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Older Persons' Preferences for Traditional and Formal Old Age Security in Idemili North Local Government Area Nigeria

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Abstract
Population ageing is increasing demand for reliable systems that protect older persons from income insecurity, ill health, social isolation and functional decline. This study examined older persons' preferences for traditional and formal old-age security systems in Idemili North Local Government Area, Anambra State, Nigeria. A descriptive cross-sectional survey and multistage sampling procedure were used to select 390 residents aged 60 years and above from ten communities. Data were collected with a structured questionnaire and analysed using frequencies, percentages, means, standard deviations and a paired-samples t-test at the .05 significance level. Respondents preferred family care to institutional care (mean = 3.56) and considered traditional support more reliable than formal support (mean = 3.66). Nevertheless, they strongly supported government welfare complementing family care (mean = 3.71), the need for both systems (mean = 3.72), and reliance on both family and government care (mean = 3.78). The grand mean for integrated preference was 3.69. Traditional systems also received a significantly higher functionality rating than formal systems (3.338 versus 2.616; mean difference = 0.723; $t(389) = 20.976$, $p < .001$). Thus, older persons valued the cultural familiarity and emotional security of family and community care but did not regard these arrangements as sufficient on their own. The study recommends a coordinated local register and referral system linking older residents to pensions, social assistance and primary healthcare. Government should also provide regular income support and subsidised community-based care that complement, rather than replace, family support.

Keywords: *Ageing; Family Support; Formal Welfare; Old-age Security; Older Persons; Idemili North*

Introduction

Population ageing is no longer confined to high-income countries (United Nations Department of Economic and Social Affairs, 2024; World Health Organization, 2023). Despite Africa's relatively young age structure, the absolute number of older people is increasing because of improved survival and the ongoing demographic transition (Cassim & Tipping, 2022). Cassim and Tipping (2022) noted that about 74.4 million people in Africa were aged 60 years and above in 2021, and this figure is projected to exceed 235 million by 2050. Nigeria already has the largest population

of older people in Africa, and the future growth of this population will occur amid continuing poverty, unequal access to health services, a high proportion of informal employment and low pension coverage (Mbam et al., 2022). These conditions make the organisation of support in later life both a geographical and a social-policy issue.

Old-age security is the physical, health, social and emotional systems that allow individuals to maintain dignity in old age when their earning potential or ability to engage in daily life has diminished. It encompasses income, housing, food, health care, personal assistance, safeguard against abuse, and a sense of social inclusion and community participation. The World Health Organization (WHO) healthy ageing framework prioritizes functional ability and supportive environments to be at the heart of wellbeing in older age. It also acknowledges that long-term care can be delivered by a family, community, public institutions and private service providers in addition to any one of these providers (World Health Organization, 2020, 2023).

Historically, the family and kinship networks have been the primary basis of old age security in Nigeria. Food, money, accommodation, companionship, health care, and helping with activities of daily living are provided by adult children, spouses, extended relatives, neighbours, community associations and religious organisations. This kind of support has a cultural legitimation, as it is associated with the reciprocity, filial responsibility and the expectation of a return of care during the later years of the life course. The concept of reciprocity is still important in intergenerational support in Nigeria (Akinrolie et al., 2020), and the findings from the South-East of Nigeria indicate that family support systems still provide a significant emotional and material support to the elderly. Families' ability to offer reliable care, however, is under strain. Urbanisation reduces the geographical proximity between relatives; migration decreases younger adults' presence in their home communities; unemployment and increasing living costs diminish family resources for intergenerational transfers; and smaller family size reduces potential caregivers in the family. Women, who are traditionally expected to undertake unpaid care work, are now working and combining work and family responsibilities. Changes do not remove family commitment, but they make the volume, regularity and quality of support less predictable. Family-centred care can also obscure inequalities as those older people who have no surviving children, have poor relations with their family, or have high health and functional needs may not receive sufficient support.

The formal old-age security includes pension, social assistance, health insurance, age-friendly health care, regulated residential or day care, and governmental or organized welfare provision. In 2021, Nigeria adopted a National Policy on Ageing and the National Senior Citizens Centre has been established as a coordinating body. The policy aims to safeguard the rights of older persons, seek to enhance income security, reinforce traditional support structures and strengthen health and social services (Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development, 2021). However, policy recognition does not necessarily lead to local access. A vast majority of the older Nigerians worked in the informal sector such as farming, trading, transport, crafts and other unorganized activities that are not subject to contributory pensions. Formal programmes can then be at odds with the experience of older people in their everyday lives.

The classic and formal system should not be seen merely as a binary either/or decision. Family support can offer familiarity, identity and the normal social interaction of daily life, while formal programmes offer more of a sharing of risk, an assurance of entitlements and can also offer specialised services that families are not always able to deliver. Later life support, as described by Mobolaji and Akinyemi (2022) is multifaceted and they demonstrate the need for complementary sources when the capacity of adult children is limited. In the same vein, Cadmus et al., (2023)

discovered that community-dwelling older Nigerians were highly inclined towards ageing in place; however, it was observed that ageing in place does not imply a denial of institutional support. But what is relevant is the mix of care providers and how they are configured in specific locations.

Igbo kinship networks, town unions, churches, extended families and community associations continue to influence support in Idemili North. At the same time, education, migration and employment have dispersed many younger relatives across Nigerian cities and abroad, reducing their day-to-day proximity to ageing family members. These simultaneous pressures make Idemili North especially relevant for assessing whether older persons prefer traditional, formal or combined old-age security systems.

Idemili North Local Government Area therefore provides a suitable setting for this enquiry because long-established Igbo family and community institutions coexist with rapid commercialisation, urbanisation and migration. Although family responsibility remains culturally important, many older residents spent their working lives in informal occupations that provide no regular pension. The resulting gap between strong expectations of family care and weak formal welfare coverage exposes some older persons to uncertain support. Existing Nigerian studies have examined ageing in place, family caregiving and national policy, but few have directly compared older persons' ratings of traditional and formal security systems at the local-government scale or established the arrangement they actually prefer. Without such local evidence, programmes may assume that families can bear the entire burden or introduce formal services that do not reflect older persons' cultural and practical preferences. This study addresses that gap among residents aged 60 years and above in Idemili North. The aim of the study is to identify the older persons preferred sources of old-age security in Idemili North Local Government Area between traditional and formal systems of old age security. It also tests the null hypothesis of no significant difference between respondents' rating of traditional and formal systems. This analysis is essential because the policies that do not take into account older persons' preferences can result in services that are culturally unacceptable, geographically inaccessible, and/or poorly utilized. On the other hand, assuming that family care is always sufficient may shift undue burden onto families and leave older people at risk of being without any guarantees of support.

Conceptual and Theoretical Perspective

Traditional, formal and complementary support

We use the term traditional support to refer to family, kinship, neighbourhood, religious and community relationships. Its power is in closeness and ongoing contact. A family member might find the person is becoming unwell, drop food off without notice, drive an older member of the family to the clinic, or react quickly when an emergency happens. Visits and gifts or collective contributions by religious organisations and age-grade/town associations can complement this assistance. These are flexible and meaningful arrangements but they rely on availability of resources, willingness of network members and where network members are able to be.

Formal support is structured in the form of law, policy, employment-based schemes or specialised institutions. It can also be in the form of contributory pensions, non-contributory social pensions, health insurance, public healthcare, cash or food transfers, home-based care services, day centres or regulated residential care. Formal provision can help to create a clear sense of entitlement and lessen reliance on family generosity. In practice, however, due to administrative delay, eligibility requirements, inadequate funding, insufficient information and spatial inequality, the access to this can be limited. Most older Africans were employed in the informal sector, so they are not covered

by employment-based retirement incomes and health systems are not ready for the geriatric population, as pointed out by Cassim and Tipping (2022).

Complementarity is when formal services complement the care that a household and community already provide. A pension may enable an older person to contribute to the family, rather than remain entirely dependent, health insurance may lessen the burden for adult children, community day centres may enable a person to have some social involvement without leaving home, and respite or home care services may lighten the load of a carer. Complementarity thus acknowledges the cultural value of family ties and the State's role in safeguarding the social rights. Nor does it presume a choice between institutional care and ageing in place.

Social exchange and ageing in place

Social exchange theory describes relationships as an ongoing process of give-and-take of resources that are material and/or non-material. Over the life course, parents invest in children by providing care, education, socialisation and economic support; and adult children may invest in parents by providing money, companionship and personal support. The exchanges do not happen at the same time, or are not equal each period, but they do set up expectations of reciprocity and moral obligation. Older adults continue to give back as childcare workers, advisors, household helpers, property, social status and the passing on of cultural knowledge, but the decrease in income or health may restrict what they can give back in old age. However, as Akinrolie et al. (2020) demonstrate, reciprocity is still a key element in intergenerational relations in Nigeria, but this reciprocity may not be practically realised when financial difficulties arise.

The ageing-in-place perspective brings in a space dimension. It focuses on older people's desire to stay within the setting of their familiar homes and communities where their identity, social networks and daily activities have been formed. Cadmus et al. (2023) reported that connectedness and community participation and expectations of reciprocity cared affected the preferred care settings of older Nigerians. But ageing in place is not necessarily safe or supportive. Even with a preferred home, accessible transportation, nearby health resources, and available caregivers, there may be a lack of income and a resulting sense of isolation, or a lack of need being met. The perspective thus advocates an integrated model, wherein older people stay in the family and the community and formal services can be made more accessible to them.

The Study Area

The study was carried out in Idemili North Local Government Area of Anambra state in South-East Nigeria. Ogidi is the administrative headquarters. The LGA is located roughly between 6° 09′N and 6° 13′N and 6° 50′E and 6° 57′E. It is bordered by Oyi and Dunukofia LGAs on the north, Idemili South on the south, Njikoka on the east and Onitsha North and Onitsha South on the west. It has ten major communities namely, Ogidi, Nkpor, Obosi, Abatete, Oraukwu, Uke, Eziowelle, Umuoji, Ideani and Abacha. The projected population of residents aged 60 years and above used for the survey was 15,562. Idemili North is closely connected to the urban-commercial region of Onitsha. Important livelihoods include trading, transport, farming, artisanal work, public service and small-scale enterprise. Nkpor, Obosi and Ogidi have experienced substantial urban expansion, while Abatete, Oraukwu, Uke, Eziowelle, Umuoji, Ideani and Abacha retain varying rural and semi-urban characteristics. This combination produces differences in housing, service access, household structure and the location of adult children. It also means that many older

residents spent their working lives in the informal sector and are therefore ineligible for regular employment-based pensions.

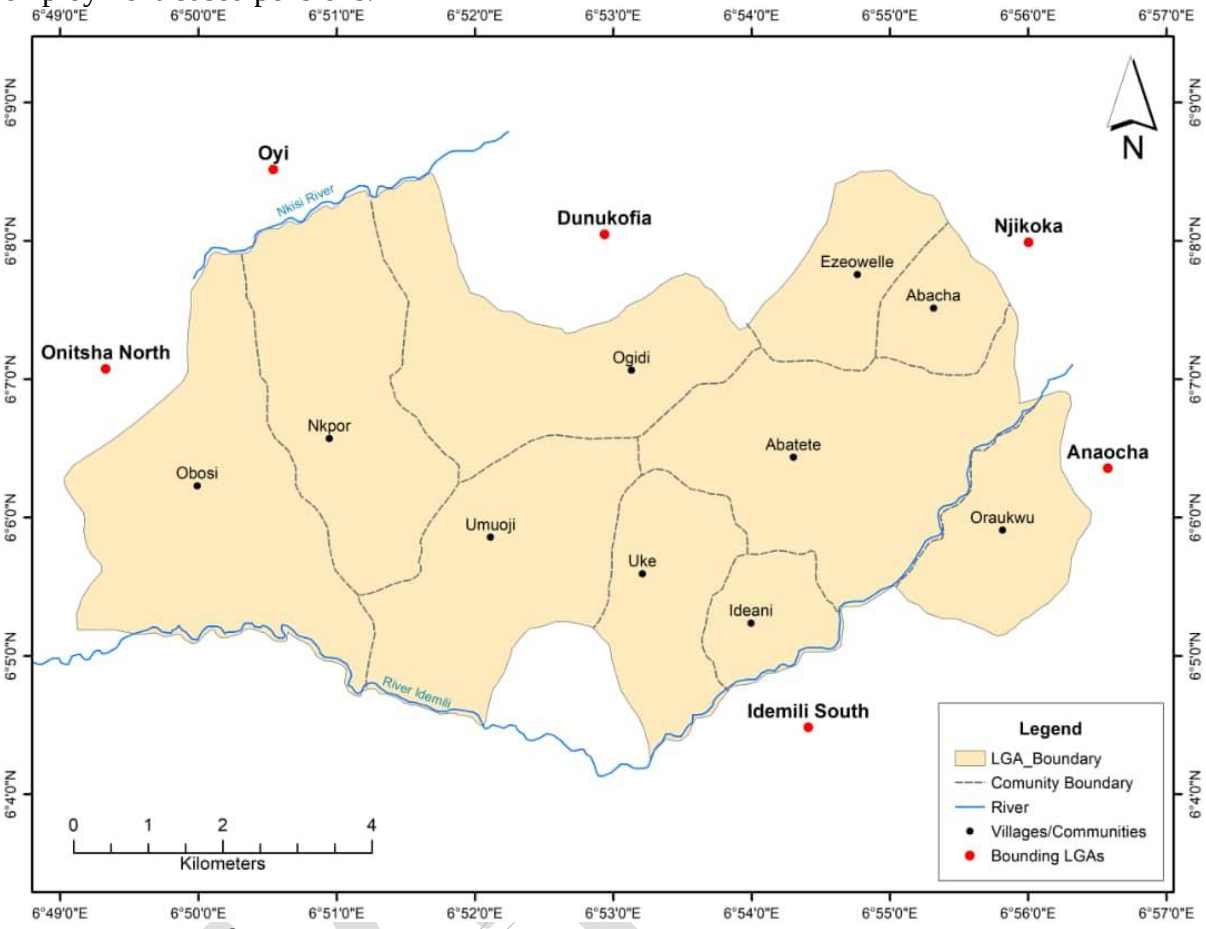


Figure 1: Map of Idemili North Local Government Area

Source: United States Geological Survey (USGS, 2020); digitised by GIS Unit, Geography Department, UNN (2026).

Materials and Methods

Research design and population

Descriptive cross-sectional survey method was employed. The design allowed standardised information to be gathered on respondents' experiences and preferences at one point in time. The study population was all those aged between 60 years and above in Idemili North Local Government Area. The age cut-off is based on the National Policy on Ageing in Nigeria and the definition adopted by the National Senior Citizens Centre.

Representative sample of older persons (390 cases) was retrieved from the projected population of 15,562 persons by applying the formula of Taro Yamane with five per cent margin of error. Multistage sampling procedure was followed. The ten major communities were included to reflect the geographical spread of the LGA. The questionnaire allocation was done proportionately and then eligible respondents were selected within the communities. This was done to minimize the possibility of a bias towards the more urbanized and/or more accessible settlements.

Instrument and data collection

The questionnaire that was used for data collection was Old Age Security and Challenges of the Aged Populace Questionnaire. The instrument consisted of socio-demographic and 5-point Likert scale items (Strongly Agree (5points) to Strongly Disagree (1point)). The preferences in this article referred to the section which included questions related to preference for family care, perceived reliability of traditional support, support for government welfare complementing family care, perceived necessity of both systems, and willingness to rely on both family and government support. The questionnaire was face and content validated by experts in Geography, gerontology and research methodology. A pilot test was also carried out outside the sampled communities, and the results were an acceptable Cronbach's alpha of 0.81. The instrument was face-to-face administered by trained assistants to the respondents when they needed assistance due to literacy, language and age-related restrictions. In cases where it was needed, items were explained in Igbo without altering the meaning. All participation was voluntary, answers were confidential and no identifying information was reported.

Data analysis

Data were coded and analysed using IBM SPSS Statistics version 26. Frequencies and percentages summarised respondents' socio-demographic characteristics, while means and standard deviations summarised the preference and functionality items. The midpoint of the five-point Likert scale was 3.00. Mean scores above 3.00 indicated positive preference or perceived functionality, scores below 3.00 indicated an unfavourable assessment, and a score of 3.00 represented neutrality.

A paired-samples t-test compared each respondent's composite traditional-system score with the corresponding formal-system score because both ratings came from the same participants. The null hypothesis was rejected where $p < .05$ and retained where $p \geq .05$. Interpretation considered the direction and magnitude of the mean difference as well as statistical significance.

Results

Socio-demographic profile

The sample comprised the major age groups and both genders. Just over half (51.5 per cent) were aged 60–69 years, while 15.6 per cent were aged 80 years and above. Women constituted 52.1 per cent of respondents. Widowed respondents formed the largest marital-status category, and more than half of all respondents had no education beyond the primary level. Traders, farmers and artisans together constituted 52.9 per cent, while 29.7 per cent were retired. Table 1 presents the complete socio-demographic distribution.

Table 1: Socio-demographic characteristics of respondents

Variable	Category	Frequency	Percentage
Age	60–69 years	201	51.5
	70–79 years	128	32.8
	80 years and above	61	15.6
Gender	Male	187	47.9
	Female	203	52.1
Marital status	Married	167	42.8
	Widowed	199	51.0
	Other	24	6.2
Education	No formal education	65	16.7
	Primary	139	35.6
	Secondary	130	33.3
	Tertiary	56	14.4
Occupation	Civil servant	55	14.1
	Trader	102	26.2
	Farmer	65	16.7
	Artisan	39	10.0
	Retired	116	29.7
	Other	13	3.3

Source: Field survey, 2026.

The profile is applicable to the interpretation of preference. A large percentage of widowed respondents may also lead to greater dependence on the adult children, relatives and community networks. Low levels of formal education and working in informal jobs for most of a working life also may limit awareness of contributory schemes or entitlement to pensions. As a consequence, preference for traditional support should not be interpreted as just a cultural rejection of formal welfare, but as a choice within an opportunity structure faced by respondents.

Perceived functionality of support systems

Table 2 presents respondents' composite ratings of the current functionality of the two support systems. Traditional arrangements recorded a mean of 3.338, slightly above the neutral midpoint, whereas formal arrangements recorded a mean of 2.616. The difference indicates that family,

kinship, religious and community networks were more familiar and available in respondents' daily lives than pensions, health insurance, government welfare and specialised care services.

Table 2: Composite ratings of traditional and formal old-age security systems

System	Mean	SD	Interpretation
Traditional support system	3.338	0.522	Moderately functional
Formal support system	2.616	0.505	Low functionality

Source: Field survey, 2026.

The outcomes do not prove that traditional support was totally sufficient. A moderate functionality is represented by a mean of 3.338, not strong functionality. Rather, the finding creates a relative advantage as the respondents found the traditional sources more reliable than formal programmes, but neither is reliable enough to stand alone.

Preference for traditional and formal systems

The main results are shown in Table 3. All items recorded indicates "above the neutral midpoint". Preference for family care instead institutional care was the lowest mean, and still positive. Attitudes to both the traditional support and formal provision appeared stronger in the sense that traditional support was more likely to be reliable than formal provision. Three higher means, concerned complementarity means that the government programmes should support family care, both are needed, and that respondents would use both family and government care.

Table 3: Older persons' preferences for old-age security arrangements

Preference item	Mean	SD	Agree or strongly agree	Decision
Prefer family care to institutional care	3.56	0.73	52.1%	Agree
Traditional support is more reliable than formal support	3.66	0.77	60.3%	Agree
Government welfare should complement family care	3.71	0.72	61.8%	Agree
Both traditional and formal systems are necessary	3.72	0.70	63.8%	Agree
Would rely on family support and government assistance	3.78	0.70	66.9%	Agree
Grand mean	3.69			High integrated preference

Source: Field survey, 2026.

The ordering of the items is revealing. If respondents saw the systems as alternatives, the strongest score would be expected on exclusive family care. Instead, the highest score was attached to relying on both family and government. The grand mean of 3.69 therefore represents a strong integrated preference. Older persons wanted the social embeddedness of traditional care together with the financial, health and welfare protection that formal institutions should provide.

Test of hypothesis

Table 4 presents the paired-samples comparison of traditional and formal system ratings. Traditional systems received a mean of 3.338, compared with 2.616 for formal systems. The mean difference of 0.723 was statistically significant, $t(389) = 20.976$, $p < .001$. The 95 per cent confidence interval, from 0.655 to 0.790, did not include zero. The null hypothesis of no significant difference was therefore rejected.

Table 4: Paired-samples t-test of traditional and formal system ratings

Traditional mean	Formal mean	Mean difference	95% CI	t	df	p
3.338	2.616	0.723	0.655–0.790	20.976	389	< .001

Source: Field survey, 2026.

The statistical outcome supports the relative preference pattern but does not necessarily suggest that older people would like to deny formal support. The desired arrangement is complementary, as seen from the descriptive items. Respondents also gave higher ratings to the traditional systems, since they were more functional and culturally known; while also supporting an increased role for the government.

Discussion

Cultural legitimacy and the preference for family care

The positive score on family care indicates that intergenerational responsibility remains significant in South-East Nigeria. The home and community are not merely places where services are provided; they are settings in which older people maintain identity, authority, social recognition and connection to familiar others. This finding aligns with Cadmus et al. (2023), whose respondents generally preferred ageing in place because of connectedness, community participation and expected reciprocity. It also echoes Akinrolie et al. (2020), who found that older parents' relationships with adult children are shaped by long-term exchange and moral obligation. Similarly, Akanbi et al. (2021) reported a sustained preference for family care among older adults in Lagos and Oyo States, while Ebimgbo et al. (2021) showed that family networks in South-East Nigeria remain important sources of financial, emotional, material and health support.

However, the preference for family care must be understood in a carefully considered manner. Sixty-six per cent favoured relying on both family and government as opposed to 52.1 per cent who agreed or strongly agreed they preferred family care to institutional care. The gap reflects that the cultural sense of belonging does not eradicate awareness of family constraints. Older people might want to stay where they are, but have services that are not currently available to them. The desired outcome is not, then, the family as an isolated institution, but safe aging in a family, community and public support system.

This is confirmed by the socio-demographic pattern. Over half of the respondents were widows and the majority of them were not educated up to tertiary level. Many had been traders, farmers or artisans. The qualities can increase the reliance on informal relationships, as a spouse is unavailable and formal retirement benefits are restricted. They can also turn to public assistance as a key support mechanism at the same time. A system that would presume all elderly people have children in close proximity who are in a position to look after them would fail to provide for childless seniors, widows, and migrants' parents and other adults with high care needs.

Why formal systems received lower ratings

The lower mean score for formal systems is a result of policy-intention versus local-experience. Income security, health care, dignity and strengthening family support are mentioned as national priorities in Nigeria's National Policy on Ageing. National Senior Citizens Centre serves as a platform for the coordination on institutional level. However, many elderly people still do not have contributory pensions and health insurance, due to informal work. Similarly, Mbam et al. (2022) contend that Nigeria has been experiencing population ageing in the face of inadequate safety nets and disparities in policy implementation. A big component of this gap is healthcare. Chronic conditions, functional limitation and repeated contact with health services are often a part of older age. African public health systems are poorly funded and poorly equipped to provide geriatric care, and private care is out of reach for many in Africa, as reported by Cassim and Tipping (2022). If an elderly individual need to pay out of pocket for assessments, prescriptions and travel, the relatives are burdened financially. In such a way, weak formal provision can destroy the same family system that society still depends on. A similar issue arises in the design of pensions. Contributory schemes work better for those who have regular formal jobs rather than those whose income came from trading, agriculture, carrying goods around or small business. The occupational structure of the Idemili North sample provides a clue as to why an employment-based pensions-based system cannot deliver wide old-age security. The provision of non-contributory social assistance, subsidised care and community services are essential to address the needs of non-pensioned older adults whose work benefited the local economy.

The case for complementary old-age security

The most important result is the preference for complementarity. This corresponds with Mobolaji and Akinyemi (2022), who showed that older people draw on several support sources because their needs are multidimensional. It is also consistent with Ebimgbo et al. (2022), who found that caregiving support for older adults in South-East Nigeria was predominantly filial, with comparatively limited community support, and consequently called for welfare policies that augment family efforts. Family members can provide emotional support and daily assistance, but households cannot administer pensions, finance specialised medical treatment or guarantee income during a collective economic shock. Government programmes can spread these risks, while religious and community groups can identify vulnerable residents and deliver support locally.

Complementarity also provides a practical solution to the discussion on the alternatives between institutional and community-based care. For older individuals who have no available caregiver, and who are functionally dependent, at risk of abuse or have specialised nursing needs, residential care may be required. Yet, formal care doesn't need to start with residential care. It may involve home visiting, day centres, mobile health services, caregiver training, respite care, assistive

devices, accessible transport and social clubs. These services enable older people to stay in their communities whilst easing the burden on the unpaid carer.

The outcome also implies that formalisation cannot be interpreted as the substitution of local institutions by a programme set up at the national level. Social knowledge and physical presence is already available in town unions, churches, health centres and community associations. They help to identify isolated older persons, to check need, arrange for outreach and to monitor the delivery of services. They should be guided by clear and open criteria where support is provided on a need's basis not on membership, influence or family. Government is still accountable for funding; minimum service standards and protection of rights. An additional model can also strengthen the negotiating capacities of elderly people in households. Stable earnings and access to insured health care lowers overall dependency and enables seniors to contribute to shared costs. According to the social exchange theory, the ability to engage in reciprocal relationships can heighten status and lessen vulnerability. Formal support must be planned, therefore, not as a charity that is demeaning for older people, but as an entitlement that will allow them to continue living their lives in the family and the community.

Geographical implications

There is also a geographical aspect to old-age security as people have to go to certain locations to receive support. Whether a nominal service can be used is dependent on distance from a clinic, road condition, transport cost, settlement density and location of adult children. In Idemili North, those communities in the more urban setting around Onitsha may be more likely to have better access to hospital facilities, markets, etc. but at a higher cost of living and with more fragmented households and weaker sense of community. Less urbanised communities might have more dense kinship networks and longer distances to specialised services. Local planning should thus fall below national and state averages. Spatial gaps could be identified by community-level registers of older persons, mapping of health and welfare facilities and regular monitoring of transport and mobility barriers. Services can then be arranged at groups of communities in the immediate vicinity of each other, instead of only within the LGA main office. Mobile outreach and a planned community clinic would be particularly beneficial to those 80 years old and older or with limited mobility. Migration also reshapes the geographic nature of care. Money transfers from children in other places may provide some support to older parents, but cannot replace support that is provided close by during sickness or emergency. Digital communication can keep people connected, but older people who cannot read or write, have limited access to devices or network access can be cut off. Proximity insurance is delivered through a local complementary system, in which relatives are always involved and trained community and public actors are available when proximity is not possible.

Policy Implications

The results have led to the transition from individual interventions to an Idemili North old-age support network. Local government and ministries in Anambra State and the National Senior Citizens Centre should work together to establish a register of people aged 60 years and over, with proper safeguards in place to protect privacy and regular updating of the register using community structures. Registration should be a gateway to health screening and social assistance, referral and information, not an addional hurdle.

Income security needs are beyond contributory pensions. Older people without formal employment histories should be reached via means-tested or universal age-based assistance. Those who have existing pension promises should be paid according to their promise, and before retiring, older traders, farmers and artisans should be made available easily accessible information on the voluntary or micro-pension arrangements. Fixed benefits can soon become worthless due to inflation and should be adjusted periodically. Geographical proximity of healthcare services to the housing of older people should be reduced. Routine screening and management of hypertension, diabetes, visual and auditory impairment, physical inactivity and mental health issues should be provided at primary healthcare centres. The establishment of fee waivers and/or subsidised insurance for older persons most at risk would lower out-of-pocket spending. The referral process must be simple and the community outreach time must be set for persons who do not have easy mobility. Family carers require recognition and support. Quality and preventable harm can be improved through training in medication management, nutrition, safe mobility and dementia care. Caregiver groups and emergency contact numbers would decrease stress, as would respite. Programmes can be organized by religious organisations and town unions, which can also identify isolated persons; however, technical supervision and ensuring inclusiveness should be provided by public agencies. Institutional and day-care facilities must be created as part of a continuum and not in terms of substituting for family responsibility. For people who do not need to live in a community day centre, small community day centres may be able to provide meals, recreation, health checks and social contact. Regulated residential care should continue to be available for those who opt for it or are not safe to stay at home. Older people should be involved in developing and evaluating such services to ensure that policy is developed based on their preferences, not assumptions on their behalf.

Limitations

The study was cross-sectional and perceptions were measured at a single time point, thus not being able to demonstrate changes in preference following illness, bereavement or relocation of the household. It also may depend on the support options available; sometimes people will respond with their currently known support options as they may not be able to access or fully understand other options. The study was based on one LGA and as such cannot be mechanically generalized to all the LGAs of Anambra State and Nigeria. Further studies should involve a comparison of the communities differing in urbanisation, a follow up of the respondents over time and explicit measures of income, health status, living arrangements and migration of the adult children.

The paired comparison did not indicate which personal characteristics brought about the difference between traditional and formal ratings, but it did indicate a clear difference between the two. An integrated arrangement may also be compared with the preference of those who chose it and other factors such as age, sex, widowhood, education, occupation, pension status and community of residence may be analysed. Qualitative interviews would also help to define what the respondents think is the role of government, families and community organisations.

Conclusion

Traditional old age security was rated much higher than formal security among the older persons in Idemili north. Family, kinship and community relations are still culturally significant and more apparent in everyday life. But the most preferred option was not for exclusive reliance on those

relationships. Respondents preferred an integrated system that would support family care systems with government welfare and formal services.

The bottom line is that no single system is adequate. Traditional support offers: belonging, responsiveness and social connection (depends on household resources and closeness). There is lack of coverage and local functioning; however, formal systems for guaranteeing income, healthcare and specialised services are available. Old age security policy should therefore be reinforced without shifting the burden completely to the family. The most similar services to the preferences of the older residents are a locally coordinated combination of pensions or social assistance, age-friendly healthcare, community outreach, and caregiver support and regulated care options.

Recommendations

1. Older persons in Anambra State and the Idemili North Local Government should be included in a coordinated Register and Referral System to pensions, social assistance, primary healthcare and community services.
2. Government welfare programmes should complement family care efforts with regular income support, and subsidised health and community-based home or day-care care, especially for those over 65 who do not receive pensions or have close relatives to care for them.
3. To ensure scheduled geriatric screening, medication review and outreach to older persons with mobility impairments in all ten communities, through primary healthcare centres.
4. There is a need to include families, churches, town unions/community associations in service delivery and monitoring, and to keep government accountable for funding, standards, inclusion and accountability.
5. Where relevant, older people should be involved in planning and assessment of all local ageing programs, so that care plans can take into account the older person's desire to age in their own homes and neighbourhoods.

References

African Union. (2016). Protocol to the African Charter on Human and Peoples' Rights on the rights of older persons in Africa. African Union.

Akanbi, M. A., Fadayomi, T. O., Wusu, O., Oladosun, M., & Azuh, D. E. (2021). Variations in preference for family care support among the elderly in Southwestern Nigeria. African Journal of Reproductive Health, 25(5s), 79–89. https://doi.org/10.29063/ajrh2021/v25i5s.7

Akinrolie, O., Okoh, A. C., & Kalu, M. E. (2020). Intergenerational support between older adults and adult children in Nigeria: The role of reciprocity. *Journal of Gerontological Social Work*, 63(5), 478–498. https://doi.org/10.1080/01634372.2020.1768459

Beard, J. R., Officer, A., de Carvalho, I. A., Sadana, R., Pot, A. M., Michel, J. P., Lloyd-Sherlock, P., Epping-Jordan, J. E., Peeters, G. M. E. E., Mahanani, W. R., Thiyagarajan, J. A., & Chatterji, S. (2016). The world report on ageing and health: A policy framework for healthy ageing. *The Lancet*, 387(10033), 2145–2154. https://doi.org/10.1016/S0140-6736(15)00516-4

Cadmus, E. O., Adebusoye, L. A., & Owoaje, E. T. (2023). Ageing in place or stuck in place: Preferred care setting for community-dwelling older persons in a low-resource country in Sub-Saharan Africa. PLOS ONE, 18(10), e0292939. https://doi.org/10.1371/journal.pone.0292939

Cassim, B., & Tipping, B. (2022). Healthcare for older people in Africa. Age and Ageing, 51(11), afac217. https://doi.org/10.1093/ageing/afac217

Ebimgbo, S. O., Chukwu, N. E., & Okoye, U. O. (2021). Gender differences in family support to older adults and implications for social work in south-east Nigeria. Journal of Aging Studies, 59, 100979. https://doi.org/10.1016/j.jaging.2021.100979

Ebimgbo, S. O., Atama, C. S., Igboeli, E. E., Obi-Keguna, C. N., & Odo, C. O. (2022). Community versus family support in caregiving of older adults: Implications for social work practitioners in South-East Nigeria. Community, Work & Family, 25(2), 152–173. https://doi.org/10.1080/13668803.2021.1926222

Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development. (2021). National policy on ageing for older persons in Nigeria. Federal Republic of Nigeria.

Federal Republic of Nigeria. (2014). Pension Reform Act 2014. Federal Government Printer.

Mbam, K. C., Halvorsen, C. J., & Okoye, U. O. (2022). Aging in Nigeria: A growing population of older adults requires the implementation of national aging policies. The Gerontologist, 62(9), 1243–1250. https://doi.org/10.1093/geront/gnac121

Mobolaji, J. W., & Akinyemi, A. I. (2022). Complementary support in later life: Investigating the gender disparities in patterns and determinants among older adults in South-Western Nigeria. BMC Geriatrics, 22, 704. https://doi.org/10.1186/s12877-022-03393-w

Mostert, C. M. (2025). Investing in equitable healthy aging: Why Africa must reform social pension schemes to improve Alzheimer's disease and dementia outcomes. Alzheimer's & Dementia, 21, e14527. https://doi.org/10.1002/alz.14527

National Pension Commission. (2024). Annual report 2024. National Pension Commission.

National Senior Citizens Centre. (2022). Strategic roadmap on ageing 2022–2032. National Senior Citizens Centre.

Tanyi, P. L., André, P., & Mbah, P. (2018). Care of the elderly in Nigeria: Implications for policy. *Cogent Social Sciences*, 4(1), 1555201. https://doi.org/10.1080/23311886.2018.1555201

Ulrichs, M. (2020). The implications of demographic change and ageing for social protection in sub-Saharan Africa: Insights from Rwanda. *Journal of Development Effectiveness*, 12(4), 341–360. https://doi.org/10.1080/19439342.2020.1853792

United Nations. (2002). Political declaration and Madrid International Plan of Action on Ageing. United Nations.

United Nations Department of Economic and Social Affairs. (2020). World population ageing 2020 highlights. United Nations.

United Nations Department of Economic and Social Affairs. (2024). World population prospects 2024: Summary of results. United Nations.

World Health Organization. (2020). Decade of healthy ageing: Baseline report. World Health Organization.

World Health Organization. (2023). Progress report on the United Nations Decade of Healthy Ageing, 2021–2030. World Health Organization.

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