

PROFILING SOCIO-DEMOGRAPHIC CHARACTERISTICS OF OCTOGENARIANS IN NIGERIA FOR EFFECTIVE POLICY FORMULATION: AN EDUCATIONAL PERSPECTIVE

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ABSTRACT

The study examined the socio-demographic profile of the octogenarians in Nigeria from an educational perspective. We adopted a cross-sectional research survey design. All octogenarians in Nigeria constituted the study population. A multi-stage procedure selected a sample of 1,774 individuals. We adopted a snowball sampling approach to select participants until we reached the desired sample size. An adapted version of the World Health Organization's (WHOQOL) questionnaire programmed in the Open Data Kit (ODK) was used for data collection. We analyzed the collected data using frequency counts and simple percentages. The mean age of octogenarians was 83 years. Male-headed households were most common (66.2%) among octogenarians. Vision (8.6%) and mobility (12.1%) issues were the types of disability common to octogenarians in Nigeria. Fewer Nigerian octogenarians are still flourishing and making productive contributions to society, but a greater proportion of them need social and educational supports and physical health needs for better well-being.

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1. INTRODUCTION

Aging of the population is a major phenomenon in the present-day world due to the changing demographic transition, and the rapid increase in the elderly population is one of the global health issues of the 21st century in developing nations (Khan, 2019; Grinin et al., 2021). Most nations all over the world have started experiencing population dynamics with the escalation of the proportion of older groups, probably as a result of increased life expectancy. The United Nations Population Fund (UNFPA, 2023) reported that the world population figure as of 2023 was approximately 8.1 billion, out of which 10% were aged 65 and older. According to the UN Department of Economic

and Social Affairs (2019), the number of older people will double by 2050 and surpass the number of children. This means that every country and relevant agencies need to work together to get ready for the physical, psychological, social, and other problems that may come with this, paying special attention to the needs of the elderly.

Previous research has said that the elderly are people aged 60 and up (Ayokunle et al., 2015; NBS, 2017; Tanyi et al., 2018; Fakunle et al., 2024), but others say that the elderly start at age 65 and divide them into three groups: those aged 65 to 74 are called "younger-old," those aged 75 to 84 are called "middle-old," and those aged 85 and up are called "oldest-old." Others categorized elders as 65-69 years, 70-79 years, 80-89 years, 90-99 years, and 100 years and above as sexagenarians, septuagenarians, octogenarians, nonagenarians, and centenarians, respectively. These elderly are part of the vulnerable group in Africa and across the world based on social protection instruments available for them [National Bureau of Statistics (NBS, 2021)]. As of 2020, NBS identified 29.38% of Nigeria's elderly as poor and vulnerable. Comparatively, the octogenarians/oldest-old group is growing at the fastest rate (United Nations Population Division, 2015), with a higher proportion of females than males (Akinyemi and Akinlo, 2014; Olawole, 2017; NBS, 2021). However, these elderly are a special class of older adults because of their distinctive characteristics, such as reduced productive activities and increased physical and social health challenges.

In sub-Saharan Africa including Nigeria, the elderly population is multiplying and is expected to grow faster than other regions (United Nations Report, 2017) and Nigeria has the largest elderly group in the region. Available statistics show that the population of elderly, including octogenarians, in sub-Saharan Africa is projected by WHO (2024) to reach 67 million by 2025 and 163 million by 2050. Previous research has shown that joint pain, high blood pressure, and vision loss are health problems that mostly affect older people (Nawagi et al., 2018; Shaked et al., 2022). Further, more women than men (Nawagi et al., 2018) report having these problems. Living with partners, education attainment, high income, and high social class are some of the several factors responsible for the high quality of life of the elderly (Tavares et al., 2013; Morgan et al., 2017). In addition, social support networks, family structure, and lifestyles of the elderly could shape the overall well-being of the elderly. Most of the support commonly received by the elderly is informal through religious organizations, family members' engagement, friends, and other social relationship networks. Studies have found that being married, living with a spouse, and being religious are associated with better well-being of the elderly (Akinyemi, 2014; Faronbi et al., 2020; Ede et al., 2023).

In terms of government policy, despite the growing population of elderly people in Nigeria, there is a dearth of functional policy documents that could be used for the implementation and promotion of elderly people's welfare in education. In most African countries, especially Nigeria, there was no government ministry or designated agency at any level of government responsible not only for the promotion of welfare but also for coordinating and monitoring programs and providing technical, social, and educational support to the elderly in Nigeria. Proactively, preparing for the projection of the United Nations Department of Economics and Social Affairs (2019) requires

research efforts to document the socio-demographic characteristics of octogenarians in all nations for development strategies and appropriate policy directions that would positively impact their overall well-being in Nigeria. The need for beneficial policies that will inform, direct, and drive the efforts of various education agencies and organizations becomes urgent. Since the policy document on aging in Nigeria is still a work in progress, we cannot contest the timeliness of this study.

Nigeria's older population is still growing, but there may not be enough or any real-world data on the sociodemographic aspects of octogenarians in Nigeria. This could make it harder to take the necessary steps to deal with the problems and issues that face this group of people, according to the [UN Department of Economic and Social Affairs \(2019\)](#). For any policy such as ageing policy document to be developed and effectively implemented, it should be guided by a large scope and nationally representative empirical information and up-to-date data about the socio-demographic patterns of octogenarians in Nigeria. Considering what has been said, the overall well-being of eighty-year-olds in Nigeria needs to be improved through clear policy directions, the creation of effective policies for intervention and programs, and their implementation. The study examined the socio-demographic features of the octogenarians in Nigeria, appraised their well-being, and evaluated existing policies on the elderly and the effectiveness of their implementation from an educational perspective.

2. METHOD

The study was part of a nationwide investigation into Nigerian octogenarians in the field of education. It employed a community-based, cross-sectional survey research design. The study participants were octogenarians residing in rural and urban areas of Osun, Oyo, Imo, and Benue states in Nigeria. We employed a quantitative data collection approach, administering a structured questionnaire through a computer-assisted Personal Interview (CaPI) to gather primary data. The population included octogenarians who were between the ages of 80 and 89 years at the time of the survey. The eligibility criteria included men and women aged 80–89 who could communicate effectively and were living in the rural and urban communities of the selected states. Respondents were selected using a multi-stage sampling technique. The first stage employed a purposive sampling procedure for the selection of four states. These states were Osun, Benue, Oyo, and Imo. We selected the states based on the National Population Commission's statistics, which indicated a high concentration of older people. The second phase involved listing the three senatorial districts in each state, and with urban-rural coverage in mind, two local government areas (LGAs) were chosen at random from each senatorial district (one urban and one rural). We selected six (6) LGAs per state from these districts, resulting in a total of 24 LGAs across all states. At the LGA level, the third stage identified key associations and/or various community networks that connected individuals in this age cohort. A purposive sampling was then employed to select the association or community network, such as religious groups, through their leaders, town associations, pensioners associations, and other community

groups and associations that fit the inclusion criteria. Lastly, we adopted a snowball sampling approach to select participants from these associations until we reached the desired sample size. Based on sparse data on octogenarians at the state and national levels, we recruited a total of 1,774 octogenarians.

An adapted version of the World Health Organization's pre-designed 26-item WHOQOL questionnaire for older individuals was employed. To facilitate a quick response and ensure applicability, the questionnaire was translated into the local language and then translated back to English. We captured all QOL domains, which included the physical, psychological, level of independence, social relationship, physical environment, health and social care, spiritual, and education dimensions. Two experts in tests and measurement reviewed the questionnaire before the pre-test. The pre-test of the instrument was carried out in Anambra State (a state with similar characteristics to the actual states) with a sample size of 61 to assess its validity and possible finalization before the actual survey. Based on the feedback from the pre-test, the questionnaire wording and response options were adjusted accordingly. We obtained Cronbach's alpha of 0.84. We programmed the questionnaire in an Open Data Kit (ODK) and retrieved it using a CAPI device (Android phone). A total of 78 trained research assistants collected the data (18 each per state). The selection of the research assistants was based on the following: their qualifications (at least holding a first degree), effective interviewing skills, and residency in the chosen states with fluency in both English and the local languages.

To prevent unauthorized access to the data, the data were hosted on the password-protected ODK server, downloads were made immediately after data collection, and the data were saved on a password-protected computer. The collected data was downloaded in Excel format from the ODK server and then imported into STATA version 16 for analysis. The socio-demographic characteristics of the respondents were subjected to descriptive analysis using frequency counts and simple percentages. Ethical approval was obtained from the institutional review and ethics committee of the authors' university. We obtained informed verbal and written consents from the respondents after educating them about the study's goals and objectives.

3. RESULTS AND DISCUSSION

Results

The following presents data from the analysis of socio-demographic characteristics of the respondents in Table 1.

Table 1. Socio-demographic characteristics of the respondents

Variable	Benue	Imo	Osun	Oyo	Total
<i>Age</i>					
80-84	280(63.4)	286(65.6)	252(61.3)	271(55.9)	1089
85-89	162(36.7)	150(34.0)	159(38.7)	214(44.1)	685
<i>Sex</i>					
Male	214(48.4)	170(39.0)	141 (34.3)	275(56.7)	800
Female	228(51.6)	266(61.0)	270(65.7)	210(43.3)	974
<i>Religion</i>					

Variable	Benue	Imo	Osun	Oyo	Total
Christianity	308(69.7)	275(63.1)	207(50.4)	307(63.3)	1097
Islam	125(28.3)	154(35.3)	199(48.4)	123(25.4)	601
Traditional Faith	9(2.0)	7(1.6)	5(1.2)	55(11.3)	76
<i>Marital Status</i>					
Single	6(1.4)	3(0.7)	0(0.0)	1(0.2)	10
Married	231(52.3)	206(47.3)	142(34.6)	312(64.3)	891
Separated	5(1.1)	3(0.7)	12(2.9)	13(2.7)	33
Divorced	1(0.2)	1(0.2)	3(0.7)	11(2.3)	16
Widowed	199(45.0)	223(51.6)	254(61.8)	148(30.5)	824
<i>Type of Family</i>					
Monogamous	418(94.6)	249(57.1)	163(39.7)	259(53.4)	1089
Polygamous	20(4.5)	168(38.5)	246(59.9)	223(46.0)	657
Skip Generation	4(0.9)	19(4.4)	2(0.5)	3(0.6)	28
<i>Headship of household</i>					
Husband	318(72.0)	286(65.6)	231(56.2)	339(69.9)	1174
Wife	121(27.4)	148(33.9)	168(40.9)	142(29.3)	579
Uncle	3(0.7)	2(0.8)	12(2.9)	4(0.8)	21
<i>Number of children alive</i>					
0	18(4.1)	4(0.9)	0(0.0)	13(2.7)	35
1-9	408(92.3)	411(94.3)	381(92.7)	360(74.2)	1560
10-19	15(3.4)	20(4.6)	27(6.6)	91(18.8)	153
20+	1(0.2)	1(0.2)	3(0.7)	21(4.3)	26
<i>Individuals with disabilities</i>					
Yes	91(20.6)	128(29.4)	136(33.1)	109(22.5)	464
No	351(79.4)	308(70.6)	275(66.9)	376(77.5)	1310
<i>Type of disabilities</i>					
Vision	43(47.3)	35(27.3)	32(23.5)	43(39.5)	153
Hearing loss	3(3.3)	10(7.8)	9(6.6)	13(11.9)	35
Speaking	0(0.0)	2(1.6)	2(1.5)	0(0.0)	4
Mobility	42(46.2)	62(48.4)	65(47.8)	46(42.2)	215
Mental	1(1.1)	1(0.8)	2(1.5)	1(0.9)	5
Others	2(2.2)	18(14.1)	26(19.1)	6(5.5)	52
<i>Primary school attendant</i>					
Yes	228(51.6)	196(44.9)	123(29.3)	128(26.4)	675
No	214(48.4)	240(55.1)	288(70.1)	357(73.6)	1099
<i>Secondary school attendance</i>					
Yes	47(20.6)	68(34.7)	40(32.5)	33(25.8)	188
No	181(79.4)	128(65.3)	83(67.5)	95(74.2)	487
<i>Completed a higher education?</i>					
Yes	36(76.6)	56(82.4)	32(80.0)	23(69.7)	147
No	11(23.4)	12(17.7)	8(20.0)	10(30.3)	41
<i>Highest Educational Qualification</i>					
None	67(29.4)	58(29.6)	54(43.9)	36(28.1)	215
First School Leaving	18(1.6)	62(31.6)	34(27.7)	36(28.1)	150
Cert	0(0.0)	22(11.2)	7(5.7)	17(13.3)	149
Standard 6	3(1.3)	15(7.7)	16(13.0)	0(0.0)	31
Modern School	19(8.33)	2(1.0)	2(1.6)	12(9.4)	19
	4(1.8)	9(4.6)	0(0.0)	6(4.7)	

Variable	Benue	Imo	Osun	Oyo	Total
Grade 2	7(3.1)	5(2.6)	1(0.8)	1(0.8)	34
SSCE/WASSCE	6(2.6)	6(3.1)	3(2.4)	7(5.5)	11
Tech. College Cert	0(0.0)	14(7.1)	6(4.9)	8(6.3)	23
Teacher College Cert.	1(0.4))	2(1.0)	0(0.0)	2(1.6)	34
B.Sc. or Equivalent		1(0.5)	0(0.0)	1(0.8)	4
M.SC. Or Equivalent					3
Ph.D. or Equivalent					
<i>Engagement in any formal (paid) employment?</i>					
Yes	123(27.8)	115(26.4)	58(14.1)	84(17.3)	380
No	319(72.2)	321(73.6)	353(85.9)	401(82.7)	1394
<i>Are you retired?</i>					
Retired	119(96.8)	87(75.7)	45(77.6)	83(98.8)	334
Not retired	4(3.3)	28(24.4)	13(22.4)	1(1.2)	46
<i>other income generating activity?</i>					
Yes	99(22.4)	208(47.7)	140(34.1)	79(16.3)	526
No	343(77.6)	228(52.3)	271(65.9)	406(83.7)	1248

The results of Table 1 show that the socio-demographic variables of interest, considered as the basis for any informed policy, were age, sex, marital status, education, place of residence, disability, family type, number of children, household composition, income, employment, and dependency ratio. Table 1 displays the socio-demographic profile of the sampled octogenarians. In general, the ages of the octogenarians ranged from 80 to 89 years, with a mean of 83 years. The majority of the octogenarians (60.9%) belong to the younger (80-84 years) age group. It was also observed that 63.4%, 65.6%, 61.3%, and 55.9% of those found within the age range of 80-84 years were found in Benue, Imo, Osun, and Oyo states, respectively. While almost one-third (36.7%), 43.0%, 38.7%, and 44.1% of those found within the age range of 85-89 years were from Benue, Imo, Osun, and Oyo states, respectively.

The youngest among the octogenarians were domiciled in Imo State (65%), while the oldest among them (44.1%) were found in Oyo State. More than half of sampled octogenarians (54%) consisted of females, while 45.1% of them were males. It was observed that 48.4%, 39.0%, 34.3%, and 56.7% of female octogenarians were found in Benue, Imo, Osun, and Oyo states, respectively, while 51.6%, 61.0%, 65.7%, and 43.3% of male octogenarians were living in Benue, Imo, Osun, and Oyo states, respectively. In terms of religion, more than half (61%) of them claimed to be Christians, while almost one-third (33%) of them were Muslims. Only 4.2% of them claimed to be practicing traditional religion.

The results also showed that close to three-thirds (70%) of the participants who practiced Christianity were Benue state residents, while almost two-thirds (63.1%), 50.4%, and 63.3% of them were residents of Imo, Osun, and Oyo states, respectively. Also, one-quarter (25.4%) of the Muslim participants were residents of Oyo State, while 28.3%, 35.3%, and 48.4% of them were residents of Benue, Imo, and Osun states,

respectively. The highest proportion of participants (11.3%) who claimed to be practicing traditional religion were residents of Oyo State. Only 2.0%, 1.6%, and 1.2% of those who reported to practice traditional religion were residents of Benue, Imo, and Osun States, respectively.

As of the time of conducting this study, more than half of the married octogenarians (50.2%) were still living with their spouses while a large proportion of them (46.5%) were widows/widowers. A very small proportion (0.6%) were single, while 1.9% and 0.9% were separated and divorced, respectively. Oyo State had the highest percentage (64%) of married octogenarians, followed by Benue (52.3%), Imo (47.3%), and Osun (34.6%) with the least married octogenarians. The highest proportion of widow/widower octogenarians (61.8%) were found in Osun State when compared with Benue (45%), Imo (51.6%), and Oyo State (30.5%), which had the least. Single octogenarians were more (1.4%) in Benue State than other states, while separated and divorced octogenarians were more in Osun (2.9%) and Oyo (2.3%) than other states.

With only one spouse, 61.3 percent of octogenarians were monogamous, while 37% were polygamous. Approximately 1.2% of the octogenarians belonged to skip generation families, which were responsible for raising their grandchildren in the absence of their biological parents. Almost all (95%) octogenarians in Benue State were monogamous families, while 57.1%, 53.4%, and 39.7% of them were found in Imo, Oyo, and Osun states, respectively. The practice of polygamy was more prominent among Osun state octogenarians (60%) followed by Oyo (46%), Imo (38.5%) and Benue (4.5%). In comparison, the proportion of skip-generation families was higher among octogenarians in Imo State (4.4%) when compared with those in Benue (0.9%), Oyo (0.6%), and Osun (0.5%), which had the lowest.

Generally regarding household headship, male household headship was most (66.2%) common among octogenarians, followed by female household headship with a proportion of 32.6%. Only a small percentage (1.2%) of households were headed by Uncle. About three-quarters of male octogenarians in Benue are household heads, the highest when compared with Oyo (69.9%), Imo (65.6%), and Osun (56.2%). In terms of female household headship across the states, Osun State accounted for the highest proportion (40.9%) of female household heads followed by Imo (33.9%), Oyo (29.3%), and Benue (27.4%). Similarly, Osun State had the highest percentage of households headed by uncles (2.9%) compared to other states.

Most of the octogenarians (87.9%) had between one and nine children alive, 8.6% had between 10 and 19 children, and 1.5% of them had more than 20 children alive. Only 1.9% of them reported having no child alive. Across the selected states, Oyo State octogenarians have more than 20 children alive (4.3%), the highest proportion when compared with Osun (0.7%), Imo (0.2%), and Benue (0.2%). Relatedly, Oyo State has the highest proportion (188%) of octogenarians with 10-19 children alive, followed by Osun (6.6%), Imo (4.6), and Benue (3.4%), which had the lowest proportion. Imo state has the highest percentage (94.3%) of octogenarians with one to nine children alive while Oyo State octogenarians have the least. Benue State has the highest percentage of

octogenarians without a living child, compared to Oyo (2.7%), Imo (0.9%), and Osun (0.0%).

Out of the octogenarian population, 26.2% had a disability, while 74% did not have any disability. Osun State has the highest proportion (33.1%) of octogenarians that are living with disabilities when compared with Imo (29.4%), Oyo (22.5%), and Benue (20.6%), which has the least. Immobility, or the inability to move around or climb, was the most common type of disability among octogenarians, accounting for 12.1% of the total. This proportion ranged from 42.2% in Oyo to 48.4% in Imo, which has the highest percentage. The second most common type of disability among octogenarians was vision problems (8.6%), that is the inability to see clearly, and this ranges from 23.5% in Osun to 47.3% in Benue. Hearing loss was most common among Oyo State octogenarians (11.9%) when compared with those in Imo (7.8%), Osun (6.6%), and Benue (3.3%), which has the lowest proportion. Speaking and mental-related problems are the types of disabilities commonly experienced by octogenarians in Imo (1.6%) and Osun State (1.5%), respectively.

Approximately four in ten octogenarians (38%) reported attending primary school, while nearly 3 in 10 attended secondary school, from which about 78.1% or 8 in 10 of them completed a higher education. About 6 in 10 (61.9%) did not attend primary school at all, while 7 in 10 did not attend secondary school (72.1%). Imo State has the highest proportion of octogenarians (82.4%) that completed higher education, followed by Osun (80%), Benue (76%), and Oyo State, which has the least (69.7%) proportion. At least 3 in 10 octogenarians in both Imo (34.7%) and Osun State (32.5%) attended secondary school, while one in four (25.8%) and one in five of their counterparts in Oyo and Benue State (20.6%) attended secondary school. It was observed from the result that Oyo State has the highest proportion of octogenarians that did not attend primary school at all, followed by Osun (70.1%), Imo (55.1%), and Benue (48.4%), which have the lowest proportion. In terms of highest educational qualification, one out of four had either a first school leaving (22.2%) or standard six (22.1%) certificate. About 5% of them had either a modern school certificate or SSCE/WASCE certificate. While 2.8%, 1.6%, and 3.4% of them had Grade II, Technical College, and Teachers College certificates, 5%, 0.6%, and 0.4% of them had university first degree, master, and doctoral certificates, respectively.

In general, about eight out of ten octogenarians (78.6%) had no engagement in any formal (paid employment); only one in five of them (21.4%) engaged in one form of paid employment or the other. More than eighteen per cent of them already retired while 2.3% of them have not retired. Virtually, Oyo State had the highest proportion of retired octogenarians (98.8%), followed by Benue (96.8%), Osun (77.6%), and Imo State (75.7%), which had the least. About one-quarter of Imo State octogenarians were not retired yet, and this formed the highest proportion of octogenarians that are still working across the four states, followed by Osun (22.4%), Benue (3.3%), and Oyo (1.2%), which has the least working octogenarians. At least 4 in 10 octogenarians were still receiving pensions, while more than half of the octogenarians (56.6%) are not receiving retirement benefits. Approximately 3 out of 10 individuals were actively involved in other income-

generating activities. However, the majority of them (70.3%) were not actively engaged in other income-generating activities.

Discussion

Recently, policymakers, population health experts, and social researchers have become more interested in the problems that come up with the current demographic transition. They are focusing on the 80+ age group in particular, which hasn't been studied in depth before. As a nationally representative study that was large in scope and broad in context, this is one of the few studies that examined the socio-demographic features and appraised the well-being of the octogenarians in Nigeria. The findings on the socio-demographic characteristics of octogenarians in Nigeria are, in a few cases, inconsistent with related ones conducted in Nigeria and other parts of the world.

Ayokunle et al. (2015), NBS (2017), Tanyi et al. (2018), and Fakunle et al. (2024) all say that most studies on aging and the elderly focused on people aged 60 and up, but there isn't much real-world data on people in their 80s in Nigeria. However, in this study, only octogenarians (80-89-year-old people) were understudied. We categorized them as 80-84 years and 85-89 years, respectively, to represent younger and older octogenarians. This dichotomy revealed that the majority of Nigeria's octogenarians fell into the younger category. The population of these octogenarians would continue to increase in Nigeria due to the resultant effect of both fertility and mortality declines. This study found that there were more female octogenarians in Nigeria than male ones, based on gender. This finding aligns with the reports from NBS (2021), Akinyemi and Akinlo (2014), and Olawole (2017), but it differs from the reports from NBS (2017), which suggested a higher proportion of males than females. The target population of the two studies may account for this discrepancy. The authors of this study focused on the octogenarians (elders 80-89 years old) only, while NBS captured all elders aged 60 years and above. Apart from this, the dynamic in transition year by year due to the mortality rate, especially among the elderly, could be another factor. The Nigerian population reports (NBS, 2021) indicate that women have a higher life expectancy than men, which could explain the inconsistency.

This study also revealed that the majority of octogenarians identified as Christians, with Muslims and other religions following closely behind. This finding was consistent with other studies (Akinyemi, 2014; Ede et al., 2023) that have reported similar findings on the elderly in Nigeria. We also found that the majority of octogenarians in Nigeria are married and engage in having one sexual partner (monogamy). This also confirms the previous evidence from Akinyemi (2014) and Olawole (2017), which reported more married elderly than other categories of marital status. Having only a spouse has been established as an associated factor of the quality of life of the elderly, such as octogenarians (Faronbi et al., 2020), for improved social well-being.

Also, in terms of household structure, it was evident from this study that husband-headed households were most prominent among the sampled octogenarians as against the wife household headship. This could be attributed to the cultural norms and religious belief system of Nigerian and many African traditional societies where the husband is

generally believed to be the head of the household. The implication of this is that the head of household must be responsible for the financial provision of resources needed within the family, such as food, shelter, and children's schooling, as well as other essentials for better living conditions for every member of the family. This is, however, contrary to the findings of a study ([Onwumechili & Akpan, 2023](#)), which previously reported that wife-headed households were more common in South Africa.

Another finding of this study revealed that the majority of octogenarians in Nigeria had at least one living child, with some having as many as nine. These elderly groups may benefit from enhanced social interaction and support from their children and significant others. Having one or more living children may positively correlate with improved living conditions for octogenarians and the elderly in general. [Baranowska-Rataj and Abramowska-Kmom \(2019\)](#) have earlier reported that older adults with children alive increase the frequency of social contacts and support. However, if their children are not living around them for social interaction, it might become difficult to have social contact or enjoy healthy interaction and support needed by these elderly, especially when it is financial support. For instance, previous studies have queried the association between having children alive and social contact ([Alberini & Mencarini, 2014](#); [Deindi & Brandt, 2017](#)). A recent study ([Antczak et al., 2023](#)) reported that older adults with more children had poorer health conditions. This is an indication that having many children doesn't necessarily translate to better living conditions for octogenarians.

Based on the finding of this study, one in four octogenarians were living with at least a disability and the most common of all disabilities investigated were immobility, difficulty to walk or climb stairs and vision challenges. Our finding is in tandem with evidence reported by [DeAngelis \(2023\)](#) that approximately half of older American adults have disabilities and those aged 75 years and above had serious walking challenges with many of them vision difficulties at the same time. If adequate and proper medical interventions are not available, octogenarians, like other older people, may experience more difficult physical health challenges with age increase and become more vulnerable to society. We found that the level of education among octogenarians decreased with age, with only about 40% having completed primary education. This finding supports [Kpessa-Whyte \(2018\)](#), which states that most of the elderly population did not attend primary school and only a little less than forty percent had primary education in Africa.

Most octogenarians sampled did not participate in any form of paid employment, while only a few of them were engaged in some form of paid employment. These findings corroborate other recent findings ([Chia & Hartanto 2021](#); [Schuster & Cotton 2024](#)). As people age, they often face discrimination and barriers when it comes to finding and maintaining work. This can be due to a variety of factors, such as ageism, health issues, or a lack of job opportunities that cater to their skills and experience. However, it is important to recognize the value that older workers can bring to a workplace. They often have a wealth of knowledge and experience and a strong work ethic that can benefit an organization. However, octogenarians particularly are faced with a lot of health issues, and many find it difficult to work outside of their homes

(Chia & Hartanto, 2021); therefore, very few who can be consulted are still actively engaged in paid jobs.

In terms of retirement, most of the octogenarians sampled were retired, and few were self-employed. The retirement age in Nigeria ranges from 65 to 70 years, which explains this. However, some retired individuals continue to work in the government and private sectors, while others continue to operate their businesses beyond the age of 80. Findings revealed that Oyo State had the highest percentage of retired octogenarians, followed by Benue, Osun, and Imo states, respectively. This can be attributed to the high level of education and paid employment in southwest Nigeria (Ogunlusi et al., 2018). Imo State had the highest proportion of octogenarians still working and this can also be attributed to the high level of self-employment among the people of southeast Nigeria (Orugun & Nafiu, 2014). The study found income after retirement, in terms of pensions, very minimal among the octogenarians, as the majority who were not at any time in paid employment do not receive a pension. Even those who qualified for the pension did not receive it when it was due. Only a small number of them were actively engaged in other income-generating activities, while a larger proportion of them were not actively engaged in any income-generating activities. This corroborates the findings of Amaike (2016), in her study about sustainability, livelihoods, and quality of life among retirees in Lagos. She, however, recommended that access to multiple sources of income promotes the sustainability of retirement livelihoods and the quality of life of older retirees.

Nigeria has no functional educative and social welfare policy on aging; however, as part of the preparations for the State of the World's Older Persons report in 2012, the United Nations Population Fund and HelpAge International conducted a comprehensive analysis of the policies and laws related to the elderly in 32 countries, including Nigeria. The report assesses the progress made since the Second World Assembly on Ageing in Madrid and the establishment of the Madrid Plan in 2002. The Madrid Plan outlined three key areas: promoting the development of older persons, improving health and well-being in old age, and creating supportive environments for the elderly. Nigeria adopted the Framework of Ageing as part of the Madrid Plan. This framework was also adopted by 52 other countries of the African Union in 2003. The same year, the National Policy on the Care and Wellbeing of the Elderly, also known as the National Policy on Ageing, was developed. This policy document has five aspects, which include housing, pensions, economic security, employment, education, and health services. However, this policy is yet to be in the public space for implementation in Nigeria. Before the Madrid Plan in 2002, policymakers in Nigeria largely ignored the needs of elderly citizens.

4. CONCLUSION

Based on the findings of this study, it was concluded that some octogenarians in Nigeria are still flourishing, making productive contributions to society even though a greater

proportion of them are struggling with social relationships with families and friends, financial responsibilities, physical health, and educational issues. The policy document that would inform and drive the efforts of various educational agencies and organizations for the improved overall well-being of octogenarians is yet to be in the public space for implementation in Nigeria.

As suggestion, it is recommended that policymakers in Nigeria pay close attention to the socio-demographic characteristics of octogenarians in the country to develop effective policies that cater to their needs. Some of the key characteristics that should be considered include age, gender, income level, education level, health status, and living arrangements. Given that the population of octogenarians in Nigeria is expected to increase in the coming years, policies must be put in place to ensure that this demographic group is adequately catered for in terms of healthcare, housing, social welfare, and other essential services. Furthermore, policymakers should also consider the unique cultural and social factors that influence the lives of octogenarians in Nigeria, such as their religious beliefs, family structures, and traditional values. By taking these factors into account, policymakers can develop policies that are tailored to the specific needs and circumstances of this demographic group, thereby promoting their well-being and quality of life. Finally, Nigerian authorities and agencies must accelerate policy document availability and implementation to improve octogenarian well-being.

REFERENCES

- Antczak, R., Quashie, N. T., Mair, C. A., & Arpino, B. (2023). Less Is (Often) More: Number of Children and Health Among Older Adults in 24 Countries. *The Journals of Gerontology: Series B*, (78)11, 1892–1902. <https://doi.org/10.1093/geronb/gbad123>
- Akinyemi, A. I., & Akinlo, A. (2014). Unmet needs for care and support of the elderly in Nigeria: Gaps in experiences and expectations of the aged in Ilesa, Southwest Nigeria. *Nigerian Journal of Sociology and Anthropology*, 12(1), 28-43.
- Alterovitz, S. S., & Mendelsohn, G. A. (2013). Relationship goals of middle-aged, young-old, and old-old Internet daters: an analysis of online personal ads. *Journal of Aging Studies*, 27, 159–65.
- Amaike, B. (2016). Sustainability, Livelihoods, and Quality of Life of Older Retirees in Lagos State, Nigeria. *Journal of Global Initiatives: Policy, Pedagogy, Perspective*, 10(2), 10.
- Ayokunle, A. M., Oyeyemi, F. T., Onipede, W., O, T. F., Olagunju, A. E., Makinde, G. B., ... & Oluwatomiye, A. P. (2015). The definitions and onset of an old person in South-Western Nigeria. *Educational Gerontology*, 41(7), 494-503.
- Baranowska-Rataj, A., & Abramowska-kmom, A. (2019). Number of children and social contact among older people: The moderating role of filial norms and social policies. *European Journal of Aging*, 16(1), 91-107.
- Chia, J. L., & Hartanto, A. (2021). Older adult employment status and wellbeing: a longitudinal bi-directional analysis. *International Journal on Environmental Research and Public Health*, 18(23), 12533.
- Cheng, J. M., Batten, G. P., Cornwell, T., & Yao, N. (2020). A qualitative study of health-care experiences and challenges faced by ageing homebound adults. *Health expectations: an international journal of public participation in health care and health policy*, 23(4), 934–942. <https://doi.org/10.1111/hex.13072>

- DeAngelis, T. (2023). Nearly half of the oldest Americans have disabilities: The COVID-19 pandemic was especially hard on adults who have disabilities, inflicting almost twice the rate of distress on them as on adults without disabilities. *American Psychological Association*, 54(8), 80.
- Ede, S. S., Ugwuodo, E. P., Okoh, C. F., Egbumike, C. J., Deborah Adaeze Chukwu, D. A. Irem, F. O., & Nwatu, U. L. (2023). Impact of religious participation and spirituality on the health of Nigerian older people: An online survey. *Journal of Religion, Spirituality & Aging*, 35(1), 56-70.
- Faronbi, J. O., Ajadi, A. O., & Gobbens, R. J. (2020). Associations of chronic illnesses and socio-demographic factors with health-related quality of life of older adults in Nigeria: A cross-sectional study. *Ghana Medical Journal*, 54(3), 164-172.
- Grinin, L., Grinin, A., & Korotayev, A. (2021). Global trends and forecasts of the 21st century. *World Futures*, 77(5), 335-370.
- Khan, H. T. (2019). Population ageing in a globalized world: Risks and dilemmas?. *Journal of evaluation in clinical practice*, 25(5), 754-760.
- Kpessa-Whyte, M. (2018). Aging and demographic Transition in Ghana: State of the elderly and emerging issues. *The Gerontologist*, 58(3), 403-408.
- Lee, S. B., Oh, J. H., Park, J. H., Choi, S. P., & Wee, J. H. (2018). Differences in youngest-old, middle-old, and oldest-old patients who visit the emergency department. *Clinical and Experimental Emergency Medicine*, 5(4), 249-255.
- Morgan, O. M., Etukumana, E. A., & Abasiubong, F. (2017). Sociodemographic Factors Affecting the Quality of Life of Elderly Persons Attending the General Outpatient Clinics of a Tertiary Hospital, South-South Nigeria. *Nigerian Medical Journal: Journal of the Nigeria Medical Association*, 58(4), 138-142.
- Nawagi, F., Söderberg, M., Berggren, V., Midlöv, P., Ajambo, A., & Nakasujja, N. (2018). Sociodemographic characteristics and health profile of the elderly seeking health care in Kampala, Uganda. *Current Gerontology and Geriatrics Research*, 2018.
- Ogunlusi, C. F., David, J. O., Atunbi, J. A. & Ajani, J. O. (2018) Employment generation and poverty alleviation: the effect of entrepreneurship development programmes in Southwest Nigeria. *World Journal of Entrepreneurial Development Studies* 2(3) 10-26.
- Onwumechili, C., & Akpan, U. S. (2023). How Sport, Communication, and Economics Are Changing Power Dynamics in the African Family. In *African Media Space and Globalization* (pp. 373-390). Cham: Springer Nature Switzerland.
- Orugun, J. J. & Nafiu, A. T. (2014) An exploratory study of Igbo entrepreneurial activity and business success in Nigeria as the panacea for economic growth and development. *International Journal of Scientific & Technology Research*. 3(9) 158-165.
- Shaked, O., Korn, L., Shapiro, Y., Koren, G., & Zigdon, A. (2022). Socio-demographic characteristics and their relation to medical service consumption among the elderly in Israel during the COVID-19 lockdown in 2020 as compared to the corresponding period in 2019. *PLoS ONE* 17(12): e0278893.
- Schuster, A. M., & Cotton, S. R. (2024). Differences between employed and retired older adults in information and communication technology use and attitudes. *Work, Aging and Retirement*, 10(1), 38-45.
- United Nations, Department of Economic and Social Affairs, Population Division (2019). *World Population Ageing 2019: Highlights (ST/ESA/SER.A/430)*.
- Tanyi, P. L., André, P., & Mbah, P. (2018). Care of the elderly in Nigeria: Implications for policy. *Cogent Social Sciences*, 4(1), 1555201.
- Tavares, D. M. S., Mapelli de Paiva, M., Dias, F. A., Diniz, M. A., & Martins, N. P. F. (2013). Socio-demographic characteristics and quality of life of elderly patients with

systemic arterial hypertension who live in rural areas: the importance of nurses' role. *Rev. Latino-Am. Enfermagem*, 21(2), 515-522.

United Nations Department of Economic and Social Affairs: Population Division. (2015). World population prospects.

The United Nation's Population Fund (2023). World population dashboard. <http://www.unfpa.org/dataworld-population-dashboard>.

World Health Organisation (2024). Aging: Key facts. <https://www.afro.who.int/healthtopics/ageing#:~:text=Estimated%20at%2043%20million%20in,mortality%20in%20the%20African%20Region>.