OLDER WOMEN IN NIGERIA: ISSUES FOR POLICY ATTENTION

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ABSTRACT
The paper examines the quality of life of older females in the context of a rapidly aging population, high youth unemployment, high rate of extreme poverty and the diminished capacities of adult children in fulfilling their filial obligations. Using secondary materials, including census figures and published research findings and newspaper reports, the paper highlights the risks, disadvantages and vulnerabilities of older women. The increase in the number of skipped generation households, the visibility of female elders engaging in public alms solicitations, emotional and sexual abuse of older women are some of the trends identified and discussed as signaling compromised quality of life of older females. Paper concludes that women become disadvantaged in old age because the society, institutions and some cultural practices over the life course puts them at a disadvantage. Paper therefore makes three recommendations: the need for a full range of policy actions to address the risks, vulnerabilities, discriminations that women face through the life course that culminates in poor quality of life in old age; need for a safety net mechanism that will be available at critical periods of temporary vulnerability in a woman's life as well as policy and programme responses for those older women who have fallen through the net. Paper also recommends the establishment of a national data set on older women to identify geographical and social vulnerability indicators in order to enhance accurate targeting of programme interventions.
Keywords: older women, Nigeria, vulnerabilities, quality of life

INTRODUCTION
In order to understand the situation of older women in Nigeria and to focus on the issues and concerns for policy makers, it is necessary to highlight the general socio-economic context in which aging is occurring in Nigeria.

First is the relatively fast rate of ageing – faster than what obtained in developed countries which are now characterized as "ageing". For example, it took France 115 years and Sweden 85 years to change the proportion of the population aged 60 years and over from 7% to 14% (UN, 2013). It is taking and will take Nigeria a much shorter period for its population to be categorized as aging. The most recent population census in Nigeria indicate a soaring of the number of the older population between 1991 to 2006 from 4.6 million to 6.9 million. In 2017, the estimated number of elderly population is 8.6 million (UN, 2017). This increase is occurring in the absence of social protection provisions for the generality of the population, and particularly for vulnerable groups, and in particular for the older adults.

Secondly, occurring concurrently with this increased pace of ageing is the current large percentage of youths and the likelihood of a larger 'youth bulge' if the current birth rate persists. For instance, by 2015, one-fifth of African births will take place in Nigeria – translating to 5% of all global births. By 2050, Nigeria alone will account for almost 10% of all births in the world. A large youth population provides potential opportunity for a country to build a strong economic base and reverse poverty trends because as more people work, aggregate disposable income will increase and spending will rise, if the youths are productively engaged. Unfortunately, youth unemployment was recently reported to be as high as 33% (National Bureau of Statistics, 2018). Thus, the possibility that Nigeria will derive demographic dividends from the youth bulge is doubtful.

A third contextual reality is the rise in chronic non-communicable diseases at a period when the prevalence of childhood diseases is still relatively high. Recent report indicates that 37% of Nigerian children are malnourished and over 17million under five children

are stunted (UNICEF, 2017). There is a concern about the increasing prevalence of life style related chronic diseases which are expensive to maintain and for which the current health care services of country is unprepared (WHO, 2014).

A fourth contextual reality is the high poverty rate in the country. Nigeria has recently been dubbed the poverty capital of the world with 44.3% of its population in extreme poverty (World Poverty Clock, 2018).

Thus, the ageing of the population is taking place within the context of diminishing socio-economic resources to address the need for high quality of life generally with much less to attend to the needs of the elderly.

OLDER WOMEN IN NIGERIA

All over the world, women have longer life expectancy than men (Ginter & Simko, 2013). This longer life expectancy means there will be more older women than men. Globally in 2011, available statistics reveal that women comprised 52% of all adults aged 50 years and older and 57% of adults aged 70 years and above (United Nations, 2017). In the Nigerian case there were more males than females at older ages, meaning more males survive to very old age than females. Statistical Report of Men and Women in Nigeria (2017) revealed that 44% of the older persons 60 years above were females. The total sex ratio was 117 males to 100 females and the highest ratio was at age 70-79 where for every 110 females there were about 120 males.

Table 1. Population of the elderly 60+ in Nigeria. 2012-2017

YEAR	TOTAL ELDERLY 60+	MALE ELDERLY	FEMALE ELDERLY
2012	6,987,066	3,897,474	3,089,592
2013	6,987,242	3,897,566	3,089,676
2014	6,987,149	3,897,456	3,089,693
2015	8,107,979	4,866,516	3,241,463
2016	8,334,329	4,359,979	3,974,358
2017	8,567,931	4,482,129	4,085,809

Source: United Nations: World Population Prospect, 2017.

A publication of the United Nations (2017) also reports more males than females among the elderly **(See Table 1**). Thus, the first question for our consideration is: why the unusual sex ratio among the Nigerian aged? Why are Nigerian female elderly comparatively fewer than expected?

The general explanation is that even though women tend to live longer than men, socio-cultural and economic factors can affect this natural advantage of women compared to men. In the Nigerian context, it can be argued that women's exposure to risks associated with poorly managed pregnancies and multiple child births may work to equalize life expectancies between the sexes (UN, 2015). According to the WHO estimates, Nigeria's Maternal Mortality Rate (MMR) is still as high as 814 per 100,000 live births. Worst still, of the 303,000 women that died globally due to complications of pregnancy and child births in 2015, 58,000 women died in Nigeria (WHO, 2015). What is seen in old age is a manifestation of 'Path Dependency', i.e. events that occurred early in life and which may likely have long-term consequences on the choices and behaviors in later life (Elder, Johnson & Crosnoe, 2003).

Another notable feature about older women in Nigeria and to which policy making should be sensitive is their distribution by region (Table 2). The highest proportion (23.7%) of older women in Nigeria is in the South-East, followed by the South-West (20.77%) while the least proportion (10.06%) is in the North East.

Table 2: Distribution of Older Women in Nigeria by Region

Region	Percentage
North Central	17.60
North East	10.06
North West	13.52
South East	23.70
South South	14.25
South West	20.87

Source: Computed from 2013 Nigeria DHS

Again, this is not surprising as the proportion reflects the known quality of life indices in those region as revealed by Human Development Summary Statistics (Table 3), particularly when we look at the Gender Empowerment Measure.

Table 3: Nigeria's Human Development Summary Statistics (By Zones) 2009-2010

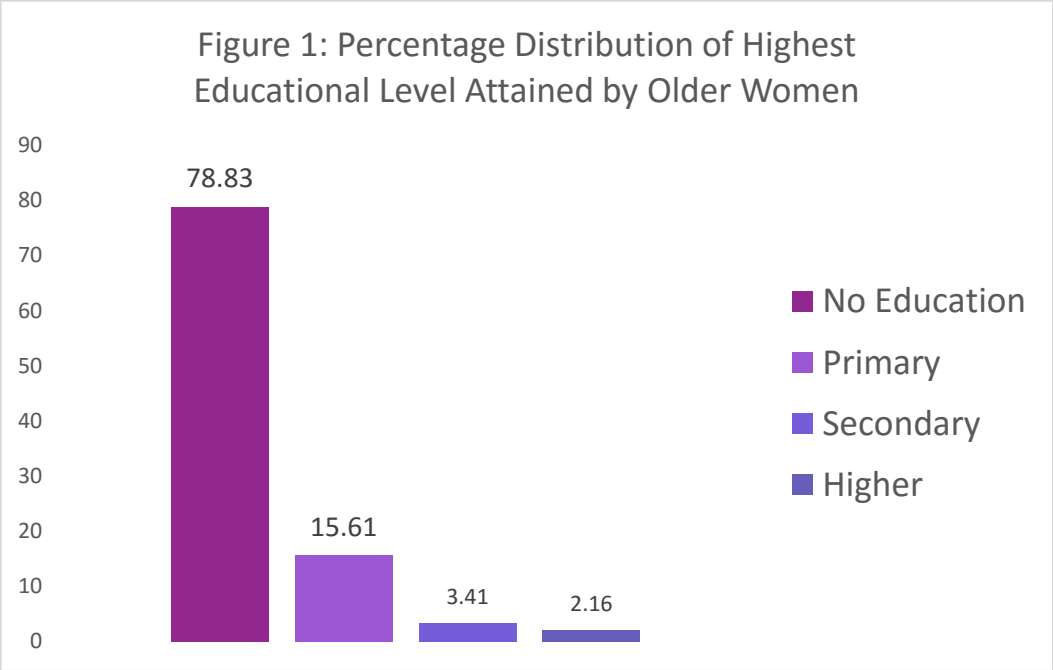
ZONES	HUMAN DEVELOPMENT INDEX(HDI Value)	HUMAN POVERTY INDEX(HPI)	GENDER DEVELOPMENT MEASURE (GDM)	GENDER EMPOWMENT MEASURE(GEM)	INEQUALITY MEASURE(INQ)
N. CENTRAL	0.490	34.65	0.478	0.244	0.490
N. WEST	0.420	44.15	0.376	0.117	0.440
N. EAST	0.332	48.90	0.250	0.118	0.420
S. WEST	0.523	21.50	0.507	0.285	0.480
S. EAST	0.471	26.07	0.455	0.315	0.380
S. SOUTH	0.573	28.61	0.575	0.251	0.410

*Source:*Eze, T.C., Okpala C.S. &Ogbodo, J.C. (2014): Patterns of Inequality in Human Development Across Nigeria's Six Geopolitical Zones

Table 4: Other Characteristics of Older Women In Nigeria

VARIABLES		%
Type of Residence:		
	Urban	42.06
	Rural	57.94
Age:		
	60-69	57.47
	70-79	26.14
	80+	15.39
Highest Educational Level Attained:		
	No Primary	78.82
	Primary	15.61
	Secondary	3.41
	Higher	2.16
Marital Status:		
	Never Married	0.53
	Married or Living Together	40.72
	Widowed	56.14
	Divorced or Separated	2.61

Sources: Computed from 2013 Nigeria DHS



Sources: Computed from 2013 Nigeria DHS

Other salient characteristics of the female elders are presented in Table 4. There is a high rate of illiteracy among the older females, reflecting the limited educational opportunities. These limited educational opportunities confine most females to working in the agricultural or the informal service sectors of the economy (Gesinde, Adekeye&Iruonagbe, 2012). While the unpaid domestic work is not rewarded, the engagement in the agriculture and informal sector carries no retirement benefits. Thus, a large percentage of the women have accumulated sparse, if any resources towards old age when their productivity naturally diminishes. The 2006 census report indicate that about one-third of elderly females were “housewives” and that very few elderly women were employed as professional/technical workers or administrative, managerial and even clerical worker. In the absence of a formal social assistance scheme, the resource gap for older females is bridged by support from working children. However, in a depressed economy where unemployment is high as noted earlier and those employed receive irregular salaries, it is not unlikely that the ability of the children to bridge this gap may have diminished considerably, further worsening the economic vulnerability of older females (Togonu-Bickersteth, 2014).

Over half of the female older persons are widowed. When the percentage of widowhood by sex and residence is examined, we observe that less than 10% of the males experience widowhood even up till 85 years plus. On the contrary, female widowhood is relatively high throughout the age brackets and by the age 75 years and above, over 50% of the female elders are widowed. This percentage of female widowhood peaks to 62.2% for those in the 85+ category in the rural locations and 66.7% for those in the urban areas (see Table 5). While widowhood practices vary from culture to culture in Nigeria, the general evidence is that widowed women are negatively affected financially, psychologically, sexually and socially (Stallion, 1984; Afolayan,2011; Iruloh& Elsie, 2018). One of the major effects of widowhood is poverty with the poorest being those widows who are relatively old and frail with dependent children and other dependents to care for and those widows who are childless or have limited social network. In terms of support to widows, research report indicates that younger widows who are still in child bearing age, receive greater social support than older female widows (Trivedi,Sareen, &Dhyani, 2009).

Table 5: percentage Distribution of Widowed Elderly by Sex and Residence

	RURAL POPULATION			URBAN POPULATION	
AGE GROUP	% MALE	% FEMALE		% MALE	% FEMALE
60 - 64	3.3	35.4		3.2	37.5
65 - 69	4.1	44.7		4.0	46.8
70 - 74	4.9	48.3		5.6	53.2
75 – 79	6.1	54.5		7.0	59.7
80 - 84	6.6	54.1		7.9	59.2
85+	9.9	62.2		11.3	66.7

Source:National Population Council 2006

Another notable feature of the older females on Nigeria is that close to 60% of them are in the rural areas. Rural areas of the country offer scarce/ limited access to health facilities and other related social services (Madu, 2010). Poverty in rural areas is higher than the national average; poverty for the elderly is higher than the national average and poverty rate for older females living in rural locations is worse still. One can safely say that elderly females in rural locations face the triple jeopardy of gender, age and location.

HEALTH, MENTAL HEALTH AND PARTICIPATION IN COMMUNITY AND NATIONAL LIFE

Ageing of both man and woman is accompanied by some changes. Some of the changes – hair loss, graying of the hair, reduction in the total mass of body tissue, are obvious and some like reduced cardiac output, decrease in total capacity of lungs, decline in reproductive, digestive and kidney functions are less obvious (Togonu-Bickersteth, 2014). These and all other changes represent the physiological limits around which social relationships and social arrangements are based.

Despite the apparent universality of these signs of biological ageing, the timing, the extent to which the occurrence poses limitations to an older person's normal everyday socio-economic activities and the extent to which their debilitating effects can be mitigated, or their potential disruptions/discomforts alleviated depends on socio-economic and other environmental factors, across the life span of the individual (WHO, 2010).

Research reports indicate that many health challenges of adulthood and old age stem from infections early in life (WHO, 2010). Indeed, some argue that nourishment in utero and during infancy has a direct bearing on the development of risk factors for adult diseases, especially cardio-vascular diseases. Behavior and exposure to health risks during a person's adult life also influence health in old age (Blazer, & Hernandez, 2006).

Some authors have argued that Nigerian women may be experiencing what they dubbed ''premature aging'' because of multiple badly managed pregnancies and child births, engagement in hazardous agricultural processes, and the paucity of medical care to prevent or mitigate the common old age diseases and ailments (Animasahun, & Chapman, 2017).National data revealed that 31.6% of Nigerian women had no antenatal care visit. Variations among the states reveal that Sokoto State report the highest percentage of no antenatal visit (63.9%) followed by Zamfara State with 57.8%, while Anambra State recorded the lowest percentage (1.3%) and Osun State with 2.4% antenatal visits during pregnancy (National Bureau of Statistics, 2016).

Table 6: Percentage Distribution of Women who had Antenatal visits

No Antenatal Care Visit	One visit	Two visits	Three visits	4 or more visits
31.6%	4.6%	4.9%	8.6%	49.1%

Source: National Bureau of Statistics, 2016

For a large percentage of older women in the rural areas, availability, accessibility and affordability of health services pose serious challenges. For example, 80% of urban communities have health centers within 5 kilometers of the centre of their community, in contrast to 57% of the rural communities. In addition, rural dwellers usually have to travel out of their communities to access public secondary or tertiary health services, often at great cost and sometimes inconvenience to their urban hosts (Uzobo, & Dawodu, 2015).

This situation therefore suggests that there will be many treatable but untreated health challenges for older females and the result will be a diminution of healthy life expectancy and a high likelihood of disabilities. In fact, the Census report reveal that the highest rate of disability is among rural elderly females (National Population Commission, 2006). From what we noted earlier that most older men are married and will have wives to take care of them in cases of illness, most older females are widowed, may have been involved in the care of their late husband but may not have intimate others to provide satisfactory personal assistance with activities of daily living should they require it. Chronic illness in old age further limits the extent to which they can continue to engage in economic ventures and can exacerbate their economic and social dependency.

As people age, the likelihood of experiencing multimorbidity increases and with this increase comes the decrease in physical as well as mental capacities. However, gender is believed to be a critical determinant of mental health and mental illness (Astbury, 2001; Malhotra, & Shah, 2015). According to Cathy Shea (2013), mental illness for women generally presents a “triple whammy” for stigma- old, women and mental illness. Unfortunately, there is a considerable neglect of mental health issues in Nigeria (Suleiman, 2016). It is instructive to note that a report indicates psychiatric morbidity in Nigeria was associated with age (higher for older people), gender (higher for females than for males) and marital status (higher for widowed) (Lasebikan, Ejidokun, & Coker, 2012). What is more important is that the 3D’s of Geriatric Psychiatry [Dementia, Delirium and Depression] whose symptoms are usually attributed to normal effects of aging, or as personality traits to be ignored in males, are often interpreted in various Nigerian communities as evidence of witchcraft when manifested by older women. This often leads to further stigmatization, loneliness, physical and psychological abuse and an eventual abandonment (Atata, 2018).

Older females in Nigeria, particularly at the grassroots level continue to participate in the socio-cultural and religious lives of their communities. They offer assistance to young mothers and are often called upon to mediate in family disputes. However, there is no evidence that older females are involved in party politics or directly in formal governance. The reason for this is obvious: gender and age bias. (Oloyede, 2015; Ola & Olalekan, 2012; Agbalajobi, 2010).

The summary of all of these is that the outcomes for females in old age is directly traceable to the disadvantages they have accumulated over a lifetime and for which society provides no succor in old age. Indeed, old age for some is a period of exacerbation of these disadvantages as there exist no social safety networks or specialized programmes for them.

RECENT TRENDS

A number of emerging trends in the situation of the older females needs to be noted for their consequences for the quality of life. First is the increase in the number of grandmothers who are caring for their grandchildren in the absence of their biological parents, i.e. older women who are heads of "skipped generation households". Data on forms of living arrangements in West Africa, Nigeria inclusive, indicate that about 13% of old adults live in households with at least a grandchild whom they are raising in the absence of the child's parents, i.e. in skipped generation households (Zimmer & Dayton, 2005). This form of household arrangements is becoming increasingly pronounced as a result the HIV/AIDS decimation of the working adult population in some communities, labour migration in others and ethnic-religious conflicts and insurgency in other parts (Apata, Rahji, Apata, Ogunrewo & Igbalajobi, 2010).

In the developed countries where grandparents are raising their grandchildren in the absence of their biological parents, the arrangement usually serves as alternative to formal foster care. There are therefore legislations, policies and programmes through which government and non-governmental organizations provide financial and other services to harness the advantages of the family set up and to mitigate their known negative effects of the living arrangement on the grandparents and the grandchildren in such households. In Nigeria, this emerging form of family structure has yet to receive much research and policy attention. Preliminary research findings from other countries indicate that the overall effect on the older female is less than salutary (Shakya, Usita, Eisenberg, Weston, & Liles, 2012).

Another noticeable trend is the increase in the number of older female beggars. Community surveys in some of the semi-urban areas in the South-West suggest that some female older adults resort to public alms-solicitations to take care of grandchildren left in their care (Togonu-Bickersteth, Akinnawo, Akinyele & Ayeni, 1997; Togonu-Bickersteth & Akinyemi 2014). These older women are often very poor and feel burdened economically and psychologically with the responsibility of having school age dependent grandchildren or sick grandchildren to care for in the absence of their biological parents. A newspaper publication gives a lucid picture of this situation;

> *"The Oyo State Police Command came to the aid of a "75-year-old granny and her seven grandchildren found roaming the streets of Ibadan on Friday. The old woman was intercepted by a patrol vehicle of the police command after members of the public raised the alarm that she could be involved in child trafficking or kidnapping. The children's ages range between three and seven: they are a set of triplets and two sets of twins. Their father, who died last year, was the woman's son while their physically challenged mother works as a dish washer at a local canteen in the city.*
>
> *The State Commissioner of police. Mr. Leye Oyebade, told our correspondent that after investigations, it was discovered that the woman was looking for how to feed the seven children. At the time the police intercepted her, she was in a process of going to a media house with the view to soliciting for funds for the upkeep of the children."* (Sunday Punch, May 29th, 2016)

A third recent trend is the situation of older females who travel out of their domain to assist their daughters with child rearing in the urban centers, and some, outside the country. While the older female thus gets the opportunity to partake of a "better life" with her children and grandchildren, there have been anecdotal reports of mistreatment,

neglect and isolation of the elderly female in such contexts (Olaore & Drolet, 2017). This is said to be particularly true of 'uneducated co-residing grandmother' whose status in the household very soon approximates that of the hired domestic assistant.

A fourth trend perceivable from popular press is the sexual abuse of older females- even sometimes by younger relatives. In Nigeria, there has recently been an increase in the report of sexual abuse among older women. In Enugu, the rape of women age 60 to 80 years by younger men with ages ranging from 17 to 25 years has recently been protested. This act is locally linked to rituals, occultism, power seeking by perpetrators, money rituals, sport-betting, etc Perpetrators of sexual abuse are usually family members (son, grandsons, nephews and cousins), unrelated domestic staff and neighbours. It is quite obvious that there is dearth of documented information on sexual abuse among the older persons because it is the least reported form of older person's abuse (Post, Page, Conner, Prokhorov, Fang &Biroscak, 2010; Natan, Lowenstein, & Eisikovits, 2010; Ola & Olalekan, 2012) due to fear of stigmatization.

WAY FORWARD

Nigeria is typically a patriarchal society. Various cultural and social practices promote male superiority over females across the life span. These range from preference for male children (Makama, 2013), limited or restricted educational opportunities for girls (Olaogun, Adebayo & Oluyemo, 2015), early marriage for girls in some communities (Nnadi, 2014), degrading widowhood practices and discriminatory inheritance practices (Durojaye, (2013), among others. Women become disadvantaged in old age because the society, institutions and these cultural practices over the life course puts them at a disadvantage. Thus, interventions that will benefit older women have to take a life-course perspective. There is a need to invest in the various phases of life, especially at key transition points when risks to well-being and opportunity are greatest (WHO 2007). The 'one size fits all' approach is not advocated: older women are a diverse group differing in age, socio-economic status and the lived environment. For example, a 70-year-old educated, retired civil servant in an urban centre will most likely have a different ageing experience and challenges than a 70year old female farmer who has never left the village.

First, policies must focus on prevention and alleviation of poverty by providing safety nets at critical points in the female's life course to mitigate risks and reduce economic and social vulnerability. Such periods include periods when women are unable to fully engage in remunerative productive activities, for example during pregnancy, when ill, and when a family member's need for care require the full attention of the female, and at widowhood. Policy interventions must also ensure equal and accessible health care facilities aimed at preventing disabilities in old age.

The family is still the bastion of care of the old in various Nigerian communities. There is general anecdotal evidence that adult children tend to treat their aged mothers preferentially, particularly those mothers who are perceived as deserving based on earlier sacrifices made. Literature however has directed our attention to the widening gap between cultural ideal of parental care and what is indeed the reality on ground (Togonu-Bickersteth, 2014). There is need to establish a protection floor below which all citizens, particularly the vulnerable ones must not fall. For older women to continue to contribute positively to family and community life, adequate provisions for their basic needs must be provided. Support must be provided to the most vulnerable- the very poor, the disabled, the childless with no support and those requiring long term care.

Secondly, it is important that the policy/programme response on the issue not emphasize a "victimized ideology". It has been argued that taking the elderly male perspective into consideration will prove helpful during policy making and at programmatic and developmental level (Van Dulleman, 2006). Also, the policy responses should not be welfarist – casting older females as people who have certain needs, but rather as a group with certain rights which the state and society at large must uphold (UN, 2013). The rights approach should clearly set out government obligations in

terms of respect for economic, social and political rights involved in any long-term strategy. This human-rights based approach will promote the enjoyment of human rights by all social groups and ensure that members who have been denied those rights in the past will be treated equally and with respect for their human dignity. Furthermore, it will promote inclusiveness – a society for all ages.

Thirdly, while respectful of the positive cultural practices and norms, such policies should be mindful of existing policy frameworks and guidelines in relevant international and regional commitments endorsed by the Nigerian government. Among these are: The African Regional Implementation Strategy in Ageing; The United Nations Madrid International Plan of Action on Ageing (MIPAA); The United Nations International Conference in Population and Development; Convention on the Elimination of all Forms of Discrimination against Women – General Recommendation No. 27 on older women and protection of their human rights; The WHO Report on Healthy Ageing; The Post 2015 Sustainable Development Goals; Nairobi Forward Looking Strategies for the Advancement of Women (Paragraph 286); The Nigerian Constitutional Provisions.

The 2015 Global Age Watch puts it succinctly:

> *"Well-being in later life is an accumulation of experiences throughout life. Countries that support women development throughout life are more likely to have higher rates of participation of older people in volunteering, working and engaging in their communities"* (Help Age: Global Age Watch 2015 Insight).

It is therefore important that the best way to ensure the quality of life of older women in Nigeria is to ensure that our legislations, policies and programmes uphold their fundamental rights to decent standard of life.

A full range of policy actions is needed to address the risks, the vulnerabilities, discrimination and chronic poverty that women face throughout their life course that culminates in poor quality of life for a great majority of them in old age. For older women who are able to engage in economically productive activities, government may introduce to such women appropriate technology to reduce health risks that attend to their economic engagement. Such women can also be included in the various government business assistance services and the provision of financial services, including micro-credit while community based safety net programmes can be provided for those who are without any help, who are destitute, homeless, disabled (i.e. the most vulnerable).

Issues about older women in Nigeria are not all about disadvantages. There are some clear advantages to being an older female which can be acknowledged and strengthened by programmatic interventions. Mothers in old age command greater emotional loyalty from their children than do fathers. This is partly because of the perceived sacrificial lives most Nigerian women lead in order to make their children comfortable. This filial bond can be tapped upon for media sensitization and for delivery of safety net support to older females, and for fostering intergenerational programmes in education at all levels.

Secondly, older females enjoy greater role continuity than men and therefore are usually closer to the grassroots. Since majority of the older females are engaged in informal labour market from which no formal retirement is required, they do not suffer from a diminution of social network and loss of status that often accompany retirement from formal employment for most males.

Thirdly, when older people have the need to move to the residence of their adult children, older women are more valued as a member of the multi-generational household than men.

A major challenge on the issue of quality of life of older women in Nigeria is the absence of current baseline data on their situation. The most recent census data which disaggregates by gender is the 2006 national census. National data on vulnerability indicators of the female older adults is needed. Identification of these vulnerabilities and

their social and geographical locations will assist in accurate targeting of programme interventions.

Support is needed for longitudinal studies to further understand the role of early life experiences on the health and welfare of the female elders. This information will be useful for counseling and for policy interventions.

Related to this is the need to encourage the writing of biographies of female elders. The Punch Newspaper series “Octogenarians” covers mainly the men, not the females until very recently, except as “wives” to the men. Women in agriculture, in sales, as housewives, etc. have stories to tell as well, and should be encouraged to do so.

New policies targeting older women may not be necessary. What may be needed is the political will to fully implement, with appropriate resources and sound administrative management, those regional and international policies and frameworks that the nation has endorsed over the years and the policy frameworks that the government itself has established in the relevant sectors.

According to the Help Age report (2015), the countries that did best in the Age Watch Index consistently share four characteristics:

- They have in place social and economic policies supporting older people’s capabilities, well-being and autonomy.
- Do not rely on family to support their relatives alone
- Have long standing social welfare policies, delivering universal pensions and better access to health care;
- They have Action Plans on Ageing

These are then the benchmarks for Nigeria to pursue if it desires better quality of life for its older population, including females.

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