

The Changing Perception of Ageing in Yoruba Culture and Its Implications on the Health of the Elderly

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ABSTRACT The incidence of HIV/AIDS, unemployment, dwindling income generation, and pattern of urbanization has serious impacts on ageing in many societies especially in sub-Saharan Africa. The incidence has undoubtedly changed the perception of ageing and the roles of the elderly in these societies. Specifically there is rapid ageing and increased mortality rate for the elderly. The elderly people are now saddled with the responsibilities of caring for HIV/AIDS orphans and widows, and still living on dwindling income generation. Many other adults who are supposed to act as supports for the aged have drifted to urban centres for employment. Thus, the aged are faced with tremendous problems. Generating from the above are: what are the risk factors associated with ageing? What are the impacts of such risk factors on the conception of ageing? Do those risk factors have impacts on the roles of the elderly? How far has the care and quality of life of the elderly been influenced by those risk factors. To answer these questions, an ethnographic fieldwork was conducted among 277 respondents in Yoruba community of Southwestern Nigeria to examine the changing perception of ageing due to the presently imposed risk factors against the elderly in that community. The study employed a triangulation of key-informant interview, in-depth interview, and focus group discussions. The study revealed that there exist many risk factors against the wellbeing of the elderly people. Thus, the perception of the ageing has changed from peaceful retirement to crises-ridden stage of living. Some of the crises include neglect of the elderly, poor feeding, and poor health status for the aged. Thus, the aged can no longer play their roles as social reformers, and as the custodians of the people's culture.

STUDY BACKGROUND

It is unfortunate that even at present there is a little support for the relevance of anthropological approach to the study of ageing. Reasons for this are located in the Freudian bias that characterized early anthropological work on personality and culture. The assumption was that early life experience was the most significant explanation to the understanding of adult behaviour. And, of course, the recent studies on culture and personality have shown interest on the correlations existing between infancy/childhood experience and adult behaviours, but this recognition is still left to be accompanied by greater attention to adulthood and the study of old age in actual anthropological field studies.

The above suggests that there are very few works based on field studies, which have generated rich ethnographic knowledge about aged people. Among these few works, Simmons (1960) examined the relationship between cultural traits and the status of the aged, while Eisenstadt (1956) provided information on the relationship between the aged and political organisation in some selected gerontocratic societies. Kleemeler (1961) described aging and leisure in many diverse cultures. Despite all the above, there still seems

to be lacking, a systematic body of work that has bearing with the current perception of ageing especially in sub-Saharan societies. Hence, the thrust of this paper is the anthropological examination of the changing perception of ageing and the measurement of its implication on the health of the elderly in Yoruba society of southwestern Nigeria.

The old people are noted as the repositories of experience, memories, authority and wisdom (Robertson, 1976). Thus, among the Yoruba speaking people of Southwestern Nigeria, common saying is that: *agba kosi nilu, ilu baje, baale 'le ku tan ile dahoro'*. Meaning that without the elderly people, communities and villages will collapse. This attests to the indispensable roles of the aged people.

It is true that all human societies recognize the roles of the elderly in social relations; nonetheless, the perception of the aged, apart from being subjected to the wave of culture change, is not the same thing in all human cultures. There are indeed specific cultural determinants of aging across human societies. These determinants are in form of great varieties of styles, forms, and functions of ageing in different cultural settings (Njiku, 2002). Due to these factors, aging is conceived in term of

biological, psychological and cultural dimensions across human societies. This suggests that ageing is a complex and elusive concept. The concept is complex because it raises different questions for different individuals, families, societies, and thus establishes policy-implications for social and economic policies affecting the elderly people. The concept is also complex because the context in which ageing is defined keeps changing. Thus, the outcome of all these factors shows on the relevance of the social construction of the term ageing in different societies.

Among the Yoruba of Southwestern Nigeria, culture change has influenced the conception of ageing, thus, the style, forms and the roles of the elderly have also changed. In that society, economic crises have led to unemployment, low-income earnings, and default in payment of pensions. The pattern of urbanization has also led to rural migration to urban centres thereby leaving the rural aged people with poor access to care and support. In addition, the scourge of HIV/AIDS has compounded the responsibilities of the elderly people causing them to care for widows and orphans. All these have adverse effects on ageing in the Yoruba society. These effects thereby call for a clear understanding of the present condition of ageing and the roles of the elderly, with a view to establishing a proper direction for handling problems affecting the institution of ageing. Thus, it becomes necessary to inquire into the changing perception of ageing in the Yoruba culture of Southwestern Nigeria. This is with specific purposes of: understanding the present conception of ageing as different from the traditional notion and examining the factors influencing the change. The paper also examines the implications of those changes on the roles of the elderly in the society and brings out certain problems affecting the elderly in the society. It also measures the implications of the changing perception of ageing on the health of the elderly and creates new directions in handling the aged and elderly people in the Yoruba society.

The above concerns were necessitated by the fact that the population aged 65 or more years has increased during the last thirty years by 101 million or 128 per cent, throughout the World. That is, from 78.8 to 179.8 million between 1960 and 1990 (United Nations, 1985). This translates to having the share of the total aged population being increased from 3.8 per cent to 4.4 per cent

between 1960 and 1990. The data further revealed that by 2020, the aged population would rise to 470.6 million. The above demonstrates that there is a growing momentum of ageing, which is said to be greater in the developing world where the aged population is estimated to increase by two-third by 2020 (Keyfitz and Flieger, 1990). Closely related to the above is the scourge of HIV/AIDS, which has increased the mortality rates of the adolescents and the mid-aged especially in many societies in sub-Saharan Africa. Thus, still contributing to the soaring population of the aged people, who are living without adequate care and attention from the younger members of the societies.

While the above situation is a reality, the care for the aged is confronted with many problems, which have turned the elderly people into destitute in many societies. They are not incorporated into social and welfare policies, yet they are the custodians, carers for widows and orphans, and the repositories of experience, which sustain the society especially the traditional African societies. Anthropological concerns thus emerge, as to what is ageing? How has the conception changed over time? What are the factors leading to such changes? And how has that impacted on the social roles and health of the elderly people? All these problems are situated in this particular study focusing on the Yoruba society of southwestern Nigeria.

METHODOLOGY

The study was conducted in Osun State, One of the Yoruba speaking States in Nigeria. The choice of Osun State was ideal for the study because the State is the core of the Yoruba ethnic group. In addition, the State features three Yoruba dialectical groups viz the *Yoruba Oyo*, the *Yoruba Igbomina*, and *Ife/Ijesa Yoruba*, thus providing opportunity to sample many Yoruba sub-ethnic groups from a single state. Six communities were selected in the State for the study. These were *Ikirun* and *Ekusa* representing the *Yoruba Igbomina* group, while *Ile-Ife* and *Tonkere* represented the *Ife/Ijesa Yoruba* and *Ede* and *Akoda* represented the *Yoruba Oyo* group. The selection also featured urban/rural representation with *Ile-Ife*, *Ikirun* and *Ede* as the urban selections, while *Akoda*, *Ekusa*, and *Tonkere* were samples from rural communities. Social organisations, level of economic and social

development in the communities were also considered as relative denominators in the selection of the study communities.

Osun State consists of thirty Local Government Areas (LGAs), out of which three LGAs were sampled for the study. These are: (i) *Odo-Otin* Local Government where *Ikirun* and *Ekusa* were selected; (ii) *Ede* South Local Government where *Ede* and *Akoda* were selected; and (iii) *Ife* Central Local Government where *Ile-Ife* and *Tonkere* were selected.

All these communities are Yoruba dominated communities with a mixture of other ethnic groups constituting the minority group. The study was limited to the people of Yoruba descent.

Like most African traditional societies in Yoruba culture, women are the main caregivers at the household level, while men are engaged in decision-making at both the household and community level. Elderly people are accorded respect, and it is a thing of joy for one to grow old.

Osun state is mainly an agricultural community. The aged people between 65 and 80 years constitutes close to 35 % (34.6%) of the farmers in the state. The mode of agricultural practice in the state features migratory and sedentary farming. The migratory farming refers to group of farmers who reside in bigger towns, but visit their farm sites, usually far away from the bigger towns where they reside. Sometimes, they may stay in the farms for a week when they have a lot of work to do on their farmlands, then they go back to the towns at the weekends. The other category of farmers stays on the farms on permanent basis. They usually have their residents on these farmlands.

Before the commencement of the actual study, the feasibility of the study instrumentation was tested in a week of pilot survey. The contents of the question guides were ascertained in order to be sure that they would yield the desired goals. The pre-test was also to examine clarity and validity as well as the reliability of the research instruments. The pilot survey was also helpful in predicting the response rate.

The three selected local government areas were purposively selected because they feature both rural and urban communities. Another stage of purposive sampling was used to select the fieldwork sites. This stage yielded six fieldwork sites made up of three urban communities and three rural communities. The urban communities

selected were chosen due to their mixed economic activities, which featured varieties of economic engagements such as office work, trading, artisanship, and farming. The rural communities were chosen because of their predominant agricultural practices.

Political wards in the urban communities serve as the Enumeration Areas (EAs) where one-third random sampling frame was adopted to select the study enumeration areas. There were eight wards in *Ikirun* where three wards were selected. *Ede* and *Ile-Ife* has ten and eight wards respectively and three wards were also selected from each of them. From the sampled urban communities, nine enumeration areas were selected. The rural communities selected had one political ward each. Each of these political wards was selected. The study therefore sampled three EAs from the rural communities.

A list of households in each of the EAs was obtained from the office of Independent National Electoral Commission (INEC) in the state, where it was shown that each political ward had between 320 and 540 households. The actuality of household listing in selected EAs revealed that three of the wards in the rural communities had between 320 and 365 households each while the remaining nine EAs, in the urban communities had between 475 and 562 households. Household sampling from the rural communities was done by random selection based on one-fifteenth-sample frame. From the rural communities, seventy-seven households were selected. The household sampling frame for the urban communities was one-twentieth sample frame. This generated 25 households from each of the EAs. There were 225 households selected from the urban EAs and 77 households selected from the rural EAs. On the whole, 302 households were involved for the entire study. Selection of the respondents for in-depth interview was based on one elderly person aged between 60 years and above from each of the households selected. This selection provided 217 aged respondents. Eighty-five (85) households i.e. 63 from urban communities and 22 from rural communities did not have aged persons in them. Among those selected for in-depth interview, sixty respondents were grouped for Focus Group Discussions (FGD). These discussants were grouped in order of five aged persons from each of the sampled EAs.

From the selected EAs, another 60

respondents were purposively selected for key-informant interviews. These respondents were not aged, but they cut across different ages between 20 and 59 years. They were included in the study to measure their perception and beliefs on ageing. These respondents included both males and females.

The study employed three main methods of data collection. These were key-informant interview, in-depth interview and Focus Group Discussion (FGD). The methods complement each other as well as providing ethnographic details. The study started with key-informant interview, which engaged sixty key-informants selected from the twelve sampled EAs, based on five key-informants from each of the EAs. The objectives of the key-informant interview included establishing the study in the research area by using the informants as links to the aged people in each of the EAs. It also aimed at eliciting specific information on the community perception and beliefs on ageing.

The next stage of data collection was in-depth interview. The in-depth interview featured two systems of interview. These were unstructured interview and participant observational methods. In-depth interview interacted with 217 aged people. It elicited comprehensive information on the Yoruba perception of ageing, the effects of changes, demographic distributions of the aged persons, roles of the aged persons in the society, and the impacts of current changes such as HIV/AIDS, urbanization and unemployment on the aged persons in the studied community.

The last stage of data collection involved FGD. Twelve FGDs were conducted. The selection of the discussants followed the following socio-economic characteristics: (i) Sex, (ii) Educational status, (iii) Age and (iv) Occupation before aging.

FGD was to validate the information generated from key-informant interview and in-depth interview. Each FGD was facilitated by a moderator and assisted by a recorder who monitored the tapes and jotted down the responses of the participants. Each session of FGD involved five participants whose consents were sought (*a priori*) before inviting them for the discussion.

Data analysis was mostly descriptive due to the nature of data (qualitative). The data were entered into thematic matrices, which allowed the configuration of common patterns and dif-

ferences. Information reported are accompanied by phrases in quotes, which are recorded explanations of the informants.

RESULTS

Socio-demographic Characteristics of the Respondents: Seventy-eight percent of the respondents were above 60 years of age. They were the aged respondents. The remaining 22% were between 20 and 59 years. Of these 22% falling between 20 and 59 years, 5% were between 20 and 29 years, another 7% were between 30 and 39 years, while the remaining 10 percent were between 40 and 59 years. Among the aged respondents, the mean age was 63 years. There were more aged women (57%) than aged men (43%).

More than half of the respondents (59%) were Muslims, while 38% were Christians and the remaining 11% were traditionalists. The respondents were mostly traders (50%). A considerable proportion were food vendors (19%) while another 22% were farmers. Five per cent of the respondents engaged in office work, while another two percent engaged in different artisanship. Thirty-two percent of the aged respondents engaged in partisan politics. The remaining two percent were not engaged in any kind of job. Their level of education was very low with 39.5% having only primary school leaving certificate, 37% having gone through secondary school and 26.9% being illiterates. Very few (6%) had above secondary school certificate. Only 2.1% of the respondents were professionals. Marital status of the respondents revealed that 28% of the respondents had stable marriage with co-resident with their spouses. Thirty-two percent had separated through divorce. Twenty-eight percent of the respondents were widows. The remaining twelve percent were not yet married. Household composition featured a mean population of 15 members, comprising of polygynous marriages and children.

Perception of Ageing: Ageing in Yoruba perception is constructed from two different extreme perspectives. The first is the gradual journey to the grave. This implies that as one grows old, he or she is gradually closer to death. Although at this phase of life, death seems to be a meritorious event. Thus, the Yoruba people are fond of the prayer that "*K'Olorun fi iku rere p'agba*". Meaning: may God bless the elderly

with good death. The other perspective is a retirement from hard labour associated with youth and adult age. Hence, everybody prays that he or she is blessed with children who would act as support at old age. To this end, the Yoruba are found of saying that: "*Ta ba gbo tan, ta dagbadagba, k'Olorun f'omo rere ke wa.*" Meaning that: At old age, may God bless one with good children.

The above two perceptions imply that one is supposed to have worked hard at his/her youth and adult age so as to have a good and comfortable old age. In addition, at old age, one is expected to be in the midst of his or her children and grandchildren. This further translates to the requirements of old age. One important element of old age in the Yoruba society is the attachment to children. The children are both the biological ones and the grandchildren. An elderly person who has no child is considered unfulfilled. Having children as an elderly person is considered as a great fulfilment. Children are expected to support and care for their elderly people. They are expected to provide good food, clothes, and good medical care for the elderly parents among others. This perception is held strongly not only for supportive and caring purpose, but also for the elderly persons to have someone who would inherit their property. Hence, efforts are directed at adulthood towards having children, and training the children in proper perspectives for their future roles.

Apart from reference to children as a denominator for ageing, there are also chronological, legal, behavioural and biological references to ageing in the Yoruba society. Chronologically, it is assumed that if one is sixty years and above, one has reached the point of ageing. Among the Yoruba, the legal reference of ageing is constructed from the official age of retirement from public service, which is presently fixed at sixty-five years. The behavioural reference has no precise age. It is determined by the ability to function as an aged person. Expected functions of an aged person include mental alertness, vastness in the history of his community, having the legitimate power to take decisions on inheritance, and conflict resolution in the community. Behavioural reference has no stipulated age for individuals to reach before they are able to function as an aged person. Although, the Yoruba people believe that for individuals to perform such functions decisively, such an individual must be

over 50 years, yet there are some individuals less than such demographic age, who act as elderly. Thus, Yoruba people believe that "*Onka lasan lojo ori, ironu atisesi la fi n magba*" implying that demographic ageing is a mere number count; ageing is determined by elderly roles and mental precision. Biological reference in ageing includes growth of certain biological features in human being. These features include growing of grey hair, wrinkled skin, and sunken eyes. The above suggests that there are both perceived ageing and attributed ageing in the Yoruba culture. The perceived ageing is when an individual who is less than 60 years assumes the roles of the elderly person. The attributed ageing implies individuals legally and chronologically attaining age 60 years above.

Another perception of ageing in Yoruba culture is the conceptualization of a stage of old age as sometimes involving the notions of "over-age" or senescence and death. The senescence is a time of maximum dependence and minimum social utility, which is regarded as hopeless, and pathetic. Such old people are regarded as burdens to the support system. Like many other societies in Nigeria, they are abandoned, made to suffer, ignored or eliminated. They do not require special institutions or elaborate care.

Ageing generally among the Yoruba is perceived as the period of retirement, a period of fewer opportunities for productive work. Old people often retire to their homes where they would be accessible to their children and their relatives for support and sharing of their life experiences. The above perceptions serve as drives for relating with aged people in the Yoruba society. The over-aged notion usually generates negative attitudes against the aged people. Such negative attitudes include the stereotypic perception of the aged as "old fogies", "witches" especially women, "worthless" and "unproductive". This negative perception is strengthened when such an aged person witnesses the death of the children, even if those children die at the time when they themselves attain old age. This situation usually triggers a lot of anxiety in old people in the Yoruba culture. The fear of being branded with the afore mentioned stereotypes is the most disturbing. This can be heightened when the children of an aged person lack enough financial means to cater for the aged person, the children may resort to having negative attitudes towards the aged parents. The children tend to

see their aged parents as being witches and sorcerers who are responsible for their misfortunes. They eventually create a scenario where the perception affects the elderly people. There are also positive attitudes towards the aged. Individuals create positive attitudes when the associated aged persons positively function, and their support systems are capable of coping with their caring.

Changes in the Perception of Ageing: The national socio-economic crisis in Nigeria has caused changes in the conception and perception of ageing in the Yoruba society of Southwestern Nigeria. Due to the dwindling economic crisis, which has caused widespread unemployment for the youths and adults, high cost of living and large-scale corruption in the public service, ageing is presently conceived as the final stage of suffering. Due to all these crises, many people wish they never grew old, because the prevailing socio-economic crises cannot assure them of a good standard of living.

For those who still grow old, live is threatening with continuous battle for survival in hard labour. Many engaged in night guards (21 %) where they lose their sleep, while many others (34.6%) continue with farming. The income generated from these services is not enough. From such incomes, many elderly people still support their unemployed children.

The Yoruba society does not have formal institutions supporting the aged. In traditional setting, family and kinship acted as informal support system. Caring for the aged in this system depends on the socio-economic status of the family members. At present when the socio-economic status is drastically low, many families (73%) cannot support their aged people. In addition to the above, many children who could have been in support of their aged parents do not have the means; hence, they abandoned their elderly parents either in their rural settings or in keeping their elderly people in a place far away from their own residence.

The modern form of marriage, which favours neolocality, does not promote family support for the elderly people. This form of marriage tends to separate children from their elderly parents. The neolocal families do not accommodate their elderly parents.

In view of the stated socio-economic crises, older people are now the poorest in the Yoruba society. Decimations of poverty reflected in 82%

of the older people in the study area. Such included poor clothing, poor housing, poor nutrition, and poor health caring and constant grip of anxiety over continuous poor living. They lack access to a regular income and the majority (87%) do not benefit from any social security provisions.

Health Implications of the Changing perception of Ageing: The problems affecting the aged people in Yoruba society can be grouped into three main categories. These are economic, cultural, and psychological problems. The national economic recession has untold hardships on the poor people more than any other human groups. Poor economy has caused large-scale unemployment, which has made the older people in the Yoruba society to lose good support system from their children. Unemployment makes people to abandon their aged parents. Thus, the elderly people continue to wallow in poverty. This situation exposes these older people to various diseases. The most common among these diseases are malnutrition, loss of sight, rapid ageing, hypertension, stroke, hiccup, diabetics and some heart diseases. In the study communities, 82% of the older people are inaccessible to good feeding due to poor income and lack of good support system. Another 32% have lost their sight due to the infection of trachoma, and 16% were found crippled with stroke. Rapid ageing reflected in 86% of the aged respondents, and 12% reportedly have different kinds of heart disease.

Poor economy caused many older people to move to urban locations in search of a better means of livelihood. They are employed in industries as cleaners, gatemen and security personnel. These services are strenuous and demanding at old age, and they are paid lower than the services they render. Urban migration exposes the older people to urban vices. They are alienated from their kins, thus they suffer from the lack of family and kinship support. Indirectly too, older people are affected when their children migrate to urban and international communities. The children who had migrated to urban and foreign countries do not have regular access to their older parents. The older people are left in their homes to take care of themselves.

Some older people who are retirees are made to face more hardship including premature death because of government's failure to pay their retirement benefits. Due to unemployment, high

standard of living and infection of HIV/AIDS in the Yoruba society, many older people still support their children and kin members usually from their low incomes.

Cultural problems affecting successive ageing include accusation of witchcraft against the aged women. Some older women are regarded as over-aged, and thus fixed with negative stereotypes. Such older people are neglected and suffer a lot of anxiety and deprivation. Neolocal residence in marriage also has serious impact in successful ageing. Many older people are left alone to fend for themselves. This form of marital residence does not allow for good support system for the older people in the Yoruba society.

The outbreak of HIV/AIDS epidemic also imposes severe burden on the aged. They are responsible for caring for their infected children, and taking care of their widows and orphans if the affected child is a male. In a separate study conducted on cultural conception of care and support for People Living with HIV/AIDS in Yoruba community, it was established that 62% of People Affected by AIDS (PABAs) in the Yoruba society are aged people (Ajala, 2004).

The psychological problems such as deprivation, neglect, anxiety and loss of affection result from economic and cultural problems. The outcome of all these reflect in older people is failure to discharge their roles as custodians of the society. Many older people exposed to all these problems often regret going through psychological trauma.

DISCUSSION AND CONCLUSION

Taking care of older people within their families and kin groups in many African societies was traditionally guaranteed. This is simply because in many of these societies older people were charged with the responsibility of imparting wisdom and knowledge in other members of the society. Specifically among the Yoruba people of Southwestern Nigeria, elderly people are charged with numerous tasks of settling conflicts arising from members of their family. They play leadership role in the society. They also act as institution for equitable property distribution in the society. In the traditional Yoruba society, elderly people are both extra-legal and political institutions through which the society's orderliness and progress is sustained. Thus, in traditional societies, elderly people are indispensable assets to every family and kin group (Eisenstadt, 1956).

Like many other traditional societies in Africa, the events of modernization, urbanization and industrialization has changed the perception of older people from being the guardians of the tradition of the society, custodians of the society treasures, upholders of cultural values, and the institution of wisdom. Nowadays, older people dwell in abject poverty, neglect, and lack of supports from families and their kin groups.

Ideally, the society still perceives the position of the older people as significant. They are still expected to be the most important caring institution that cares for the young.

The socio-economic changes in the Yoruba society have weakened the strength of the family and kinship system to provide adequate support for the older people. Changes in family and kinship system were also due to pressures from different quarters. These pressures include the waves of urbanization, modernization and industrialization, which have all affected the composition, and functions of these social systems. The most vulnerable to these layers of decadence are the aged. The family bonds, which were hitherto employed for the care of elderly people, have been weakened by the need to ensure the survival in a cash economy, thus causing adverse effects on the older people.

The incidence of HIV/AIDS epidemic further weakened the support systems for the elderly people thus breaking the emotional and mutual support necessary for good living of the aged people. Urbanization, modernization and industrialization have also led to family members, who could have been responsible for taking care of the elderly, to live at a far distance apart from their elderly parents. They resort to communicating through modern technologies, which are not regularly accessible to the older people. This reduces opportunities to meeting the needs of the elderly.

In view of all the above circumstances, healthcare, which supposes to be the priority of the elderly people, is not secured. Due to poor health, older people are withdrawn from productive activity and rendered dependent and disabled. They are deprived of their unquestionable roles in transmission of cultural values and traditions. Thus, at present, ageing in the Yoruba society, is perceived as retirement to a crises-ridden stage of living.

This study examined the changing perception of ageing in the Yoruba culture. Changes are due to urbanization, modernization, industrialization

and the scourge of HIV/AIDS epidemics. The changes have impacts on the high esteem hitherto placed on ageing, as well as causing negative influence on the roles and functions of the elderly people. The elderly people are neglected and not included in government policies. To avert the crises on ageing, it is suggested that there is need to direct research attentions to care and support for elderly people in the society.

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