

Abuse of the Aged in Nigeria: Elders Also Cry

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Abstract

Elderly people are abused and neglected both physically and psychologically by family members and other care givers. Some of them have challenges of poverty and diseases of old age such as stroke, depression, dementia, Alzheimer's and Parkinson's. Because of their frailty, they depend on their families and other caregivers for care and in the process are abused. Also in the absence of institutional care, adult children who are too busy to take care of their parents hire caregivers who also maltreat them. Unfortunately, the elderly are unable to challenge their abusers and have no way of reporting their abuse and so many suffer in silence. Nigeria has the largest number of elderly people over 60 years of age, South of the Sahara, yet there is very little put in place by the government by way of institutional policies and legislation or even implementation of the Madrid Plan of Action on Aging, to which it is a signatory. For now, families continue to bear the burden of caring for their elderly members but this is increasingly difficult for them. Some elderly members live in destitution and are left at the mercy of the public or good Samaritans. The literature review indicates there is a high prevalence of elder abuse in Nigeria in spite of the respect that the aged command. The paper highlights the difficulties elderly people face in Nigeria.

Key Words: Elder, Abuse and Neglect

Introduction

In 1982 at Vienna, the United Nations General Assembly adopted a set of principles for order persons, recommending that all Member States incorporate them in their programmes for the old. This is in recognition that as people age, they become less active, frailer and more prone to diseases associated with ageing. In Nigeria, the burden of care squarely rests on family members despite the provisions in the 1999 Constitution, Section 14. 2(b) which states categorically that, "The security and welfare of its people shall be the primary purpose of the government" and in Section 16, sub-section 2(d) promises, "That suitable and adequate shelter and suitable and adequate food, reasonable national minimum living wage, old age care and pensions and unemployment, sick benefits and welfare of the disabled are provided for all citizens." Unfortunately, the government seems to have reneged on these promises as most elderly are not covered by any social security scheme. The only beneficiaries are those in formal employment who have pension benefits which are inadequate and often delayed due to corruption in the pension system. And as Magnus Eze, Director, Parlia Consult rightly observed, "No government policy or legislation is in place with which government can provide for the aged."

Unfortunately, the economic situation of most children makes it difficult for them to cater for their parents. Coupled with the lack of institutional framework for the care of the old, some Nigerian parents end up being physically and emotionally abused. Elderly abuse here refers to the threat or actual infliction of harm whether physically in the form of beating or psychologically in the form of mentally or verbally terrorizing a person who has attained the age of 60 years. Neglect is the case where the obligatory physical, emotional, safety and medical needs are denied an elderly person.

Statement of the Problem

The need for social policy is more than ever more urgent now in Nigeria because of the growing number of elderly people. It is estimated that by 2015, there will be 64.6 million elderly in the world; this figure is expected to rise to 103 million in 2030 and by 2050, we should have over 205 million elderly people (U.N., 2002). Nigeria has the largest number of elderly people South of the Sahara, over the age of 60 years.

The reason for such high number is not unconnected with the fact that life expectancy has improved owing to better awareness of hygiene and medical advancement. Given the economic difficulties in families, unemployment, urbanization and poverty, it is increasing difficult for grown up children to manage their own families of procreation as well as their aged parents thus putting the elderly at risk of abuse and neglect whether or not they live alone. Because of the growing concern for the aged, in 2002, the International Plan of Action on Ageing was adopted in Madrid. Article 5 of the Madrid Plan of Action takes into cognizance the plight of the aged worldwide when it declared that:

We affirm the commitment to spare no effort to promote democracy, strengthen the rule of law and promote gender equality, as well as to promote and protect human rights and fundamental freedoms, including the rights to development. We commit ourselves to eliminating all forms of discrimination, including age discrimination. We also recognize that persons, as they age, should enjoy a life of fulfillment, health, security and active participation in the economic, social, cultural and political life of their societies. We are determined to enhance the recognition of the dignity of older persons and to eliminate all forms of neglect abuse and violence.

In recognition of this fact, the United Nations officially marked the World Elderly Abuse Awareness Day on 15th of June 2012. In line with the provisions of the Madrid Plan of Action (2002), that the elderly should be able “to live in dignity and security and to be free of exploitation and physical or mental and all forms of abuse,” this paper seeks to understand what factors prevent the elderly from ageing successfully in Nigeria; what type of abuse is prevalent and how can victims be helped? The paper examines these questions based on literature review on the subject matter and proffers solutions.

Review of Literature

Ageing in Nigeria

Some obituary posters with such captions as “A life well spent,” or “ A glorious exit,” are reflections of the quality of life the deceased had enjoyed. This however is not the case for many Nigerians whose lives are cut short by poverty and institutional neglect. In the traditional society, the parents made their own preparation for old age by having large families who worked work on the farms. Today, in modern times, the reality is that having a large number of children is no longer an asset but a liability. It becomes pertinent to put in place social security measures to cater for the elderly as life expectancy improves. Life expectancy for Nigeria according to the UNDP (2004) report, was 51.6 years although Velkoff and Kowal (2007), put it at 47.1% for both sexes; 46.5% for men and 47.7% women but for HIV/AIDs complication, the figures would have been as high as 51.7 years for men and 54.9 years for women. In 2012, life expectancy at birth had improved to 55 years for women and 49 years for men, while infant mortality was 74/1000 live birth in a population of 170,121740 million people (CIA Fact Book, 2012).

Nigeria’s interest in ageing as a social problem began with the first World Assembly on ageing in Vienna in 1982, but Nigeria only showed commitment in 1999 when the Hon. Minister of Health led a delegation to attend the 4th Global Conference of the International Federation of Ageing in Montreal, Canada. The report of the conference was submitted by the delegation to the Federation Executive Council (FEC) which in turn, set up an Inter-ministerial Committee (IMC) on aging comprising of Ministers of Health, Employment, Culture and Tourism as well as Labour and Productivity. They were mandated to draw up a Plan of Action on active Aging. Each ministry was to have their own working draft- a mini plan to be collated into a comprehensive national plan which was to be followed up by a national workshop to sensitize the people. This was not to be due to lack of funds and so individual ministries had to resort to their individual Action plans (Asagba, 2005).

According to Ajomale, (2007b) since 2002, there have been other policy frameworks at the regional level such as: African Union Policy Framework and Plan of Action on Ageing (2003); National Policy on Care and Wellbeing of the Elderly (Draft 2003); National Policy on Aging (Draft 2006) and most recently, United Nations Economic Committee for Africa: The State of Older People in Africa (Draft 2007), but there is none for Nigeria. In the words of Eze, (2013), the elderly has not been of priority of successive governments in Nigeria,” though he acknowledged that the 6th Senate passed; A “Bill for an Act to establish a National Centre for Elderly Persons for General Purpose of Providing Welfare and Recreational Facilities For the Elderly and the Designing of Developmental Programmes and Activities for the Advancement of Elderly persons in Nigeria.” The Bill which was sponsored by Senator Ganiyu Solomon of the Action Congress, Lagos State was passed on July, 14, 2009.

Similarly, in June 2010, Senator Anyim Ude of the ruling party People's Democratic Party (Ebony State), sponsored a Bill For an Act to provide Social Security for Unemployed Graduates and the Aged in Nigeria and for Purposes Connected Thereto." The problem is not the shortage of policies but as Kofi Annan, then Secretary General to the United Nations in his message in the Madrid Plan of Action, observed, "The real test will be implementation." Asagba (2005:40), captured this point succinctly when he said:

While lacking political will and different priorities are the factors directly underlying Nigeria's failure so far to ratify let alone implement the draft National Ageing Policy, a closer look suggests that the major cause is, in fact a different one. Law makers are not sufficiently sensitized to the scope, nature or seriousness of older people's problem nor to the broad economic and social development implications of leaving these problems unaddressed in the context of rapid population ageing. The key cause of Nigeria's failure to act on ageing is thus the dire lack of comprehensive, high quality evidence of the magnitude, nature and implications of the population ageing challenge that would serve to sensitize policy makers.

Given the above scenario, how can the goal of the Madrid Plan for inclusive social development, that is, "enabling environment that support their wellbeing i.e. housing, strengthening their care giver role, eliminate violence and neglect and enhance public perception and altitude towards the aged" be achieved? The only social policy in place has to do with retirees from formal employment as reflected in the Reformed pension scheme of 2004 to which employees and employers in public and private sectors contribute 7.5% each except for the military for which they contribute 2.5% while the government contributes 12.5% to the pension fund. This too is being abused. The plight of pensioners have been highlighted by Ocholi, 2000; Ogboru 2007; Yunusa, 2013 and Obi-N.D, while the indictment of Pension Officials are well documented. Notable of these are Director in the pension office, John Yakubu Yusuf, who on pleading guilty to a 3 count charge of stealing N23.3 billion pension fund, was given an option to pay N750,000 fine or two years imprisonment by an Abuja High Court Judge – Justice Abubakar Talba, who presided over the case.

Furthermore, Abdurashheed Maina head of the Pension Reform Task Force Team which was to bring sanity into the pension scheme was also indicted of embezzlement of pension funds (*Daily Sun* Newspapers, 2013; Uwerunonye, 2013). Such fraud is exemplified below from an excerpt of the interview with Senator Aloysius Etok, head of the Joint Committee of Establishment, Public Service and Local Government, that was charged to further investigate malpractices in the Pension Scheme.

Our findings on the Pension Reform Task Team (PRTT) were that one, Maina, designed a systematic way of siphoning money from the Police Pension Office (PPO). He used the same system to siphon money from the Head of Service and he also used the same system to take money from CIPPO where he is acting director. He designed a programme that he was going on verification in the Diaspora. We expected to see proof of the number of pensioners abroad. There was none. But Maina ended up spending N600 million for the exercise. He spent up to N400million for the same verification of Police Pension Office (PPO). In fact he spent over a billion Naira for verification exercise alone. Three officers and the total number of pensioners verified was less than 29 (Agbo, Suleiman and Uwerunonye, 2013:26).

Definition of Violence

Violence according to Shindi (2005), refers to "Unjustifiable use of force" against another. It cuts across entire lifespan and can occur in young or older people and is perpetrated by spouses, adult children and caregivers in homes and institutions. The National Center on Elder Abuse (NCEA, 2005) defines elder abuse as any knowing, intentional, or negligent, act by a caregiver or any other person that causes harm or any serious risk of harm to an older person. The NCEA (2005) identified 7 categories of elderly abuse. They include:

Physical Abuse: Inflicting or threatening to inflict physical pain or injury on a vulnerable elder, or depriving them of a basic need.

Emotional Abuse: Infliction of mental pain, anguish or distress on an elderly person through verbal and non verbal acts.

Neglect: Refusal or failure by those responsible to provide food, shelter, health care or protection for a vulnerable elder. This can also refer to emotional neglect in which the emotional needs of warmth and empathic care giving are denied elderly persons.

Exploitation: Illegal taking, misuse or concealment of funds, property, or assets of a vulnerable elder. This includes stealing and extortion of money from the aged.

Sexual abuse: Non- consensual sexual contact of any kind.

Abandonment: The desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person. In other words, refusal to cater for the physical and emotional needs of the elderly.

Self-neglect: This is characterized as the behavior of an elderly person that threatens his/her own health or safety. Such persons typically would not bother to take care of their needs be it food, water, hygiene, safety, medical and other needs. Sometimes, dementia, depression and alcohol abuse may contribute. The Wisconsin Coalition Against Domestic Violence (2009), identified the some danger signs of abuse in vulnerable elderly to which The Supreme Court of Ohio (2009), added the concept of “unexplained” injury. They include:

Physical abuse include: fractures, welts, punctures burns, bruises, bite marks.

Emotional abuse signs include: confusion, excessive fears, insomnia/sleep deprivation/ excessive sleep withdrawal, anxiety/panic attacks, sedative use and suicidal tendency.

Sexual abuse signs include: torn, stained or bloody underwear, difficulty in walking or sitting, unexplained venereal disease or genital infections.

Unreasonable confinement includes: being locked in the room, closet or toilet, being tied to a chair or bed and being left for long on a chair or bed when the caregiver knows the elderly cannot move themselves; the elderly can be drugged forcefully.

Financial exploitation includes: extraordinary interest of the caregiver in the assets of the elderly, unwillingness to spend money for the needs of the elderly even when they can afford it and disparity between the income/assets of the elderly and their lifestyle.

Self- neglect: danger signs include: dehydration, hypo/hyperthermia malnutrition, unexplained deterioration of health, excessive dirt or odour and decubitus ulcers (bed sores).

Causes of Abuse

Modernization and industrialization have been blamed for creating the gap that leads to the disrespect and consequent abuse of elders in Nigeria today (Oluwabamide and Eghafona, 2012; Egwu, 2013). Ajomale (2007b), identified cultural practices and structural neglect of the elderly. Structural causes of abuse refer to the inability of the government to put in place structures/policies to cater for the old. As Bailey and Turner (2002:107) aptly put it:

“Formal traditional security programmes are not well suited for most African workers because those workers are not wage employees but rather work in subsistence agriculture.”

Those who are fortunate to receive pension benefits are those employees in the formal workforce which accounts for less than 10% of the population in sub-Saharan African. Polyares-Miralles (2000, in Steward and Yermo, 2009:10) made the observation that ,“Most sub-Saharan countries do not have a meaningful publicly managed pension and social security system.” In the same vein, Bailey and Turner (2002:112), noted that, “In general, the African social security systems, are ineffective both in the percentage of the work force covered and in the level of protection they provide even for the small minority of workers they cover.” Nigeria is even worse off than some other African countries like S. Africa Mauritius, Botswana, Kenya and Namibia in terms of Social Welfare Policy (U.N., 2002).

The WHO (2002), corroborates the view that cultural factors add to the risk of abuse. For example, the social isolation, the depiction of old people as weak, frail and dependent, the erosion of intergenerational bond, the inferior status of women reflected in discrimination in inheritance, land distribution and widowhood practices all combine to weaken the bargaining power of the elderly, especially women. Moreover, old women are more likely to be accused witchcraft thereby resulting in their abandonment, beating, and banishment from their communities and even death. The practice of “Tokosy” is very much alive in Ghana. Witches are banished to camps like the one at Gnani witch camp in northern Ghana. There, the accused pays a native doctor to prepare a cleansing ritual by sacrificing a chicken; the blood of the chicken is then mixed in a concoction and given the “witch” to drink so as to rid her of the wicked supernatural “juju” power (Newsweek, 2011).

Isolation may also predispose elderly women in particular, to sexual abuse. In October, 2011, youths between ages 17-25 years went into a raping spree. They terrorized mostly 60-80 year old widows most of whom lived alone in Ogbozalla and Ibeku communities in Enugu State. The only married woman among them was alone the night she was raped. Unfortunately, the criminals were never prosecuted. One of them had a brother-in-law who was a policeman. Another was arrested and released shortly after in spite of the evidence against him; he now operates a beer parlour freely.

Prevalence of Elderly Abuse

According to the National Centre for Elder Abuse, 1 in 7 cases of abuse is physical. The WCADV (2009), puts the estimates at about 75%. According to WHO (2002), 36% nursing home staff reported having witnessed at least one incident of physical abuse in the past year, 10% admitted being guilty, and 40% had psychologically abused patients by restraining them and depriving them the dignity and choice over daily affairs and allowing them to develop bed sores.

In Nigeria, the statistics are unknown but there is evidence that elderly abuse is prevalent. For example, Ajomale (2007b) narrates the difficulty of a woman whose 70 year old father, a widower, was suffering from a mild stroke and dementia thus:

I am the only daughter in my family with two brothers, who are married, comfortable and live abroad with their families leaving the care of our helpless father to me alone. My dad is, educated, worked in the civil service for about thirty-five years before retiring but had never had a good relationship with the extended family. He seldom went to the family compound. He was self-reliant and never thought he could need the assistance of anyone even in old age. Before he had a stroke, he did everything by himself — from driving to gardening and fetching water from the well whenever the taps went dry. Since our mother died, he lived alone with my younger brother who had not yet traveled abroad. I regularly visited from my husband's house to do whatever I could to alleviate the situation but my brother traveled and our father now needs care all day round. Caregivers are very difficult to find and distant relations that he had never assisted when he was in the position to do so are not ready to help. My brothers regularly send money home but our Dad needs more of care than money. He would soil his clothes, urinate and defecate on himself, in the sitting room, or his bedroom. I had to take him back to his house when my husband and children could not understand and tolerate him anymore. He behaves like a child. Many times I have to scold him, shout at him and even call him names especially when I am also under stress. I need to carry out my responsibilities as a wife and mother to my husband and children, keep my job and at the same time care for him (my father). Please, I need help she cried out in frustration. Confronting her with allegation of gross abuse of her father, she denied ever abusing him. "How can I abuse my father? I respect him a lot, I cannot abuse him, it is not proper in Yoruba land for a child to abuse her father."

In Akwa Ibom State, Nigeria, the findings from a study of 300 elderly men and women by Akpan and Umobong (2013), made them to conclude that there is a high prevalence of elderly abuse. For example, 46.7% of the elderly each complained of medical neglect and bed sores; 47% experienced some form of physical abuse, 44.7% lack of visitation, 49% uncomfortable living condition and 35%, theft. The elderly in a Lagos study complained of medical neglect (Sijuwade, 2008). Similarly, Asogwa and Igbokwe (2010) found a low prevalence of physical abuse (7.8%) in their Enugu State study but reported a moderate prevalence of inadequate food. However, there was high prevalence of denial of freedom of interaction (88%) and verbal abuse (73%) such as "Agadi" and "Usebo" (worthless and Witch/Wizard). They attribute the low incidence of physical abuse to the fear of attracting curses because it is a taboo to hit an elderly person.

A gender analysis also shows that more women were abused than men (Akpan and Umobong, 2013; Asogwa and Igbokwe, 2010; Ola and Olalekan, 2012). In the Ado-Ekiti (Ekiti State) study, only about 42 of elders said they had never experienced any form of abuse. Over 58% of the elders had experienced one form of abuse or the other with Abandonment and Neglect topping the list (60.9%), followed by financial abuse (41.6%), physical abuse (37.2%), and sexual abuse (32.1%). For women, emotional abuse was associated with those in their 70's, living with spouses, reporting average health, and being a Muslim. For men, more abuse was reported in the form of abandonment which was associated with low level education, good health, living alone and in their 80's (Ola and Olalekan, 2012).

Having low education and being female were significant factors in the experience of abuse (Akpan and Umobong, 2013). Living alone, being widowed and having low level education was corroborated by the Bangladesh study but women living with their families were 44% less likely to face abuse (Munsur, Tareque and Rahman, 2010).

Ill health is also a factor in the abuse of parents. For example, 96% of patients with dementia exhibit some aggression in the course of their illness and can be frustrating for the caregiver (Jackson and Mallory 2009). Akpan and Umobong, (2013), suggest that in over 80%, stress from caregivers, inadequate caregivers and social isolation were major causes of abuse and 78% of personality disorders in caregivers. In 64% cases, inter-generational transmission of violence was identified. Poverty and childlessness can also result in elderly destitution. A point in case was captured by a respondent in the Ife study by Fajemilehin, Oyadiran and Salami (2006:164) thus:

When I think of those who take care of me but who have gone with the conflict in the community, I would want to cry. Now, one is wondering about in the community, it is difficult to eat, to sleep, and sometimes small children see you as a mad person and would want to stone you.

In spite of these difficulties Africans are less likely to place their parents in institutions (Sijuwade, 2008).

Effects of Abuse

Often, on account of their mental and physical incapacitation, they live with fear and keep their abuse to themselves. The example by Ajomale,(2007b:7) is pertinent:

A wheel chair-bound, elderly man shared his experience on the mistreatment he daily received from the houseboy (male servant) employed to take care of him. He recounted that most times the mood of the boy determined the level of physical abuse he suffered. Said he, “The violent pushing of the wheelchair creates a lot of fear in me. Sometimes when I need to be exposed to some sunshine, the boy abandons me in the sun until such a time that is convenient for him to push me back into the house. I cannot complain to my only daughter who engaged the boy’s services because she once told me to endure all the mistreatment that getting a replacement could be very difficult. Care givers for the elderly are very difficult to secure.”

A battered or raped woman suffers much deeper wounds than the immediate physical effect of the trauma (Jackson and Mallory, 2009). The testimony of a rape victim, a widow in her late 70’s captures this feeling. Madam Roseline Ugwuunwoli, a mother of a daughter and grandmother of seven, narrates her ordeal thus:

It was only one person that attacked and raped me. It rained heavily that night but he came when it was drizzling. I don’t know the exact time. He kicked and pulled down the door before he came in. I shouted and called on Jesus to come to my aid as I looked and saw a young man standing naked by my bed side, wielding a knife and torchlight. He jumped on me on my bed and held my throat as if he wanted to strangle me to death. He warned me to keep calm or he would kill me. I kept quiet and he descended on me. People in my neighborhood who heard the sound of the door when it was violently pulled down and my cry for help woke up their grown up sons to come to my rescue. But it was late as my attacker had fled before they arrived. I was already unconscious; so they carried me to their house and started searching the entire neighbourhood but they could not find him. I was living with my only grandchild and when the child wanted to shout, he warned her to shut up or he would stab her to death. My relations came the next morning and took me to hospital for treatment. As it is now, I cannot hear properly as a result of the beating I received from my attacker before the actual rape. If you are talking to me and you don’t speak louder, I won’t hear what you are saying. He thoroughly beat me before he attempted strangling me because I resisted him initially, but after much beating and the attempt to strangle me, I surrendered and he pounded me to unconsciousness before help came my way. Even after the hospital treatment, I still couldn’t sit down properly; local herbs were collected, boiled and used to massage me just like woman who just gave birth to a new baby. It was after the local massaging that I started sitting down without much pain. My case was one of the worst. The knife the attacker came with was found on my bed the following day and it was taken to my church. All I am saying is that nobody but God gives life and only he can take it when it pleases him. Now, I feel dizzy sometimes. I also feel somehow inside of me but I can’t describe the kind of feeling. All I can say is that the effect of the incident is still very much with me (Ani, 2012:9).

If these women were educated or had financial security, they would have been able to seek legal redress. Unfortunately, the perpetrators rarely get punished even when they are caught. Such attacks may explain why the elderly are most fearful in New Zealand even when in general, as a group, they are the least victimized (Whakaaro, 1993).

Discussions

In the traditional African setting, having wives in a polygynous set up was the norm and this ensured there was always someone at home even if others migrate. Moreover, having several children was an asset because one was assured of farm and domestic labour and in old age, security and care. For men, this arrangement was particularly beneficial because they always would have younger women and children or grand children living with them. Women on the other hand, always have their hands full. If they are not involved in taking care of their own parents in their families of orientation, they are busy catering for the needs of their parents in-law when they get married and in old age, they cater for their husbands; but when it is time for them to get some rest in their old age, there is no one around. And when their grown up children bring them to the city to live with them, they reciprocate by serving as “Watchdogs” when everyone is out of the house (Couples go to work and children, school). This is in addition to doing household chores, cooking washing and cleaning. Indeed, some elderly have been known to commit suicide because of the loneliness they experienced (Abidemi, 2005).

Because the adult children are too busy, they sometimes ignore the need for them to give some attention to their aged parents. This explains why some elderly women in Sijuwade’s (2008) study in Lagos, claimed that they were ignored by their married children whenever they reported that they had headaches and when they felt really sick, their children were reluctant to take them to see a doctor. Lagos is a very busy city and if one has to see a doctor, one would have to forfeit every other thing for the day. This may explain the reluctance of some adult children to seek competent medical help rather, some take short cuts by going to the nearby chemist to buy drugs. The example of the 70 year old retired civil servant earlier mentioned, exemplifies the need to identify with one’s relatives and community and to render help when one can because in the time of need and indeed at burials, these people could make life difficult for the children of the deceased. That the children are financially buoyant is not enough assurance that aged parents will get quality care and love when they are incapacitated.

Thus, the Yoruba adage which says, “Ti Oketa ba dagba, omu omoe loma mu,” (“when a rat grows up, it begins to suck the breast of its child”), no longer holds. The role reversal is increasing becoming difficult in the face of economic hardship. Children are unable to reciprocate the care and love they once received from their parents as a result, more parents are burdened with the care and support of their adult children who sometimes are employed but may still require some assistance from their parents who are better off. Sometimes, there may be no one to cater for the aged and in some cases, the surviving children or relatives are in no position to assist their aged relatives. The cry of a destitute woman captures this point when she said:

I have spent all I have to send my children to school in order to be able to take care of me and themselves in later life. Now they have no job to feed themselves let alone me so I am forced to go out in the hope that some people would help me with money (Fajemilehin, Oyadiran and Salami, 2006:164).

Such experiences call for government to provide custodial care for the aged as identified by Wacker and Roberto (2008). The situation where Eze (2013), identified only 13 Old People’s Homes in the country, out of which 5 are in Lagos, is unacceptable and goes contrary to the provision in section 16. 2.(d) of the constitution.

Conclusion and Recommendations

As the population of the aged increases, there is no safety net in place for most Nigerians. The family traditionally was valued as the cradle of love where family needs including those of the aged were met. Today, it is increasingly under attack and its powers and significance being daily eroded in a society driven by materialism and competition. This attack on the family institution means a decline in the value, support and care of the elderly, thereby leaving them prone to destitution and abuse. The insecurity in the family leaves room for much violence as studies in Lagos, Ekiti, Akwa Ibom and Enugu States in Nigeria have shown that there is a high prevalence of physical and psychological abuse and neglect of the elderly in Nigeria with women bearing a considerably heavier yoke. If nothing is done to reverse this trend, we may expect to see a rise in abuse and abandonment of the elderly.

In conclusion, the idea of keeping old people in institutional care still sounds strange for many Nigerians, yet it is increasingly difficult for families to cater for them in the absence of any welfare benefits. Even those who are on monthly pension will at some point in time require assistance either from a care giver or a professional health care giver. In view of this, it is recommended that policy makers expedite action on the policy implementation of provisions for the care of elderly people. Moreover, more awareness campaigns on the problems of aging need to be mounted in schools and in the media.

Recommendations

In line with this, a course on aging should be part of the General Studies (compulsory) courses in the universities and at the primary and secondary school levels, some element of aging should be incorporated in the school syllabuses so that students can better appreciate and respect the aged. Moreover, universities should encourage research in the study of the aged. The current effort by the National Universities Commission (NUC) in conjunction with the Dave Omokaro Foundation, to train relevant academic staff from selected universities in a Post Graduate programme in Gerontology leading to the award of Specialist Certificate of the University of North Texas, Denton, U.S.A. is very timely and commendable.

At the community level, Senior Citizens should be involved in some inter-generational extracurricular activities with the youth. It would also be worth challenging the Community leaders- Chiefs, Traditional rulers and Elders to begin to address the issue of elderly and other forms of destitution and abuse in their communities and not wait for the government to shoulder the load alone. Lastly, everyone who has attained the age of 60yrs should be entitled to some allowances, free medical care and an option to stay in a government funded Senior citizens' home if they wish.

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Elderly people are abused and neglected both physically and psychologically by family members and other care givers. Some of them have challenges of poverty and diseases of old age such as stroke, depression, dementia, Alzheimer's and Parkinson's. Because of their frailty, they depend on their families and other caregivers for care and in the process are abused. Also in the absence of institutional care, adult children who are too busy to take care of their parents hire caregivers who also maltreat them. The literature review indicates there is a high prevalence of elder abuse in Nigeria in spite of the respect that the aged command. The paper highlights the difficulties elderly people face in Nigeria. Key Words. : Elder, Abuse and Neglect. Introduction. In Nigeria, the proportion of the aged population has been increasing. Before Nigeria independence in 1960, there was a population census conducted in 1952/53. Since independence, the country had only conducted two successful population censuses in 1963 and 1991. In Nigeria, the only form of discrimination prohibited under the constitution or any other statute are non- discrimination on the grounds of circumstances of birth, sex, ethnicity, religion, political opinion and allied matter; there is practically nothing that comes close to banning discrimination on age ground, hence the imperative of specific law on this issue like we have in other countries. In addition, there are severe punishments for those that disrespect elders, whether the older Elder abuse (also called "elder mistreatment", "senior abuse", "abuse in later life", "abuse of older adults", "abuse of older women", and "abuse of older men") is "a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person." This definition has been adopted by of the World Health Organization (WHO) from a definition put forward by Action on Elder Abuse in the UK. Laws protecting Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. The self-reported estimates of elder abuse subtypes by staff and older residents suggest similarities in the magnitudes of the problem. Table 1: Systematic reviews and meta-analyses.