

SOCIAL SECURITY POLICY AND THE OLD PEOPLE OF IJEBU-NORTH LOCAL GOVERNMENT OF OGUN STATE, NIGERIA

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Abstract

The application of social security as related to shelter, insurance scheme, pension allowances, health care services, feeding and every other aspect will have a significant effect on the life expectancy of the aged if such policies are properly implemented. The paper investigated the influence of Social Security on the aged in Ijebu North Local Government of Ogun State. How its availability or otherwise affects their life expectancy, formulation and implication of policies and the attitudes of individual families in relationship to the care for them. The study further examined the experiences and the hardship of Senior Citizen (Pensioners) in Ijebu North Local Government under the new economic reform which has increased the hardship and sufferings of the pensioners that makes them live below the poverty line due to the inability of the government in taking care of their welfare and payment of the stipend as at when due. Social security packages have always been inadequate, hence, the baseline for this research. Questionnaire was distributed among the respondents and information gathered was processed through the aid of Pearson Product Moment Correlation (PPMC) statistical tools. The findings revealed that the provision of social security to the old people in Ijebu North Local Government Area of Ogun State is inadequate. The government should, therefore, endeavor to intensify more efforts in making adequate provision for social security as a priority to reduce the hardship of helpless old people who have offered services to the society in one way or the other.

Keywords: Social Security, Policy, Senior Citizen, Ogun State, Pensioners, Aged

Introduction

A critical observation shows that Nigeria has no functional national policy on the care and welfare of the aged. Changing demographics in Nigeria, in addition to the breakdown of the family structure and absence of a social security system, present unique challenges to the elderly in Nigeria. The fast-growing number of older adults during the last few decades has impacted significantly on the political, economic, and social functions of societies in both industrialized and developing regions. According to the Population Division of the United Nations Department of Economic and Social Affairs (United Nations Department of Economic and Social Affairs: Population Division [UNDESA], 2015), the proportion of older persons aged 60 years and above make up 12.3% of the global population, and by 2050 that proportion will rise to almost 22%. Sub-Saharan Africa, which has the smallest proportion of elderly and which is ageing slower than the developed regions, is projected to see the absolute size of its older population growing by 2.3 times between 2000 and 2030 (UNDESA, 2015).

Every society contains some elements of age stratification that affects opportunities, experiences, relationships, securities and socialization. Considering the traditional morality nature of the world we live in, the survival of the fittest had long taken the order of the day. Human beings grow through a ladder (age development- ageing) and while they are still vibrant, can ensure the provision of certain social and economic amenities. This social security system differs in different parts of the world. In some countries, the old are catered for by the extended family arrangement, mutual aid societies and other informal mechanisms. The informal arrangements are strained by urbanization, mobility, war and famine,

which weakened the extended family and community ties. This strain is felt mostly where the population is growing rapidly as a result of improvement in medical facility and fertility. These rapid changes have forced several countries to consider fundamental changes in the way they provided old age security (World Bank, 1994).

The most popular current yardstick of old age, which is the social security law, is somewhat arbitrary originally enacted in 1935. The social security act provided stipends for those over 65 years of age and contained various provisions for the mandatory requirement. Thus, people are often defined as aged if they are either retired or over 65, regardless of their health or desire to work.

Some struggled to reach the age of eligibility, yet many healthy 65 years old, who would otherwise have had 5 or more years of productivity, found themselves involuntarily out of work. Social security Act of 1935 also established a system for old age benefits for workers, the benefit for victims of industrial accidents, unemployed, insurance aid for dependent mother and children, the blind and physically handicapped. The balance between age and society responsibility in ensuring they are well catered for determines the habitation of any society.

Review of Related Literature

Social security

An immediate effect of population aging is the increased number of retirees, implying that a growing number of elderly population has to be supported by the young and economically active. Several developing countries have integrated social security and other welfare programmes for old people in their developmental agenda. Furthermore, some welfare assistance is

available to those who retired from the government service in form of pension and/or contributory provident fund. The rest of the aged depend on their savings or some kind of economic implication/policy. For Organisation of Economic Cooperation and Development (OECD) countries, projected drops in both labour force participation and labour-force-to population ratios suggest modest declines in the pace of economic growth. The magnitude of these changes will critically depend on policy decisions taken at the national level, and business decisions taken at the local level. In most Non-Organisation of Economic Cooperation and Development (OECD) countries, declining fertility rates will cause labour-force-to-population ratios to rise as the shrinking share of young people will more than offset the skewing of adults toward the older ages. These factors suggest that aging population will not significantly impede the pace of economic growth in developing countries.

Implications for the Organization and delivery of health care

Population aging will have a major impact on the organization and delivery of health care. Of particular importance will be the shift from acute to chronic illnesses and the likely growing shortage of health care workers, especially nurses and paraprofessionals. Thus, more focus must be shed on chronic diseases such as Alzheimer's disease, heart disease, and osteoporosis.

First, the clinical care approach will need to change from one time interventions to ongoing management of multiple diseases and disabilities. Secondly, with chronic illness often comes disability, meaning that long-term care services, such as nursing homes, home health, personal care, adult day care, and congregate housing will

become much more important sources of care. Third, new ways must be established to integrate medical and long-term care services. **Caregiver availability and constraints**

A variety of trends have contributed to a widening gap between older Americans' need for care and the availability of family members to provide that care, raising the potential for growing unmet needs, a heavier burden on individual caregivers, and an increased demand for paid care. The combined effects of delayed childbearing and longer life expectancy mean more adults in later-middle age may be sandwiched between the competing demands of their children and those of their aging parents and parents-in-law. Women who have traditionally served as parent care providers are more likely to be employed than in previous generations, limiting their availability, and increasing their time constraints.

Social

The experience of loneliness and lack of social integration varies sharply across societies and powerfully influences the wellbeing of elderly and consequences of aging. Other than psychological wellbeing, isolation of the elderly may increase experiences of abuse, violence, and discrimination. However, both recognition of the problem and implementation of responses to resolve it are either inexistent or at best uneven in quality and effectiveness.

Policies

According to World Health Organization (WHO) 2009, policies that promote healthy aging of the population include a better coordination of health and long-term care services, as well as, enhanced preventive services to target smoking, obesity, and mental disorders. When properly

implemented, these policies will not only enable more people to age healthy, but they will also allow health systems to become adequately equipped and accommodate the ageing population's health needs.

Services for the elderly

Continuum of care: According to the World Health Organization (WHO), the Continuum of Care encompasses a comprehensive spectrum of specialized health, rehabilitative, and residential services to the frail and chronically ill. The services focus on the social, residential, rehabilitative, and supportive needs of individuals.

Health care settings: Delivery of services to the elderly differs from country to another according to structure, policies and resources of the health care system. However, elderly care may be delivered in the following settings:

Physician's office: The most common reasons for visits are routine diagnosis and management of acute chronic problems, health promotion, disease prevention and pre-surgical or postsurgical evaluation.

Home health care: Such care is indicated when patients need monitoring, adjustment of drugs, dressing changes, and limited physical therapy. Home health care is commonly indicated after hospital discharge, although hospitalization is not a prerequisite. It can reduce nursing home placement of patients by a near quarter (23%) and is more cost-effective than institutional care when scheduled appropriately.

Long - term care facilities

These facilities include assisted-living facilities, board-and-care facilities, nursing homes, and life-care communities.

i Assisted-Living Programmes

It enables residents who have problems doing activities of daily living (ADL) to maintain their independence in

personalized settings by providing or arranging for the provision of daily meals, personal and other supportive services, health care, and 24-h oversight as needed.

ii. Board-and-care facilities (also called Rest Homes)

It provides care for elderly people who cannot live independently but do not need the constant supervision as provided in nursing homes. It typically provides patient rooms, meals in a public dining room, housekeeping services, minimal assistance with personal care, and sometimes supervision of drug administration.

iii. Nursing Homes

It provides a broad range of health-related services for people aged ≥ 65 years. The services provided include skilled nursing care, rehabilitation services and dietary services. Disabling or burdensome disorders, most commonly dementia, incontinence, and immobility may trigger consideration of nursing home placement. However, even modest amelioration of a disorder may forestall the need for a nursing home.

iv. Life-Care Communities

Such service offers a contract intended to help patient lifetime and, at a minimum, guarantee shelter as well as access to various health care services. It offers different levels of care for people who live independently, need assistance, or need skilled nursing care.

v. Hospitals

Hospitals may provide emergency medical care, diagnostic testing, intensive treatment, or surgery. The elderly use hospitals more than younger patients and they have more admissions through the emergency department, and stay longer; thus, consuming more resources while at the hospital.

vi. Respite Care

It is the provision of temporary care by a substitute caregiver to provide relief of the regular caregiver. More than half of the United States of America (USA) aged people have established respite programmes.

vii. Hospice Care

Such type of care involves support for people who are very likely to die within a few months. Hospice care focuses on comfort and meaningfulness, not on cure. In some countries, hospice mainly provides services at home; in others, such as England, services are provided through in-patient facilities. In typical hospice care, family members serve as the primary caregivers, often with additional help from home health aides and volunteers.

viii. Healthy Aging

According to World Health Organization (WHO), the primary objective of health policies and care directed towards the elderly is to preserve healthy and successful ageing throughout the advanced years.

Preventive Care for Elderly

Primary prevention in adults aged less than 60 years will improve health in successive cohorts of older people, but further reduction of disease will come through effective primary, secondary, and tertiary prevention targeting older people. Subsequently, several obstacles impede that achievement of such prevention as misplaced global health priorities, ageism, poor preparedness of health systems to deliver age-appropriate care, and the complexity of integrating care for multi-morbidities. Moreover, World Health Organization (WHO) recommends that primary prevention encompass a population as well as an individual based strategy.

Ageing and Income Security

In Nigeria, many families do discharge their duties to the elderly credibility by providing

special needs to the elderly. For instance, most old married couples express general satisfaction with their marriage and the mutual emotional support that it brings. The majority have adult children with whom they maintain contact. Few older adults live with their children and do not want to because they prefer instead to remain as independent as possible. In addition to family care to the aged, the need for older people include, not only this, but also intangible services. In recent years, with the emphasis on maintaining older people in the community, it has been found that a variety of supportive services are needed. These include information and referral services, home major and home health service, home-delivered meals, socialization services, transportation services and legal assistance.

Some of these services have long been provided by private social agencies. Following this is a wide array of social health and related support services which have either been developed or extended to provide the needs of the aged. In Nigeria, there are some enactments designed to protect the interest of the elderly, for example, the 1989 National Social Development Policy stipulated the main objectives in respect of the elderly and allocated responsibility. The state shall direct it towards ensuring that old age care and pensions and sick benefits are provided for all citizens, young persons and the aged are protected against any exploitation whatsoever and moral and material neglect and provisions just remain elegant with little or no implementation.

In the view of Okunola (2002), he observed that old people in Nigeria generally live and receive care in their own houses or the residence of children or relations. This, however, is not saying that care is satisfying or that there are no cases of neglect of the

aged. Other social services which are essential to a happy and comfortable old age include income security, health care, transportation, housing and employment. In Nigeria, adequate income security is essential to a happy and comfortable old age. Pension for old age people should be regarded as payment for previous services. It is a right as stipulated in 1979 and 1999 constitution of the Federal Constitution of Nigeria. Having realized the meagre allowances and gravity of the older retired civil servants, there has been a reasonable review of these by the Abubakar's and Obasanjo's administrations in 1998 and 1999 respectively.

Ageing and Social Policy

Hardly (1982) while writing on social policy and the determinants of retirements, posited that retirements policies can either compel some disjuncture in the work career or encourage the workers to choose such a disjuncture voluntarily; included in these policies are compulsory retirement second pension coverage. Its main reliance involves the worker's age relative to eligibility ages at which benefits can be claimed. This factor is handled in terms of chronological age. A second influence is not linked as directly to the criterion age, although these ages presumably structure the period of influence, since workers are generally aware of pension and retirement policies, the salience of these policies may increase as workers approach the criterion age and anticipation of policy effects may influence present labour decisions. He concluded by stating that since pension policies and compulsory retirement policies often operate jointly, these variables are defended rationally as cells of a two by two matrix compulsory retirement on one axis and private pensions coverage on the other. Burnside et. al. (1999) analyzed late

adulthood and the distinctive features of each stage.

i. The Young Old (60-69)

This decade marks a major transition. In their sixties, the most adult must adapt to a new role structure to cope with the losses and gains of the decade (Harvighust, 1988). Income is reduced and friends and colleagues start to disappear. Society reduces its expectations of a person living in their sixties. Burnside laments this automatic social response and feels that it demoralizes older adults.

ii. Middle - Age Old (70-79)

The seventies are often marked by illness. Friends and families may die at an increasing rate. Along with a particular contracting social world, adults in their seventies cope with reduced participation in informal organization as well as exhibiting restlessness and irritability. There is often a decline in sexual activity among both men and women. In many cases, this is due to the loss of an intimate partner.

Statement of the problem

Social security is the protection that a society provides to individuals and households to ensure access to health and to guarantee income, particularly in cases of old age, unemployment, sickness, invalidity, work injury maternity or loss of bread winner (ILO,2001). This has been traditionally defined in terms of a range of public programmes and institution aimed at protecting individuals from poverty and deprivation (Barrientos, 2004). These include old age and disability pensions, basic labour standard, disability, and work related injury compensation and safety nets. We live in an ageing world, while this has been recognized in developed countries; it is only recently that the phenomenon has been fully acknowledged in some developing nations of Africa (inclusive Nigeria) which is reflected

in the needs. Nigeria has also come to realize that ageing is a global phenomenon affecting every man and woman. It is this noble cause that the International Federation of Ageing Nigeria (IFAN) is pursuing to maintain ageing within the context of current global development. In Nigeria of today, people seem to see ageing as a burden. This is because communities have not taken the necessary steps to tap from the blessings that come with growing old.

The Second World Assembly on ageing was also held to help governments and societies plan policies that will ensure that older persons can contribute to society in a meaningful way. The aged need adequate shelter, clothing even remuneration to have a sense of belonging to the present generations they found themselves. The questions are, whose responsibility is it to take care of the aged, is it the government they have served for years or their children; is the government doing well in providing what these aged required; how is the issue of delay in pension and gratuity not paid to time affecting aged; how best can we take care of the aged aside taken them to old people's home? All these pose many problems to the society today as no one can say categorically whose responsibility is it to cater for the aged.

Research Questions

1. How are the aged been catered for in Ijebu-North Local Government?
2. What are the available security policies for the aged?
3. What social and economic contribution can society make available to the aged?

Research Hypotheses

H₀₁:: There is no significant relationship between the available social security and the welfare of the aged in Nigerian society.

H₀₂:: There is no significant relationship between social security and government policies for the aged.

Methodology

The study area is Ijebu North Local Government area. Ijebu North is one of the local governments in Ogun State, comprising of Ijebu-Igbo, Ago-Iwoye, Oru, Awa, and Ilaporu. The data for this research consisted of the aged which were randomly selected for the purpose of the study.

Sampling and Data Collection

The choice of sampling techniques used for the study was predicated on the nature of the study population. The study adopted a descriptive design with data collected through interviews among the aged of Ijebu-North Local Government. Since the respondents spread across the five communities in the Local Government, One hundred (100) aged people were selected randomly through purposive sampling technique and the result was analyzed with simple percentages and Pearson Product Moment Correlation Statistical tools.

Results of Findings

Research Question One: How are the aged been catered for in Nigerian society?

65% of the respondents opined that the best way to cater for the aged is the traditional old people living within the family vicinity whilst 25% of the respondents opined in support of keeping the aged in the old people's home to enable them mingle with their mates, 10% of the respondents also opined that seeking the service of house helps that can take care of them fully would be more appropriate than the first and second options.

Research Question Two: What are the implications of insecurity on the aged?

55% of the respondents opined that insecurity kills adult faster, 15% of the

respondents opined that insecurity leads to various disease in adult years, 20% of the respondents also opined that insecurity turns adult to beggars or street traders, while 20% of the respondents opined that insecurity helps adult to manage his financial ability.

Research Question Three: What are the available security policies for the aged?

Most respondents talked about health scheme, social affiliation, pension scheme,

recreational scheme and social security policy.

Research Question Four: What social and economic contribution can society make available to the aged?

Most respondents opined that government should provide pension policy, retirement policy, cooperative society and government should actively remunerate those in active service.

Testing the Null Hypotheses

H₀₁:

TABLE 1: Pearson Product Moment Correlation showing the relationship of social security and the welfare of the aged in Nigerian society

		Social Security	Welfare of the Aged
Social Security	Pearson Correlation Sig (2 - tailed) N	1 100	0.760*** 000*** 100
Welfare of the aged	Pearson Correlation Sig (2 - tailed) N	0.760*** 000 100	1 100

Table 1 illustrates that the Pearson's Correlation ' r ' = 0.760 computed for social security and the welfare of the aged in Ogun State tested positive with significance or p-value = 0.000 which is less than Alpha=0.005. This result indicated that there is a significant relationship between social security and welfare of the aged, hence, the null hypothesis is accepted.

H₀₂:

TABLE 2 Pearson Product Moment Correlation showing the relationship between the social security and government policies for the aged

		Social Security	Welfare of the Aged
Social Security	Pearson Correlation Sig (2 - tailed) N	1 100	0.780*** .000** 100
Government	Pearson	.780**	

policies for the aged	Correlation Sig (2 - tailed) N	.000	
Social Security	Pearson Correlation Sig (2 - tailed) N	1 100	0.780*** .000** 100
Government policies for the aged	Pearson Correlation Sig (2 - tailed) N	.780** .000	

Table 2 illustrates that the Pearson's Correlation ' r ' = 0.780 computed for social security and the government policies for the aged in Ogun state tested positive with significance or p -value = 0.000 which is less than $\alpha=0.005$. This result indicated that there is a significant relationship between social security and available government policies for the aged, hence, the null hypothesis is accepted.

Discussion of findings

Findings from research Question 1 and Hypothesis 1 indicate that respondents opined that the best way to take care of the Old is to be living with them, take them to the old people's home, employ house helps that can take care of them fully and provide money for their welfare. This is in line with Okunola's (2002) opinion where he observed that old people in Nigeria generally live and receive care in their own houses or the residence of children or relations. This, however, is not saying that care is satisfying or that there are no cases of neglect of the aged. Other social services which are essential to a happy and comfortable old age include income security, health care,

transportation, housing and employment. In Nigeria, adequate income security is essential to a happy and comfortable old age. Findings from Research Question 2 and Hypothesis 2 show that insecurity kills adult faster, leads to various diseases in adult years, turns adult to beggars or street traders and helps adult to manage his financial ability. This is in line with Okunola's (2002) who opined that in Nigeria, adequate income security is essential to a happy and comfortable old age. Pension for old age people should be regarded as payment for previous services. Harvighurst, (1988) also supported this position that the seventies are often marked by illness. Friends and families may die at an increasing rate due to what they have been exposed to.

Findings from Research Question Three also show that most respondents talked about health scheme, social affiliation, pension scheme, recreational scheme, and social security policy. This is also in line with the position of Hardly (1982) who opined that retirements policies can either compel some disjuncture in the work career or encourage the workers to choose such a disjuncture voluntarily. Included in these policies are

compulsory retirement and second pension coverage. Its main reliance involves the worker's age relative to eligibility ages at which benefits can be claimed.

Findings from Research Question Four also show that most respondents opined that government should provide pension and retirement policies, cooperative society and government should actively remunerate those in active service. This is in line with Hardly (1982) who stated that with pension and compulsory retirement policies often operated jointly, these variables are defended rationally as cells of a two by two matrix compulsory retirement on one axis and private pensions coverage on the other. Its main reliance involves the worker's age relative to eligibility ages at which benefits can be claimed. Since workers are generally aware of pension and retirement policies, the salience of these policies may increase as workers approach the criterion age and anticipation of policy effects may influence present labour decisions.

Conclusions

From the study, the following conclusion can be reached:

- i. It can be concluded from the findings of this study that adequate social security policy is needed for the adults to live healthily in Nigerian society;
- ii. Most of the aged in Nigeria society are either abandoned or neglected without adequate care from the government;
- iii. Furthermore, findings reveal the inadequacies of social security arrangement in Nigeria lack administrative and transparency deficiencies; and
- iv. Finally, as a matter of urgency, government needs to do the needful

in correcting all the aforementioned deficiencies.

Recommendations

Based on the findings, the following are recommended from the study:

Government, individuals and societies should take adequate care of the old people either by getting house helps for them, by taking them along or putting them in good old people's homes.

Adequate social security should be provided for the old people that have served their country in one way or the other to make them live a healthy life after retirement as pensioners.

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