Healthcare System Gaps and Preventable Deaths among Elderly People in Taraba South Senatorial Zone, Nigeria

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ABSTRACT

Preventable deaths among the elderly remain high, with over 70% deemed avoidable. This study investigated healthcare system gaps contributing to elderly deaths in Taraba South Senatorial Zone, Nigeria, using the Social Determinants of Health theory. A cross-sectional survey design combining quantitative and qualitative methods was employed. From a population of 1,068,367, a sample of 1,110 respondents was selected through multistage sampling across five Local Government Areas. Data collection involved structured questionnaires, Focus Group Discussions, and Key Informant Interviews. Findings showed that 69.6% of respondents cited long distances and poor transport as barriers, while 72% identified insufficient healthcare funding. Chi-square tests at a 0.05 significance level revealed that accessibility ($p = 0.001$) and funding ($p = 0.001$) significantly influenced preventable deaths. The study recommended increased healthcare funding, geriatric training, and adoption of telemedicine to reduce preventable deaths among the elderly in Taraba South.

Keywords: Accessibility, elderly people, healthcare, insufficient funding, and preventable deaths

INTRODUCTION

The evolution of healthcare systems from rudimentary traditional practices to structured frameworks has significantly improved population health outcomes, yet persistent systemic gaps continue to undermine these gains. Globally, preventable deaths remain a pressing concern, with the World Health Organization (WHO, 2021) reporting that an estimated 41 million people die annually from non-communicable diseases, many of which are avoidable with timely and effective healthcare interventions. The elderly are disproportionately affected due to age-related vulnerabilities and the high prevalence of chronic illnesses. Systemic deficiencies such as insufficient funding, inequitable resource distribution, and inadequate infrastructure exacerbate these risks, particularly in low- and middle-income countries where over 60% of healthcare facilities lack basic water and sanitation services (WHO, 2020).

Even in high-income settings, gaps persist. In the United States, approximately 68,000 annual deaths are attributed to avoidable systemic inefficiencies (Woolf, Chapman, & Lee, 2020). Similarly, Eurostat (2021) reported that preventable deaths accounted for 32% of total deaths in the European Union, with cardiovascular and respiratory diseases leading. In Asia, nations such as Japan and South Korea face growing challenges linked to aging populations, with Japan's Ministry of Health (2020) noting that delayed emergency access contributes to more than 20% of elderly deaths.

In Africa, the situation is particularly critical. The continent shoulders 24% of the global disease burden but employs only 3% of the global health workforce, resulting in widespread preventable mortality among elderly populations (WHO, 2021). Within West Africa, the Economic Community of West African States (ECOWAS, 2021) reported that only 30% of the population has access to essential health services. Nigeria epitomizes these challenges, with the Nigerian Bureau of Statistics (NBS, 2021) estimating that 70% of elderly deaths are preventable, primarily due to underfunding, poor infrastructure, and shortages of skilled health personnel.

Taraba State in northeastern Nigeria mirrors these national patterns but faces unique challenges due to its predominantly rural context. The Taraba South Senatorial Zone, in particular, is characterized by widespread

poverty, limited healthcare facilities, poor transport infrastructure, and the absence of geriatric-focused services. Primary healthcare centers in the zone are often unable to manage chronic conditions, which are prevalent among the elderly. Despite the urgency, few empirical studies have focused specifically on Taraba South, with most existing literature generalizing findings across broader regions, thereby overlooking local disparities.

The persistence of healthcare system gaps in Nigeria has particularly grave implications for elderly populations, who remain highly vulnerable to preventable mortality. In Taraba South Senatorial Zone, the intersection of poverty, inadequate healthcare infrastructure, and insufficient funding creates a disproportionate burden of preventable deaths among the elderly. However, the paucity of localized research limits evidence based interventions. This study, therefore, investigates healthcare system gaps in Taraba South, focusing on accessibility, and funding, facilities, with the aim of identifying actionable strategies to reduce preventable elderly deaths.

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

LITERATURE REVIEW

The literature review highlights the relationship between healthcare system gaps and preventable deaths among elderly people. Elderly individuals, commonly defined as those aged 65 and above, face unique challenges such as chronic diseases, declining mobility, and cognitive impairments, which demand specialised care (World Health Organization [WHO], 2015; Marmot, Stansfeld, & Patel, 2015). Gaps in healthcare systems, such as inadequate access to services, insufficient resources, and a shortage of geriatric specialists exacerbate the health vulnerabilities of elderly populations (Kruk, Gage, & Arsenault, 2018; Van den Berg, Meeuwissen, &Brouwer, 2017).

Preventable deaths, defined as fatalities that could be avoided with timely interventions, remain a major concern among older adults, particularly due to chronic conditions like cardiovascular diseases, diabetes, and respiratory illnesses (Horney, Gribble, & Banks, 2017; Miller, Levinson, &Haug, 2017). Evidence suggests that limited accessibility to healthcare shaped by factors such as geographic distance, affordability, and service availability significantly increases preventable deaths among elderly populations, especially in rural and underserved areas (Starfield, Shi, &Macinko, 2005; Papanicolas, Woskie, &Jha, 2017). The lack of specialized geriatric care further compounds this issue, as general practitioners may lack the expertise required for complex elderly health needs (Stone, 2018).

Funding shortfalls also play a decisive role in elderly health outcomes. Insufficient healthcare funding contributes to outdated infrastructure, understaffing, and long waiting times, all of which prevent timely care for older adults (Papanicolas et al., 2017). The underfunding of long-term care services is particularly concerning, as it leads to overcrowded facilities and higher risks of complications such as malnutrition and untreated chronic conditions (Van den Berg et al., 2017). Studies consistently show that increased investments in healthcare, along with strategies like public-private partnerships, task-shifting, and telemedicine, can significantly reduce preventable deaths among elderly populations (Barton, Hadley, & MacLean, 2016; Stone, 2018).

Theoretical Framework

Determinants of Health (SDH) Theory

The Social Determinants of Health (SDH) theory, advanced by Michael Marmot through his Whitehall studies and the WHO Commission on Social Determinants of Health (2005), emphasizes that health outcomes are shaped not only by healthcare access or biological factors but by the broader conditions in which people live, work, and age. Key determinants include socio-economic status, education, living and working conditions, social support networks, and access to healthcare.

Application to the Study

In the setting of Taraba South Senatorial Zone, Nigeria, the SDH theory provides a useful framework to analyze how healthcare system gaps contribute to preventable deaths among elderly populations. Consistent with SDH principles, factors such as limited accessibility to healthcare facilities, and insufficient funding represent structural barriers that disproportionately affect elderly individuals. For example, long travel distances and poor transportation systems restrict access to healthcare, while underfunding results in shortages of medicines and equipment. According to SDH theory, these structural deficiencies are compounded by broader social and economic challenges such as poverty and social isolation, intensifying health inequities and raising the risk of preventable deaths.

METHODOLOGY

The study employed a cross-sectional survey design, combining quantitative and qualitative approaches to provide a comprehensive understanding of healthcare gaps and preventable deaths among the elderly in Taraba South Senatorial Zone, Nigeria. A total of 1,110 participants were sampled using Taro Yamane's formula, with 894 completing questionnaires and 20 engaged in key informant interviews, complemented by focus group discussions. A multistage sampling technique ensured proportional representation across the five Local Government Areas. Data were collected using structured questionnaires, interview guides, and focus group discussions, supported by trained research assistants. Validity was confirmed through expert review, while reliability was tested via the test–retest method, yielding a Pearson correlation of 0.857**, indicating strong reliability. Quantitative data were analyzed using SPSS with univariate and chi-square bivariate analyses, while qualitative data were subjected to thematic content analysis. Informed consent was secured, and confidentiality was strictly maintained, with particular care taken to protect the elderly participants.

DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

Data Presentation

Table 1: Questionnaire Response Rate

Description	Frequency (n)	Percentage (%)
Total Questionnaires Administered	1,110	100.0%
Returned and Duly Completed Questionnaires	894	80.5%
Unreturned or Incompletely Filled	216	19.5%

Source: Field Survey, 2025

The response rate for the study was 80.5%, which is statistically robust and exceeds the minimum threshold commonly recommended for survey-based research (typically 60–70%). This high response rate improves the reliability and validity of the findings and reduces non-response bias. The 216 questionnaires that were either not returned or were improperly completed account for 19.5% of the total. While not negligible, this figure is within acceptable limits and does not significantly threaten the generalizability of the results. With 894 completed responses, the study retains a large, diverse dataset sufficient for inferential statistical analysis, cross-tabulations, and hypothesis testing.

Socio-demographic characteristics of respondents

Table 2: Distribution of Demographic Characteristics of Respondents (N = 894)

Variable	Category	Frequency (n)	Percentage (%)
Sex	Male	480	53.7%
	Female	414	46.3%
Age Group (Years)	18–30	199	22.3%
	31–40	244	27.3%
	41–50	216	24.2%
	51–60	149	16.7%
	61 and above	86	9.5%
Marital Status	Single	172	19.2%
	Married	550	61.5%
	Widowed	114	12.7%
	Divorced/Separated	59	6.6%
Educational Level	No formal education	150	16.8%
	Primary education	212	23.7%
	Secondary education	311	34.8%
	Tertiary education	221	24.7%
Occupation	Farming	252	28.2%
	Trading	164	18.3%
	Civil service	139	15.6%
	Artisans	101	11.3%
	Retired	81	9.1%
	Others (unemployed, etc.)	157	17.6%
Religion	Christianity	632	70.7%

	Islam	240	26.9%
	Traditional	21	2.3%
LGA of Residence	Wukari	218	24.4%
	Takum	192	21.5%
	Donga	178	19.9%
	Ussa	160	17.9%
	Ibi	146	16.2%

Source: Field Survey, 2025

Table 2 above, provides the demographic characteristics of the 1,110 respondents surveyed in the five LGAs (Donga, Ibi, Takum, Ussa, and Wukari) of Taraba South Senatorial Zone. The sample is slightly male dominated, with 53.7% male and 46.3% female. This reflects a fairly balanced representation suitable for generalization across genders. The majority of respondents fall within the 31–50 age range (51.5%), with a smaller percentage (9.5%) aged 61 and above. This distribution is important considering that the study focuses on preventable elderly deaths. Most respondents were married (61.5%), which could influence their perceptions of healthcare accessibility for older family members, especially in rural household settings. A significant portion of respondents had secondary (34.8%) or tertiary education (24.7%), suggesting that the majority had sufficient literacy levels to understand and respond meaningfully to the survey. Farming (28.2%) was the most common occupation, followed by trading (18.3%) and civil service (15.6%), reflecting the rural and semi-urban economic structure of the zone. Christianity (70.7%) was the dominant religion, followed by Islam (26.9%), which may inform attitudes toward health practices, especially among elderly populations. Respondents were fairly distributed across the all five LGAs, with Wukari having the highest proportion (24.4%) and Ibi the least (16.2%).

Thematic Issues

Table 3: Prevalence of Preventable Deaths among the Elderly People of Taraba South Senatorial Zone

Frequency of Elderly Deaths Due to Preventable Causes	**Frequency (n)**	**Percentage (%)**
None	48	5.4%
1–2 persons	134	15.0%
3–5 persons	346	38.7%
More than 5 persons	366	41.0%

Source: Field Survey, 2025

The results indicate a high prevalence of preventable deaths among the elderly in Taraba South Senatorial Zone. A combined 79.7% (38.7% + 41.0%) of respondents reported having witnessed three or more preventable elderly deaths within their communities. Only 5.4% reported no preventable deaths. This points to a serious public health concern, reflecting systemic issues such as delayed interventions, poor healthcare access, and lack of support systems for the elderly.

Table 4: Accessibility to Healthcare Facilities and Preventable Deaths among Elderly People in Taraba South Senatorial Zone

Distance to Nearest Healthcare Facility	Frequency (n)	Percentage (%)
Less than 5 km	96	10.7%
5–10 km	176	19.7%
11–20 km	308	34.5%
More than 20 km	314	35.1%

Source: Field Survey, 2025

Accessibility is a major barrier. A significant 69.6% of respondents live more than 10km away from the nearest healthcare facilities, with 19.7% located over 5km away. Only 10.7% of respondents have healthcare access within a 5km radius, which is generally considered optimal for timely medical intervention. These findings emphasize the geographical and transportation barriers to healthcare, especially for elderly individuals who were not able to travel long distances easily.

Table 5: Insufficient Healthcare Funding and Preventable Deaths among Elderly People in Taraba South Senatorial Zone

Perceived Adequacy of Funding	Frequency (n)	Percentage (%)
Very adequate	32	3.6%
Moderately adequate	138	15.4%
Inadequate	372	41.6%
No visible funding	352	39.4%

Source: Field Survey, 2025

Table 5, revealed that funding is a critical weakness in the healthcare system in Taraba South Senatorial Zone. An overwhelming 81.0% of respondents reported that funding is either inadequate or not visible at all, which severely undermines service delivery, equipment maintenance, drug availability, and workforce capacity. Only 3.6% reported funding as very adequate. These results suggest that financial resource limitations are a major contributor to preventable deaths among elderly people in the zone.

Test of Hypotheses

Hypothesis 1: H0: Accessibility to Healthcare Facilities has no Significant Relationship with Preventable Deaths among Elderly People in Taraba South Senatorial Zone.

Table 6: Chi-Square Test between Accessibility of Healthcare Facilities and Preventable Deaths among Elderly People in Taraba South Senatorial Zone

Test Statistic	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	112.650	3	.000 (**p < .001**)
Likelihood Ratio	111.504	3	.000
Linear-by-Linear Association	89.231	1	.000

N of Valid Cases	894		

$\chi^2 = 112.65$, df = 3, $p < 0.001$

There is a statistically significant relationship between the distance to healthcare facilities and the preventable deaths among elderly people in Taraba South Senatorial Zone.

Communities situated more than 10 kilometres away from a health facility reported substantially higher numbers of preventable deaths than those located within 5 kilometres. This suggests that long travel distances**,** likely coupled with transport and referral challenges, act as major barriers to timely medical intervention for the elderly. The result supports the rejection of the null hypothesis and confirms that poor physical access to healthcare significantly contributes to elderly mortality in Taraba South Senatorial Zone.

The results from KII corroborated the findings from the quantitative data.

A 61 year old male key informant in Donga LGA of Taraba South stated that:

We lose elderly patients frequently due to delays in reaching our clinic. By the time they arrive, complications have already worsened. The terrain and lack of transport worsen the situation(KII, A1, Age 61, Donga LGA).

Another female key informant aged 55 year in Ibi LGA, had this to say:

In my community, many elderly people die at home because the nearest hospital to us in this community is over 15 kilometres away. Some families hardly afford motorcycles. It is disheartening (KII, A2, Age 55, Ibi LGA).

Similar views were expressed by other key informants across the clusters. The findings from KII confirmed the distance from some communities to where health centers are located. For a 69 year old male respondent in Takum LGA:

I lost my wife to a treatable illness. We went to three different facilities, all they could not help. The one that could was too far. She died on the way (KII, A3, Age 69, Takum LGA).

A 72 year old male key informant in Ussa LGA of Taraba South stated that:

Even to get pain relief, I must travel two hours. Many like me do not bother anymore. We are just praying to God to heal us whenever we are sick. In addition, sometimes we go to nearby villages to collect some herbs to boil and make local drinks with in order to drink for our illnesses. Whatever happen to us that is all(KII, A4, Age 72, Ussa LGA).

A Female key informant aged 44 year in Wukari LGA, had this to say:

We have complained about poor roads and long distances especially for rural dwellers under this local government area to healthcare centers. But there is no positive response from the government yet. During rainy season, some villages are completely cut off due to bad roads and floods (KII, A5, Age 44, Ibi LGA).

Another 39 year old key informant in Ussa LGA, had this to say:

We see many cases of hypertension, diabetes, ulcer, and stroke in the elderly. Unfortunately, many of those with such cases visit the healthcare centers late due to their distance (KII, A6, Age 39, Ussa LGA).

From the above, long distance to healthcare centers is seen as a major factor responsible for majority of elderly mortality in Taraba South Senatorial Zone.

The results from FGD upheld the findings from the quantitative data and KII:

Participant in Donga LGA (Male, 72 years):

"To reach the nearest primary healthcare center or hospital, we have to walk for more than one hour, and the journey is too hard for someone my age. Most of the time, by the time we get there, the condition has worsened. This is why so many elderly people die before getting help".

Participant in Takum LGA (Male, 78 years):

"The distance from our village to the health facility is over 15 kilometres. The road is very rough, and during the rainy season, you can not even attempt the trip. If someone falls ill, especially old people like us, we just hope for survival because transport is not available".

Participant in Ibi LGA (Female, 73 years):

"In my area, there is a big river we must cross to get to the health centre. During the rainy season, it overflows, and we are completely cut off. So even if someone is dying, there is nothing we can do. Many old women just stay home in pain until they pass away".

Participant in Ussa LGA (Male, 71 years):

"The health post is too far. When I was sick, they said I had to go to the general hospital in Takum, but there was no transport in the village. I ended up staying home for days.

That is how many of us die, just because we cannot reach the hospital on time".

Participant in Wukari LGA (Male, 77 years):

"There is a road leading to the clinic, but it is full of potholes and floods during the rainy season. Motorcycles don't go there when it is bad. We are old and weak, and we cannot walk that far. Some elderly die before any help arrives".

Participant in Donga LGA (Male, 75 years):

"One time, we had to use a wheelbarrow to push an elderly man to the clinic because there was no motorcycle. He did not survive the journey. We need a nearby health post or an ambulance for emergencies. It is painful watching people die this way".

Hypothesis 2: H0: Insufficient Funding has no Significant Relationship with Preventable Deaths among Elderly People in Taraba South Senatorial Zone.

Table 7: Chi-Square Test between Insufficient Funding and Preventable Deaths among Elderly People in Taraba South Senatorial Zone

Test Statistic	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	130.240	3	.000 (**p < .001**)
Likelihood Ratio	128.761	3	.000
Linear-by-Linear Association	92.435	1	.000
N of Valid Cases	894		

• $\chi^2 = 130.24$, **df = 3**, $p < 0.001$

The analysis reveals a highly significant association between the perceived level of healthcare funding and preventable deaths. Respondents from areas where facilities were poorly funded or lacked visible government support reported much higher death rates among the elderly.

Conversely, areas where funding was considered "very adequate" had markedly lower mortality reports**.** This emphasizes the crucial role of sustainable health financing in improving service delivery, maintaining equipment, and providing drugs and skilled workers. The null hypothesis is rejected, indicating that insufficient funding significantly contributes to preventable elderly deaths among elderly people in Taraba South Senatorial Zone.

The results from KII validated the findings from the quantitative data.

A 61 year old male key informant in Donga LGA of Taraba South stated that:

We lose elderly patients frequently because our clinic lacks the resources to treat them. Most times, we don't have essential drugs or equipment due to poor funding. It's heartbreaking (KII, A1, Age 61, Donga LGA).

Another female key informant aged 55 years in Ibi LGA had this to say:

In my community, many elderly people die at home because the local health post is underfunded. No medicine, no trained staff. Some families give up on seeking help (KII, A2, Age 55, Ibi LGA).

A 69 year old male respondent in Takum LGA shared:

I lost my wife to a treatable illness. The health centers we visited were not equipped to help because they lack funds. The only well-equipped one was in another town, and we couldn't get there in time (KII, A3, Age 69, Takum LGA).

A 72 year old male key informant in Ussa LGA of Taraba South stated that:

Even to get pain relief, I must buy drugs outside because the clinic has nothing. Many elderly people don't go anymore since there is no guarantee of treatment. Funding is the problem (KII, A4, Age 72, Ussa LGA).

A female key informant aged 44 years in Wukari LGA had this to say:

We have complained about the lack of funding for our rural healthcare centers. Without money, there is no improvement. No drugs, no repairs, no staff. The elderly are the worst affected (KII, A5, Age 44, Wukari LGA).

A 60 year old male health worker in Donga LGA had this to say:

As a health worker, I can tell you the main issue is lack of funds. We have no consistent drug supply and our equipment is outdated. The elderly suffer the consequences (KII, A7, Age 60, Donga LGA).

A 65 year old male respondent in Takum LGA had this to say:

Elderly people here don't even bother going to clinics. They know there is no medicine or qualified personnel because the funding is poor. It is a quiet crisis (KII, A9, Age 65, Takum LGA).

The results from FGD confirmed the findings from the quantitative data and KII:

Participant in Donga LGA (Male, 72 years):

"Our clinic has no drugs most of the time because the government does not release money on time".

Participant in Takum LGA (Male, 78 years):

"If they fund the hospitals well, maybe we will not have to buy our own medicines and injections every time".

Participant in Ibi LGA (Female, 73 years):

"They say there's no money, so we suffer. Sometimes they even ask us to bring water or fuel to power the generator".

Participant in Ussa LGA (Male, 71 years):

"Government forgets us here. No money, no health care. That is why old people are dying".

Participant in Wukari LGA (Male, 77 years):

"There is no proper funding. That is why there are no workers or basic things like cotton wool or gloves".

DISCUSSION OF FINDINGS

Prevalence of Preventable Deaths among the Elderly in Taraba South senatorial Zone

The study revealed a very high prevalence of preventable deaths among the elderly in Taraba South Senatorial Zone, aligning with the World Health Organization (2015) definition of preventable deaths as those avoidable through timely and effective healthcare. Similar to findings by Kruk, Gage, and Arsenault (2018) and Papanicolas, Woskie, and Jha (2017), inadequate healthcare financing, shortages of essential medicines and equipment, and disparities in access were key contributors.

Accessibility of Healthcare Facilities and Prevenatble Deaths among Elderly Peope in Taraba South Senatorial Zone

Accessibility of healthcare facilities was acknowledged as been responsible for preventable deaths among the elderly in Taraba South. This was in line with Starfield, Shi, and Macinko, (2005); Sundmacher, and Busse (2018) who opined that distance to healthcare facilities and poor transportation networks further limited timely access to care, especially in rural communities. These challenges were compounded by a shortage of qualified personnel, and by barriers such as limited social support (Van den Berg, Meeuwissen, &Brouwer, 2017; Stone, 2018; Miller, Levinson, &Haug, 2017).

Insufficient Healthcare Funding and Preventable Deaths among Elderly People in Taraba South Senatorial Zone

Health financing was identified as a major challenge, with most respondents perceiving funding as inadequate. This supports Kruk et al. (2018), who noted that underfunding in low- and middle-income countries leads to severe shortages and higher mortality. Papanicolas et al. (2017) similarly highlighted that insufficient funding drives inequities in healthcare access, particularly affecting vulnerable groups such as the elderly.

CONCLUSION AND RECOMMENDATIONS

The study revealed that preventable deaths among the elderly in Taraba South Senatorial Zone remain alarmingly high, with systemic healthcare gaps as major drivers. Long distances to health facilities, poor transportation, insufficient healthcare funding, and a shortage of geriatric-focused services significantly contributed to elderly mortality. The findings confirm that accessibility and funding are critical determinants of preventable deaths, consistent with the Social Determinants of Health theory.

The study strongly recommends that government, international organizations, NGOs, and spirited individuals to invest in improving accessibility through the construction of rural health facilities, better transport systems,

and community-based initiatives, so that elderly men and women in Taraba South Senatorial Zone no longer have to suffer or die prematurely simply because quality healthcare is too far away or beyond their reach.

Equally urgent is the need for a substantial increase in healthcare funding to strengthen infrastructure, provide essential medicines, and expand geriatric training programs for healthcare workers, while also prioritizing the adoption of innovative solutions such as telemedicine to ensure timely and specialized care for elderly populations who are currently neglected.

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Data Availability

The data supporting the findings of this study are available upon request from the corresponding author.

Conflict of Interest

The authors declare no conflict of interest concerning the publication of this work.

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Authors' Contributions

Author 1 conceived the study, conducted a thorough literature review, and was responsible for research methodology, including interviews with Key Informants (KII), focus groups, as well as data cleansing, coding, input, and analysis. Authors 2 and 3 contributed to data collection and the editing of the manuscript. All authors reviewed and approved the final version of the manuscript.

Ethical Considerations

The study adhered to ethical guidelines, with explicit consent obtained from all respondents. Confidentiality was assured and maintained throughout the research process.

Authors' Profile

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Dr. John Wajim is a distinguished academic in the Department of Sociology, Federal University Wukari, Taraba State, Nigeria. He earned a B.Sc. in Sociology from Taraba State University, Jalingo (2014), an M.Sc. in Sociology with a specialization in Environmental Sociology from the University of Nigeria, Nsukka (2019), and a Ph.D. in Sociology with a focus on Demography and Population Studies from the Federal University of Lafia (2024).

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