2020; Hoover and Polson, 2014), while behaviours may be the indicators of elder's abuse. According to Lawrence, (2019), the physical abuse usually observed when unexplained signs of injury such as bruises, warts, scars; broken bones, sprains or dislocation; when a report of drug overdose or an apparent failure to take medication regularly; when broken eyeglasses/frames; and when signs of being restrained was on high rate. These and other are parading in developing world especially in Nigeria (Adelakun and Obue, 2020). When social security is provided for the aged population, the prevailing implications would have been reduced, if not totally eradicated.



Roles of Care Comes in the Quest for an Inclusive Health Development in Nigeria: Care home through its staff members not only responsible for providing conventional nursing services and care but is also responsible for providing information, as well as pastoral care to the patient at the time of diagnosis and subsequent therapies. Care homes promote access to essential affordable social services in health, welfare, education, housing and sanitation, food security for the aged (Lych et al., 2022). Care homes benefit those who would have ordinarily been excluded from only paid worker-based measures. Social security being offered by care homes enables an increased diffusion of benefits of socioeconomic and healthy growth to the populace (Ettielt et al., 2020). Care homes provide a reliable communication channel between the treatment team, patients and their families and they are responsible for the psychological and emotional support of patients and their families. Due to their strategic importance, they play an effective role in providing the necessary care at home, as well as providing recommendations for changing lifestyle and behavioral risk factors for the patient and family in addressing the concerns of the diseases (Lynch et al. 2022; Age UK, 2019; Laing-Busissson, 2008).

Care homes also facilitate early discharge from the hospital by providing care at home and acting as the main pillar between hospital and home and even replacing certain specific needs that are more relevant to nursing (O'Neill, 2020). They generally support integrated care of the patients by coordinating and encouraging inter-professional and inter-organizational collaboration to address the patient's needs. Nigeria needs to establish effective and functional care homes to cater for the old aged and elderly people who have retired from active government and private services. The attendant increased vulnerability and health complications that degenerate with ageing deserve calculated plans by the Nigerian government as is the common practice in developed climes. When established, private and private-public partnership would follow suit and the outcome would be a vibrant health outcome on the side of the aged population. Together with similar provision for other developmental stages – childhood and adulthood, effective and inclusive health development would have been achieved in Nigeria.

Conclusion and Recommendations

Insight gained from the exploration of literature shows that care homes like the hospitals and health centres, play integral roles in attaining quality care needs of the aged or elderly people. However, given the lack of the interest by government to provide the needed social welfare schemes in Nigeria, care homes are nearly nonexistent in the country. This study, therefore, recommends that:

- a. Governments – state and federal and nongovernmental organizations (NGOs)– should establish care homes in Nigeria for healthier life benefits of the aged. To achieve this fit, the Nigerian government should allocate



a chunk of the annual budgetary provision to establish, fund and supervise care homes in Nigeria for an inclusive health development. Taken the vital role care homes play for the elderly population, this step would be a right one in the right direction. NGOs should intervene or should be involved and assist government in meeting both the human capital and logistical needs of the established care homes.

- b. Experienced and qualified professional health workers, social workers should be employed to man(age)the care homes for an optimum contribution to the national health development of the country. This would ultimately assist in achieving an inclusive quality health development in Nigeria.
- c. Implementation, ratification and domestication of key international Labour Organisation (ILO) convention on minimum standard of social security, particularly for the aged population by the federal government of Nigerian is also recommended
- d. .The government as well should muster enough political will to allocate a great chunk of the government budget to establishing social security welfare and safety nets for the aged population of Nigeria to achieve an inclusive welfare/health development.

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