

EVALUATING THE EFFECTIVENESS OF PENSION SCHEMES IN MEETING THE HEALTHCARE NEEDS OF LOCAL GOVERNMENT RETIREES IN BENIN CITY, EDO STATE, NIGERIA

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KEY WORDS

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ABSTRACT

The original purpose of pension schemes was to ensure retirees basic needs are met. However, many individuals rely on their children for support in old age, rather than saving, which can lead to financial insecurity and limited wellbeing in retirement, especially when children face economic challenges. Therefore, this study evaluates the effectiveness of pension schemes in meeting the healthcare needs of local government retirees in Benin City. The specific objective to examine the effect of the pension scheme on the health care needs of Local Government retirees in Benin City. The cross-sectional study design was adopted to collect data from 332 local government retirees with the aid of semi-structured questionnaire. Data were analysed with tables, percentages, charts; and formulated hypotheses were tested with the chi-square inferential statistical technique. It was also found that there is a statistical significant relationship between pension scheme and the health care needs of local government retirees (p -value = 0.00 < 0.05). This study results indicate that local government retirees are largely responsible for their own healthcare, as pension schemes lack provisions for healthcare delivery. Therefore, stakeholders designing pension schemes must prioritize the well-being of local government retirees by ensuring timely and regular pension payments, providing subsidized medical services and establishing comprehensive healthcare support systems. This will enable retirees to enjoy a comfortable and secure post-retirement life.

INTRODUCTION

Retirement marks a significant transition in an individual's life, and access to quality healthcare is crucial for maintaining physical and mental wellbeing during this stage. Old age is usually considered to be closing period of an individual's life span (Jabin, 2016). One of the most significant markers of approaching old age is retirement from work. Many look forward to retirement as a time for increased freedom; others approach it with some degree of apprehension and fear since it may symbolize bringing one's life's work to an end (Andersen & Taylor, 2000). In Nigeria old people constitute one of the poorest groups and aging constitutes a painful process attended by poor health, poverty and helplessness (Asagba, 2005). Most retirees often face challenges in accessing healthcare services due to inadequate pension schemes. Benin City, the capital of Edo State, is home to a large number of Local Government retirees who may be vulnerable to healthcare disparities. Despite the presence of various pension schemes, many retirees in Benin City struggle to access quality healthcare services, leading to poor health outcomes and reduced quality of life.

Pension scheme is a type of retirement plan that provides a steady income stream to individuals after they retire from their employment. It is a financial arrangement that allows individuals to save for their retirement while they are still working, and receive a regular income after they retire. Pensions is a form of social security against old-age poverty and other uncertainties that have attracted great interest virtually everywhere in the world, both in developed and developing Nations (Idowu & Olanike, 2009).

Nigeria's pension system has undergone significant reforms in recent years, however, the effectiveness of this scheme in meeting the healthcare needs of retirees remains a subject of debate. Local Government retirees, in particular, face unique challenges due to their limited financial resources and restricted access to healthcare services. They often face challenges in accessing quality healthcare services due to inadequate pension schemes, leading to poor health outcomes and reduced quality of life. This study aims to evaluate the effectiveness of pension schemes in meeting the healthcare needs of Local Government retirees in Benin City, with a view to identifying areas for improvement and informing policy decisions.

OBJECTIVE OF THIS STUDY

To examine the effect of the pension scheme on the health care needs of Local Government retirees in Benin City.

RESEARCH QUESTION

What are the effects of the pension scheme on the health care needs of Local Government retirees in Benin City?

RESEARCH HYPOTHESIS

There is no relationship between pension scheme and the health care needs of local government retirees in Benin City.

LITERATURE REVIEW

This article examines the effectiveness of pension schemes in meeting the healthcare needs of local government retirees in Benin City, Edo State, Nigeria. The study explores various concepts, including pension scheme, retirement, healthcare needs etc.

Pensions help prevent old-age poverty by maintaining living standards and covering daily expenses. Nigeria needs effective social security programs to protect vulnerable citizens, as lack of support can lead to social vices and elder abuse. The elderly, who have contributed significantly to the nation, have been neglected by successive governments, but proposed bills like the National Centre for the Elderly Persons Bill and Social Security Bill may bring positive change (Eze, 2016).

Pension is the periodic payment granted to an employee for services rendered, based on contractual legal enforceable agreement, paid by an employer at the agree time of termination of appointment (Iwu, 2007). The different types of pensions are defined benefit plans, contributory schemes, defined contribution plans and Personal pension.

Nigeria's pension scheme has evolved over the years. The British colonial administration introduced the Pension Ordinance, applicable only to UK officials in Nigeria in 1951, the National Provident Fund (NPF) was established to provide retirement benefits for Nigerian citizens in 1961, the Pension Decrees nos.102 and 103 were enacted to regulate pension schemes in 1979, the National Social Insurance Trust Fund (NSITF) Decree no.73 was established to replace the NPF in 1993, the NSITF took over the assets of the NPF in 1994, in 2004 the Defined Contributory Pension Scheme was introduced through the Pension Reform Act (effective July 1, 2004) and in 2014 the Pension Reform Act was amended to establish the Uniform Contributory Pension Scheme (effective July 1, 2014). Features of the 2014 Act includes: mandatory contributions for employers with 15 or more employees, minimum contribution rate of 18% of monthly emoluments (8% by employee, 10% by employer), private management by Pension Fund Administrators (PFAs) and Custodians (PFCs), etc.

The National Pension Commission (PENCOM), saddled with the responsibility of regulating the activities of the Pension Fund Administrators (PFAs) and Pension Fund Custodians (PFCs) lacks the regulatory capacity to check the excesses of the PFAs and PFCs, as Herskovit (2007) observed that with the level of corruption in the

country, it is doubtful that one regulatory body like PENCOM could check fraud by PFAs and PFCs. Oyedele, (2013) stated that though the reform has brought some improvements, but individuals who worked in the informal sector remain at the mercy of their children or other good Samaritans.

Studies have shown that terminal illness has a great impact on the economic well-being of elderly people. Most of them lost their savings accrued over a long period due to long term illnesses. Rowland (2011) stated that the need for retirees access to good health is very essential to their wellbeing.

The study conducted by Idris, Ibrahim, Sufiyan and Oladipo (2012) examined health problems and patterns of care for elderly people in the Richifa community, a rural settlement in the Soba local government area of Kaduna state, northwest Nigeria. The study Population was 7713, eligible elderly people (aged 65 years or older) were 118, interviewed participants was 94 (response rate of 80%) with 75 Men and 19 Women. They concluded that most elderly people in Richifa community had poor vision, poor health-seeking behaviour, and depended mainly on their children as caregivers. The study sheds light on the health challenges faced by elderly individuals in rural Nigeria and highlights the importance of addressing their specific needs.

In the same vain Odaman and Ibiezugbe (2014) conducted a study on the health seeking behavior of the elderly in Edo Central, Edo State, Nigeria, their study revealed where the elderly goes to seek medical care when sick, and those financially responsible for his/her medical needs. They concluded that the health care of the elderly must not be left alone for the less endowed children and few relatives of the elderly. They recommended that elderly people should be provided free, accessible and comprehensive health care in hospitals and health centers because they would utilize the health services when available, accessible and affordable.

Healthy ageing means that the young and the adults advance towards old age in good health benefit of physical difficulties and diseases, continues to enjoy living, and contributes to the happiness of others. Attaining this would enhance the health needs of the elderly (Ezema, Richard, Ifeanyi and Ugwuanyi, 2014).

Shofoyeke and Amosun (2014) conducted a study on care and support for elderly people in Nigeria, surveying 684 education administrators across 4 geopolitical zones (Bayelsa, Imo, Kogi, and Lagos). Their findings include: unique living patterns among elderly individuals, with some living alone or with relatives, and few aged care homes due to cultural norms and lack of facilities, widespread poverty among the elderly, and inadequate support and care from children, relatives, and the government. They recommended that existing population policy be reviewed to comprehensively address issues relating to elderly people's welfare, that the national assembly should sponsor and approve legislation mandating governments at all tiers to implement social security and welfare programmes for the elderly, programs such as monthly allowances, free medical services, accommodation, food, and recreational facilities. Also, there is need to encourage civil society, Non-Governmental Organizations (NGOs), Faith-Based Organizations (FBOs) to create or increase welfare programmes for the elderly. There is need for the

re-evaluation of cultural traditions to preserve beneficial practices and eliminate harmful ones.

In order to ensure better quality of living for elderly people, government and political leaders need to evolve strategies that will promote the role of families and other informal support providers and participation of elders in local institutions for self-help, mutual assistance and outreach to others in their communities. Idris, et al (2012) recommended the need for the involvement of the local government in the care of elderly people through prompt payment of pensions to those who are retired and prompt monthly payment of welfare grants by the state government to those who are not the beneficiary of a pension. Also needed is the establishment of institutional homes for elderly people by the Federal government, especially for those elderly people who lack family support for survival and social care.

Retirement benefits to retirees will aid the retirees to sustain themselves when they are out of job or too old to work. This accounts for the importance government everywhere attaches to retirement benefits; at least to cater for the welfare of their retirees, who had spent the productive part of their life working for the growth and development of the country.

METHODOLOGY

The cross-sectional study design was adopted; this was based on number of contact and the study population. This design was useful in obtaining an overall picture as it stands at the time of the study. Survey method was adopted for data collection thus making this research work a cross-sectional survey that involve the collection of data at a single point in time from a sample drawn from the target population.

STUDY AREA

Benin City, located in the south-south geopolitical zone of Nigeria, is the capital of Edo State. The Local Government Staff Pension Board, responsible for local government retirees in Edo State, is situated here. Edo State was created in 1991 from the split of Bendel State. Historically, Benin City, formerly known as Ubinu, was renamed by the Portuguese in the 15th century. It was a significant destination for European explorers and is known for its rich cultural heritage, including bronze casting.

Geographically, Benin City is approximately 40 km north of the Benin River and 320 km east of Lagos. It lies at coordinates 6.3382° N latitude and 5.6258° E longitude. The city had an estimated population of 1,147,188 as of the 2006 census, with a population density of about 870 people per square kilometer. The median age is around 22.4 years, and the indigenous people are the Edo (Bini).

Benin City is a hub for Nigeria's rubber industry and processes palm nuts for oil. The study area includes the Local Government Areas of Oredo, Egor, and Ikpoba-Okha.

POPULATION OF THE STUDY

The population of this study was the total number of Local Government staff retirees in Oredo, Egor and Ikpoba-Okha that are

in the Local Government Staff Pension Board payroll as at April, 2016 {this article is built upon foundational research that was conducted in 2016, using the original data allows for a consistent and comparable analysis}. The total number of retirees in Oredo, Egor and Ikpoba-Okha as at April, 2016 were 1450, 532 and 408 respectively (Local Government Staff Pension Board, 2016). This formed the target population. The population of this study was 2390 Local Government staff pensioners from the three Local Government Area in Benin City.

SAMPLE SIZE AND SAMPLING DESIGN

The sample size of this research work was drawn from the sampling frame which includes total number (2390) of Local Government staff pensioners in the Local Government that are in Benin City.

Population size 2390, the sample size was 332, this was obtained by using a margin error of 4.99% and a confidence level 95% (Krejcie & Morgan, 1970). 332 structured questionnaires were administered in the three Local Government Areas.

Table 1: Sample Frame

S/N	LOCAL GOVERNMENT AREA	QUESTIONNAIRES	PERCENTAGE
1	Oredo	200	60.6% of 1450
2	Egor	74	22.3% of 532
3	Ikpoba-Okha	58	17.1% of 408
	Total	332	100%

Source: researcher's compilation, 2024

The study had a total sample size of 332, drawn from 3 Local Governments in Nigeria: Oredo (200), Egor (74), and Ikpoba-Okha (58). Convenience sampling was used to collect data from readily available participants, specifically Local Government staff pensioners who attend monthly union meetings. This method was chosen due to the ease of access to the study population through these meetings.

INSTRUMENT OF DATA COLLECTION

A structured questionnaire was used to collect data, consisting of two sections: Socio-demographic characteristics of respondents and impact of pension scheme on local government retirees' wellbeing. The questionnaire was hand-administered to respondents and designed to elicit responses that align with the research objectives.

Method Of Data Collection

This research work made use of two sources of data collection (primary and secondary data). The main source of data collection was the primary method of data collection through the questionnaire (quantitative method of data collection). The secondary data was used in sourcing for literature related to the study from journals of social sciences, pension board archives, online articles and materials etc.

METHOD OF DATA ANALYSIS

The method of data analysis that was adopted was in line with relevant sociological research statistics. Data were presented in tabular form; variables were generated which were analyzed using frequency and percentages. The chi-square inferential statistical technique was used to test the relationship between variables in the formulated hypotheses. The benchmark used for deciding significant statistical relationship or not, between variables was p-value of 0.05. The quantitative data were coded and analyzed using Statistical Packages for Social Sciences (SPSS).

RESULTS AND DISCUSSION

This article analyzes the collected data to achieve the study's objectives, focusing on respondents' background, the pension scheme's impact on healthcare needs, and hypothesis testing results.

Table 2: Socio-demographic characteristics of respondents

Variables	Frequencies	Percentages	Cumulative Percentages
	(n= 332)		
Gender			
Male	234	70.5	
Female	98	29.5	
Age Groups			
50 – 59 years	13	3.9	3.9
60 – 69 years	175	52.7	56.6
70 – 79 years	58	17.5	74.1
80 – 89 years	82	24.7	98.8
90 years and above	4	1.2	100.0
Marital Status			
Never married	17	5.1	
Married	275	82.8	
Divorced	4	1.2	
Widow/Widower	36	10.8	
Highest Educational Qualification			
University degree	146	44.0	
Diploma/NCE/A-Level	146	44.0	
Secondary school certificate	16	4.8	
Primary school certificate	16	4.8	
None	8	2.4	
Religion			
Christianity	319	96.1	
Islam	5	1.5	
African Traditional Religion	4	1.2	
Others	4	1.2	
Level at Retirement			
Senior staff	296	89.2	
Junior staff	32	9.6	
Contract staff	4	1.2	

Source: field survey, 2024

Among the respondents of this study, there were more males than females, as the male respondents were in the majority with 70.5 percent, and the females were 29.5 percent (Table 2). Reasons for the preponderance of male over female among the local government

retirees who constituted the population of the study could be attributed to the fact that during the era which these persons got employed into the local government service males were then highly regarded as the bread winners of their families hence more males were seeking for employment over thirty years ago in Nigeria. An implication of this finding in which males constituted the majority of retirees, is that the number of families or homes affected, positively or adversely, by the pension scheme will be more, since most families in Nigeria still depend on the male parent as major bread winners.

Table 2 reveals that the majority of respondents (52.7%) fell within the 60-69 age range, followed by those in the 80-89 age range (24.7%). The 90 years and above age group had the smallest representation, with only 1.2% of respondents. Notably, a significant majority (70.2%) of respondents were between 60 and 79 years old, reflecting the local government service's retirement age. This highlights the need for a viable pension, as majority of retirees are elderly and physically weaker, relying on it for survival.

EFFECT OF THE PENSION SCHEME ON THE HEALTH CARE NEEDS OF LOCAL GOVERNMENT RETIREES

Studies have shown that terminal illness has a great impact on the economic well-being of elderly people. Most of them lost their savings accrued over a long period due to long term illnesses. The need for retirees' access to good health is very essential to their wellbeing; life will be extended and death postponed, the retirees (elderly) will live longer (Rowland, 2011). Old age is respected and seen as a treasure though healthy old age have not been attained in Nigeria because several health-related variables such as inadequate health facilities, poor environmental health conditions, growing increase in preventable diseases among others contribute in many ways in the low life expectancy and unhealthy ageing (Nweke 2015). Good health means that people remained healthy, have free access to effective and efficient health care, better nutrition, improved living conditions, useful health information and absence of avoidable premature deaths. For retirees, healthy ageing means that the young and the adults advance towards old age in good health bereft of physical difficulties and diseases, continues to enjoy living, and contributes to the happiness of others. Attaining this would enhance the health needs of the elderly (Ezema, et al 2014).

Table 3: Perception of direct effect of pension on health

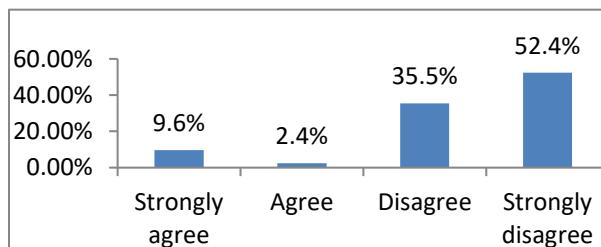
Variables	Frequencies (n= 332)	Percentages
Retirees enjoy free health care through the pension scheme		
Strongly agree	32	9.6
Agree	8	2.4
Disagree	118	35.5
Strongly disagree	174	52.4
Total	332	100.0
Pension fund is sufficient in the		

payment of your medical bills		
Agree	4	1.2
Neutral	12	3.6
Disagree	151	45.5
Strongly disagree	165	49.7
Total	332	100.0

Source: field survey, 2024

Perceptions of whether retirees enjoy free health care lack uniformity among observers and stakeholders. This study thus attempted to obtain the true state of things regarding this perception and from the retirees themselves. Accordingly, Table 3 shows that with 35.5 percent simple disagreement and 52.4 percent of strong disagreement, a majority of the respondents were of the perception that retirees did not enjoy free health care through the pension schemes. However, a cumulative percentage of 12 percent of the respondents admitted that retirees enjoyed free health care through pension scheme. This result reveals that local government retirees are on their own in terms of caring for themselves health wise. Also, the result indicates that pension do not have provisions for health care delivery.

Figure 1: Bar chart showing responses on the perception that retirees enjoy free health care through the pension scheme



It shows that from table 3, retirees were not enjoying free health care. It therefore follows that retirees pay for their medical bills themselves. This then engendered the need to ascertain if the monthly pension sum retirees receive is adequate to cover their medical expenses. Along this line of contingency, it was found that respondents in their majority (cumulatively 95.2%) did not subscribe to the notion that monthly pension was sufficient in the payment of retirees' medical bills (Table 3 and Figure 1). Nevertheless, a cumulative 4.8 percent of the respondent were in agreement that monthly pension was sufficient in the payment of their medical bills. These responses imply that the local government retirees are having a hard time covering their medical bills; and it also denotes that they are not getting adequate medical care as obtaining such is quite expensive and way out of their reach.

Table 4 Perception of direct effect of pension on health

Variables	Frequencies (n= 332)	Percentages
Level of satisfaction with access to health services		
Very satisfied	4	1.2
Satisfied	18	5.4
Dispassionate	91	27.4
Dissatisfied	88	26.5
Very dissatisfied	131	39.5
Total	332	100.0
Retirees are able to get around for their medical treatment		
Strongly agree	13	3.9
Agree	33	9.9
Neutral	33	9.9
Disagree	118	35.5
Strongly disagree	135	40.7
Total	332	100.0

Source: field survey, 2024

As a foundational information through a finding of this present study, local government retirees were not having monthly pension that was adequate for their medical expenses. Nevertheless, they still access health services. How satisfied they are with this, required empirical evidence. In view of that, respondents were asked to rate their satisfaction with their access to health services. Deducing from the responses as indicated in Table 4 all forms of dissatisfactions were expressed by cumulative percent of 66 percent and a majority of the respondents in relation to the level of their satisfaction with access to health services. Respondents with all forms of satisfaction with their access to health services were 6.6 percent. Also, 27.4 percent of the respondents were dispassionate about their rating of their level of satisfaction with access to health services. This finding points to the fact that local government employees are not empowered to getting adequate and quality medical service given their retirement status.

Moreover, whether retirees were able to get around for their medical treatment was examined. As such Table 4 indicates that a majority of the respondents were in opposition to the notion that retirees were able to get around for their medical treatment. However, a cumulative 13.8 percent of the respondents were in support of the perception that retirees were able to get around for their medical treatment. Also, 9.9 percent of the respondents were undecided on the notion that retirees were able to get around for their medical treatment. A deduction of this finding is that local government retirees are not finding it easy to access medical treatment on their own. This finding corresponds with the report of Odaman and Ibiezugbe (2014) who conducted a study on the health seeking behavior of the elderly in Edo Central, Edo State, Nigeria; their study revealed that when the elderly are sick, they usually contact their children or relatives for assistant; and they usually do not respond satisfactorily.

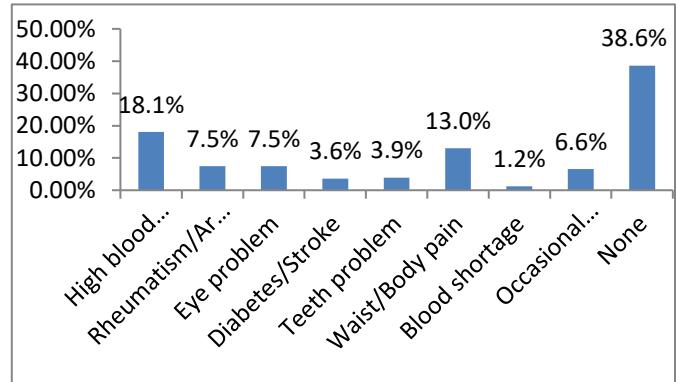
Table 5: Common ailments of retirees

Variable	Frequencies (n= 332)	Percentages
Most common health related problems		
High blood pressure	60	18.1
Rheumatism/Arthritis	25	7.5
Eye problem	25	7.5
Diabetes/Stroke	12	3.6
Teeth problem	13	3.9
Waist/Body pain	43	13.0
Blood shortage	4	1.2
Occasional fever/Headache	22	6.6
None	128	38.6
Total	332	100.0

Source: field survey, 2024

An overwhelming majority of retirees are above 60 years of age; hence it could be concluded that retirement comes with being elderly. Given the fact that retirees face enormous challenges in accessing quality health care, it was essential that the common ailment they experience be identified. In this wise data was collected. Top on the list of ailments respondents submitted (their most common sickness) was high blood pressure as attested to by 18.1 percent of the respondents. This was followed by waist/ body pain with 13 percent of the respondents opted for it. Eye problem, and rheumatism/arthritis were separately submitted as the most common problem respondents experienced as admitted to by 7.5 percent for each ailment, by the respondents. Occasional fever/headache was the most common ailment that 6.6 percent of the respondents claimed. That diabetes/stroke was their most common sickness was the position of 3.6 percent of the respondents; while another 3.9 percent of the respondents admitted that teeth problem was their most common ailment (Table 5 and Figure 2). A very few of the respondents, that is 1.2 percent, affirmed that their most common health challenge was blood shortage. However, 38.6 percent of the respondents affirmed that they did not have any form of recurring health challenge, hence they had no common ailment to identify as their most common sickness.

The aforementioned findings are in line with the study conducted by Idris, Ibrahim, Sufiyan and Oladipo (2012) who examined health problems and pattern of care for elderly people in rural Nigeria by attempting to identify common health problems of elderly people in Richifa community. They concluded that most elderly people in Richifa community had poor vision.

Figure 2: Bar chart showing responses on the most common health related problem**Table 6** Meeting health care needs

Variable	Frequencies (n= 332)	Percentages
Retirees have challenges in meeting their health care needs		
Strongly agree	158	47.6
Agree	94	28.3
Neutral	13	3.9
Disagree	24	7.2
Strongly disagree	43	13.0
Total	332	100.0

Source: field survey, 2024

Table 6 shows that a majority (47.6%) of the respondents strongly agreed that they had challenges in meeting their health care needs; while 28.3 percent simply agreed to this perception. Nonetheless, 7.2 percent disagreed with the perception that retirees had challenges in meeting their health care needs; and 13 percent of them strongly disagreed with the perception. Besides, 3.9 percent of the respondents were undecided regarding the notion that retirees have challenges in meeting their health care needs. This finding conforms with findings of Idris, Ibrahim, Sufiyan and Oladipo (2012) that elderly people had poor health-seeking behaviour, and depended mainly on their children as caregivers due to the challenges they encountered in meeting their health care needs.

Retirees experience various challenges in accessing healthcare and meeting their medical needs, despite receiving a pension. Overall, majority of the retirees agree that they face challenges in meeting their healthcare needs.

CONCLUSION

This study found that Local Government retirees in Benin City, Edo State face significant challenges in meeting their healthcare needs due to the following: inadequate pension provisions for healthcare, high medical expenses, reliance on children as caregivers etc. As a result, retirees experience difficulty covering medical bills and experience limited access to quality medical care. The study further highlighted the need for improved pension provisions and healthcare support for Local Government retirees in Benin City.

RECOMMENDATIONS

Based on the conclusion which evolved from the findings, the following recommendations are made:

All concerned stakeholders should put adequate preparation in place so as to ensure prompt gratuity payment to local government retirees to enable them to execute investment plans and enhance their financial well-being.

To ensure seamless pension administration, the Local Government Staff Pension Board should adopt the 2014 Pension Reform Act, which introduces the Uniform Contributory Pension Scheme. This scheme requires joint contributions from employees and employers during their service years. Furthermore, a specialized Pension Fund Administrator and a trustworthy Pension Fund Custodian should be appointed to manage the funds and guarantee timely pension payments to retirees.

Legislation(s) should be enacted that entitles retirees to access subsided or if feasible free medical care from government owned hospital.

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