

Strategies for graceful ageing in Nigeria

Benedict HT

Original Article

Abstract

Background: Generally, graceful ageing is the wish of most elderly. Unfortunately, little or no attention has been directed at individuals who have aged gracefully to tap from their reservoir of experiences; many of such have gone virtually unnoticed and unstudied.

Aims & Objectives: This study investigated the ageing and health challenges of some identified healthy-looking elderly, their strategies for coping and tips for graceful ageing.

Methods: A total of two hundred and seventy two elderly men and women from the age of 70 upwards drawn from Ijebu North Local Government Area of Ogun State, Nigeria willingly participated in the study. The subjects responded to a 36 - item researcher-designed questionnaire eliciting responses on their health problems and coping strategies. The data gathered were analyzed using percentages and t-test statistical tools.

Results: Among the health problems of the respondents revealed in order of magnitude were: inability to see well, loss of teeth, mental confusion, decreased muscular efficiency, swelling and pains at the joints, stroke, and arthritis. Some of the coping strategies employed by the respondents include: going to the hospital for medical care, using hearing aid, use of joint balm, taking local herbs, using walking stick to support, moderate physical exercise and reduction of sugar intake.

Conclusion: Provision of some health and social welfare services such as spectacles, dentures, hearing aids, walking sticks, crutches and wheel chairs were suggested to enhance graceful ageing.

Key words: graceful, strategies and ageing.

Corresponding author: **Dr H.T. Benedict** (modredbook@yahoo.co.uk)

Faculty of Education, Olabisi Onabanjo University

Stratégies de vieillissement progressif au Nigéria

Benedict HT

L'article d'origine

Résumé

Arrière-plan: Généralement, le vieillissement progressif est le souhait de la plupart des personnes âgées. Malheureusement que peu ou pas d'attention a été dirigée contre des personnes qui ont vieilli gracieusement à tap de leur réservoir d'expériences; de nombreuses de ces ont passée pratiquement inaperçue et ignoré.

Buts & Objectifs: Cette étude s'est penchée sur le vieillissement et des problèmes de santé de certains identifiés paraissant en bonne santé personnes âgées, leurs stratégies pour faire face et conseils pour le vieillissement progressif.

Méthodes: Un total de deux cent soixante deux personnes âgées, hommes et femmes à partir de l'âge de 70 ans vers le haut tirées de Ijebu Nord Gouvernement Local Zone d'Etat d'Ogun, le Nigéria a participé volontiers à l'étude. Les sujets ont répondu à un 36 - élément chercheur-questionnaire conçu pour obtenir les réponses à leurs problèmes de santé et les stratégies de survie. Les données recueillies ont été analysées en utilisant les pourcentages et t-test outils statistiques.

Résultats: Parmi les problèmes de santé des répondants a révélé dans l'ordre de grandeur ont été : incapacité de voir ainsi, la perte de dents, confusion mentale, a diminué l'efficacité musculaire, de l'enflure et des douleurs aux articulations, de course et de l'arthrite. Certaines des stratégies d'adaptation utilisées par les répondants incluent : aller à l'hôpital pour les soins médicaux, l'aide auditive, l'utilisation conjointe de baume, en prenant quelques herbes locales, utilisant bâton de marche pour prendre en charge modérée, exercice physique et la réduction de consommation du sucre.

Conclusion: fourniture de certains services de santé et de protection sociale tels que lunettes, prothèses dentaires, prothèses auditives, les bâtons de marche, des béquilles et chaises de roue ont suggéré de renforcer le vieillissement progressif.

Mots clés : gracieuse, les stratégies et le vieillissement.

Correspondance: **DR. H. T. Benoît (modredbook@yahoo.co.uk)**

Faculté des sciences de l'éducation, Département Olabisi dans Université, Ago-Iwoye , Etat d'Ogun, Au Nigéria.

Introduction

The twentieth century has witnessed improved basic health care, better nutrition, controlled prenatal and infant mortality and other worthwhile innovations. In view of this, there is incessant increase in ageing population generally (1). It is estimated that by 2020, more than 1,000 million people aged 60 years and older will be living in the world; 700 million of them in developing countries (2). Nigeria has a population of 140 million and it has been estimated that by the year 2025, the aged 60 and above will constitute 6% of the Nigerian population (3). Nigeria has the highest older person's population in Africa (4).

Ageing is normal, inevitable and irreversible. It is a biological process which is due to damaged accumulation from childhood via adulthood to old age. It is noted that ageing is characterized by damaged accumulation at the molecular and cellular levels as well as at the levels of organs and individual organism, until eventually the damage is so great as to be incompatible with life (5).

In a study, a comprehensive explanation on some of the physical characteristics of the aged was provided (6). This can be summarized as loss of hair and greying, sagging posture, weakening of vision, loss of senses, smell and taste. Others are loss of teeth, wrinkled skin, raised blood vessels, proneness of body to illness, deterioration in organ functioning, deformed knees and ankles.

Again, it has been observed that a good number of aged people are senile with complete loss of memory, loss of spouse, depressed purchasing power and loneliness which have also been linked with emotional stress and mental problems in the elderly. Added to the foregoing are various kinds of

musculo – skeletal disorders such as chronic aches, arthritis in particular sometimes rendering them immobile, thus limiting their social interaction (7).

Quite a number of theories have been propounded to explain the phenomenon of

ageing and the associated psychological, sociological and physiological impact on the elderly. These include: wear and tear, genetic, cellular, and homeostatic among others (8). No doubt, these theories provide scientific explanations but not a single one of them is conclusive. Researchers in the field of gerontology share the view that several factors in the environment such as stress, life style and pollution wield great impact on the rate at which an individual ages.

Literature review on health challenges of the elderly

A hospital based studies was carried out over a 7-year period. Records of 2676 patients aged 60 years revealed the following health challenges:

- Cardiovascular disorders (27.5%) of which hypertension alone accounted for 11.7%.
- Cancer (12.5%) of the liver gastrointestinal tract, pancreas, brain, lungs and urogenital tract.
- Infections (9.9%) especially tuberculosis, pneumonia and typhoid fever.
- Neuro-dermatological conditions (9.5%)
- Hepatobiliary disorders (9.0%)
- Endocrine and metabolic (8.6%)
- Respiratory (7.8%)
- Genitor-urinary (4.3%)
- Gastro-intestinal diseases (4.2%) [Olubuyide et al quoted in (9)].

Again, it was found that in the elderly of 60 years and above, musculoskeletal, dental, ocular and cardiovascular disorders were the commonest health problems. Poor dental hygiene, anemia and thyroid goiters were prevalent in rural areas while hypertension was commonest in urban areas. 20% of elderly Nigerians suffer from degenerative conditions such as osteoarthritis, while 2.4% of the study populations were diabetic (9).

Some common problems of the elderly include (10): urinary incontinence (which affects 15.30% of community dwelling older adults), falls (which is the 6th leading cause of death in

the elderly) pain, nutritional problems-malnutrition obesity (25%-30% of older persons are overweight) psychiatric diseases and pressure sores.

In Nigeria, the elderly constitute about 3% of the total population of about 140million people. (11) projected that there will be rapid growth of the old population in developing countries. By the year 2025, according to (8) projection, Nigeria will move from 27th to 11th position among nations with more than 15million persons aged 60 years and above (1). Observations from some Western countries with large number of aged people have revealed the fact that with longevity, there is the tendency for change in the nature of ailments.

Granted that gerontological researches abound to some extent, they have focused on the chronic disability with emphasis on the physical and social decline. There is a dearth of studies on graceful ageing. Little or no attention has been directed at the elderly who have aged successfully. Consequently, people who have aged successfully have gone virtually unnoticed and unstudied (12), there still exist aged healthy individuals who require little or no assistance in their daily activities. This sector of the population is believed to have aged successfully and hence constitutes a reservoir of knowledge about the dynamics of successful ageing; this is the focus of this study.

Research Questions / Hypotheses

- 1) What are the common health challenges of the elderly generally?
- 2) What are the health challenges of the respondents?
- 3) What are respondents' coping strategies?
- 4) There is no significant difference in the health problems of male and female respondents.
- 5) There is no significant difference between literates and non literates' health problems.
- 6) There is no significant difference between old and *old-old* respondents' health challenges.
- 7) What are the respondents' advices for graceful ageing?

Materials and Methods

Research Design

This study employed the descriptive survey design. The common health problems of the aged in general, the respondents' ageing problems, strategies for coping and their advice for graceful ageing were surveyed and described.

Population

The population consisted of the aged or elderly from age 70 years and above in Ijebu North Local Government Area of Ogun State, Nigeria.

Sample and Sampling Procedure

A total of two hundred and seventy-two healthy elderly from age seventy upwards, categorized into old and *old-old* drawn from the three major towns in Ijebu-North Local Government area of Ogun State, were used for the study.

Precisely, 113 males and 159 females willingly participated in the study. The non-random mode of selection was utilized. The three major towns in the Local Government Area (Ago-Iwoye, Oru and Ijebu Igbo) were stratified into their traditional quarters thus:- Ago-Iwoye, 7 quarters, Ijebu-Igbo, 5 quarters and Oru, 2 quarters.

The three towns are in the same environment, they are contiguous and homogenous.

The snowball sampling technique was employed. With the assistance of some persons from the main towns used for the study, a few healthy looking aged in each quarter were identified. Details about the research were explained to these persons and they agreed to identify and inform more healthy elderly people. This method was utilized until the required numbers of respondents were reached in each quarter. Altogether 272 respondents, 113 males and 159 females agreed to participate in the study.

Instrument

The research instrument used to generate data for this study was a questionnaire titled 'Strategies for Coping with the Health problems of the Aged' which was designed by the researcher. The questionnaire was made up of

four sections. Section A contained respondents' personal data such as sex, age and level of education which were considered relevant to the study. Section B contained seventeen structured items which elicited information from the respondents on the common health problems of the elderly generally. Section C also contained fourteen structured questions on ageing problems peculiar to the subjects and the strategies employed for coping. The last section contained open-ended questions eliciting respondents' secret or advice for graceful ageing. The instrument was validated by two colleagues vast in the field and its appropriateness was assured. The reliability was ascertained by administering the final drafts of the instrument on 25 elderly who were not part of the main study and the test-retest reliability was 0.78.

Procedure for Data Collection

The researcher with some research assistants who had earlier been trained on the procedure distributed the questionnaire to the identified elderly whose informed consent had earlier been sought. The research assistants took time to translate and explain the questionnaire items to the respondents, in particular those who were illiterate. Thus back translation was adopted to solve the problem of lexical equivalence. On the whole, and at the end of the exercise, 272 elderly participated.

The completed questionnaires were collected and analyzed using simple percentages and t-test statistical tools.

Research Question 1:

Common Health Problems of the Elderly

Findings on research question 1 highlighted in table (i) revealed the following most common health problems of the elderly in order of importance.

- | | | | |
|-----|--|---|-------|
| (1) | Inability to see well (Item 17) | - | 96.7% |
| (2) | Loss of teeth (Item 7) | - | 88.3% |
| (3) | Decrease in muscular efficiency (Item 8) | - | 81.6% |
| (4) | Memory loss (Item 10) | - | 72.5% |

- | | | | |
|-----|-----------------------------|---|-------|
| (5) | Hearing impairment (Item 9) | - | 71.7% |
| (6) | Arthritis (Item 2) | - | 60% |

Research Question 2:

Ageing Problems of the Respondents

From the table (ii) minority of the respondents claimed to be having the 13 out of the 14 highlighted problems. The percentages vary between 0.0% and 37.1%. It follows then that majority of the elderly between 62.9% and 100.0% were not having the ageing problems. None of the respondents however claim to have memory loss i.e. 100% of the respondents are free from memory loss [item 8 table (ii)].

Research Question 3:

Some of the Strategies Employed by Respondents for Coping with the Ageing Problems Include:

- Going to the hospital for medical care
- Taking of local herbs
- Using walking stick to support
- Moderate physical exercise
- Reducing sugar intake
- Avoiding heavy food
- Taking sleeping drug
- Eating more fruits
- Drinking more water
- Less thinking
- Taking enough rest

Research Question 4:

Comparisons in the Health Problems of Male and Female Respondents

The table (iii) shows a t-value (3.16) which is significant at 0.05, ($p < 0.05$). This shows that there is significant difference in the health problems of male and female respondents. The mean values show that male respondents have more health problems than the females with the mean of 49.13 for male and 46.30 for female.

Research Question 5:

Comparisons in the Health Problems of Literate and Non-Literate

From the table (iv) the t-value (-0.519) is not significant at 0.05, ($p > 0.05$). It follows therefore that there is no significant difference in the

problems of literate and non-literate.

**Research Question 6:
Comparisons in the Health Problems of Old and Old Old**

The table (v) shows that t-value (6.29) which is significant at 0.05, ($p < 0.05$). This shows that there is significant difference in the health problems of old and old-old. Surprisingly, the health problems of the old with mean (49.81) are more than the health problems of *old old* with mean value (44.47).

**Research Question 7:
Respondents' Advice/Secrets for Graceful Ageing**

Some of the secrets/advice given by respondents includes:

- 1) Use of local herbs
- 2) Regular exercises
- 3) Good diet
- 4) Adequate relaxation and rest
- 5) Worrying less

Discussion and Conclusion

In this study, the common health problems of the aged as well as personal health problems of respondents were revealed. The result confirms previous works indicating that the aged are often plagued with health problems.

An extensive work on diseases, disorders and medical care of the aged also substantiates to a great extent the findings on the common health challenges of the elderly (8). Another authority listed the common conditions of old age that call for assistance: these include physical illnesses and disabilities, such as hip and joint difficulties, arthritis, fractures, heart diseases, cancer and stroke. Others include vision and hearing impairments, mental deterioration such as dementia, memory loss, depression and paranoia, social isolation due to physical impairments or financial difficulties (13).

The findings on the respondents' strategies for coping with their health problems are very much expected; some of the strategies employed were: visit to hospitals for medical advice and intervention on various problems, regular exercises to keep fit and avert some ailments. It is also interesting to note that many of the

respondents claimed to have been employing the use of local herbs for both corrective and preventive purposes. Some of the respondents indicated the use of local herbs for ageing problems such as diabetes, high blood pressure, insomnia and constipation. Some precautions were also revealed; these include relaxation, reducing sugar and salt intake, sleeping more, worrying less among others.

Most of the strategies of graceful aging and the prevention have been discussed by many authors. Exercising regularly is central and expected. Simple and moderate physical exercises go a long way. Studies show that simple exercises in and around the home help the elderly, including the oldest old to regain strength and vitality. For instance, one group of older people ranging from 72 to 78 years of age found that they could walk faster and climb stairs more easily after doing some weight-lifting exercises for just ten weeks. For instance, a group of some elderly persons between the ages of 72 and 78 years were able to move and ascend stairs faster after ten weeks of weight-lifting exercises.

Tests taken after the exercise programme showed that the participants' muscle strength had more than double.

Also, a group of elderly women who rarely move about embarked on twice a week exercise for one year. They were found to have appreciated in terms of strength, balance, muscle size and bone thickness (14). There is clear indication that physical exercise reduces the process of ageing, aids longevity and reduces the period of dependency that most often precedes death.

Mental exercise on the other hand helps keep the mind flexible. Granted ageing is associated with some forgetfulness, some studies have shown that an older brain remains flexible enough to handle the effects of ageing. Hence older people can continue to have extremely rich and healthy mental lives (14).

Active engagement in reading, cultural events, education, clubs and professional associations, taking a course in something and keeping one's job among others have been identified as factors

that assist in keeping an older mind flexible. Those significant differences exist between male and female respondents' is expected in relation to health problems. Gender differences could account for the prevalence of some health problems. Osteoporosis was observed to be more common in women than men (15)

The significant difference in the health problems of the old and *old old* respondent was also envisaged. The intensity, extent or degree of the problems varies with advancement in age. Moronkola et al in their study of the health problems of the aged in Anaocha local government area of Anambra reported significant difference in mental and dental health problems of their respondents (16). Some coping strategies found to be potent for the old may not work for the old-old. That no significant difference exists between the health problems of literate and non-literate elderly did not come as a surprise. Physiological changes occur as one advances in age irrespective of educational level. The aged, literate and non-literate alike experience degenerative ailments. The elderly could interact to share their experiences hence their choice of coping strategies may also not necessarily differ significantly.

Local herbs have long been in use alongside drugs and tablets provided in hospitals. The 1991 Official Census of Nigerian population revealed that about 72% of the aged 60 years and above reside in the rural areas. Rural areas in Nigeria are characterized by poverty, neglect and seeming absence of basic amenities. Health facilities in the rural areas are ill-equipped, poorly staffed and ineffectively run. Consequently, there is a high prevalence of untreated medical ailments (17). Since there is the likelihood for reliance or preference for local herbs among majority of the aged (71.2%) as revealed in this study, perhaps further work should focus on the efficacy of local herbs in preventing and treating the common health problems of the aged. This will authenticate or validate the use of local herbs as well as provide various options for the elderly in grappling with their health challenges.

A study on successful ageing in Nigeria

suggested some research imperatives to enhance theory in gerontology. In particular, it was suggested that empirical study of the strategies employed by healthy old people should be embarked upon (12). In pursuance of Akinyele's charge, this study surveys the health problems of the aged and coping strategies. In view of the identified special health problems of the elderly, concerted efforts should be put in place towards the enactment of policies geared at improvement of their health to enable them live independent life as much as possible and more importantly, age gracefully. Some health and social welfare services that can also be rendered to the aged include: provision of spectacles, dentures, hearing aids, walking sticks, crutches and wheel chairs.

Recently, the Federal Government set up a Committee (International Committee on Ageing), to develop an action plan on graceful ageing. The plan is expected to address ageing issues and the realization of the set objectives for the ageing population. Findings of this study will certainly provide some vital information to the Committee.

Much has also been asserted on regular exercises. The human body can be likened to a machine, exercise it is that keeps its various parts in perfect working condition. Exercise has been seen as the single most effective anti-ageing "pill" ever discovered. It benefits pulmonary and circulatory functions, helps preserve bones, maintains body weight relieves depression and anxiety and enhance self-esteem (14).

Walter Breuning of Great Falls, Montana who turned 114 years old on September 24, 2010 (18) dropped the following wisdom nuggets:

"my secret for long life is the diet. I tell people when they're too heavy that they really should reduce some of the weight. And you keep that in mind, and that body busy, doing things, exercise or whatever keep them busy... you'll feel a lot better".

No doubt, the above submission stresses health promoting diet and exercise for the aged.

Because of poor performance of the alimentary system of the elderly, it is beneficial to eat soft diet and small frequent meals.

The issue of elderly health care is very vital in the Sub-Saharan region (Nigeria inclusive) where it is estimated that the ageing population will constitute 10% of the general population by the year 2025 (World Population quoted in ref. 19). The older population will be consumers of basic health care services, yet there is a dearth of data on the health status of older persons in Sub-Saharan Africa. This calls for continuous systematic research and epidemiological studies of this sector of the population to facilitate short and long term planning.

Acknowledgment

The author acknowledges the support of the following people who assisted in administering the questionnaire used in gathering data for the study – Messrs. Tope Harrison, Sofoluwe Oluwafemi and Miss Maloma Rachael.

Conflict of interest: The author declares no conflict of interest.

References

1. United Nations. The World Ageing Situation: Strategies and Policies, New York: 1985.
2. Kasala, B. Population and Ageing in Africa: A Policy dilemma? Ethiopia: 2004.
3. United Nations. World Population Ageing (1950-2050), New York: 2002.
4. Kinsella, K and Velkoff, V. An Ageing World: U.S Census Bureau Series, Washington DC: Government Printing Office 2001.
5. Ryan J.M., Duda G. and Christofalo V.J. Ageing in Human Diploid Cells, *JAGA*, 2002; 29:616.
6. Oyemo N.A. Signals of Ageing as Perceived by Retired Civil Servants, *CASSON*, 1998; 16 (1):101-109.
7. Okunola MI. A Hand Book for Social Workers, Ibadan: 2002.
8. Udoh CO. Death and Dying Education, Lagos: Sterling-Hovel Publishers Nig. Ltd., 2000.
9. Owolabi M. O. Medical problems in the Elderly. Paper presented at the 2nd Workshop / Training Programme of the African Gerontological Society (AGES) 2007, 4-8 September, UCH, Ibadan.
10. Adetoki M.A. The Elderly and Primary Health care; Paper presented at the 2nd Workshop / Training Programme of the African Gerontological Society (AGES) 2007 4-8 September, UCH, Ibadan.
11. United Nations. The World Ageing Situation. New York: 1991.
12. Akinyele, O.S. Towards Successful Ageing in Nigeria. *NJASD* 2001;1(1):115-120.
13. Folaranmi O.O. Women as Primary Family Caregivers for the Elderly: A Challenge to School Work Profession. *NJASD* 2001; 1(1): 68-77.
14. Awake. Live Longer and Feel Better. South Africa Watch Tower Bible and Tract Society, 1999; 80 (14): 6.
15. Brangman, E. You and Old Age Development, Lafina Publications: 2005.
16. Moronkola OA and Eziuzor CC. In: Osinowo HO, Moronkola O and Egunyomi DA, editors. Health Problems of the Aged in Anaocha Local Government Area of Anambra State in The Adults and Aged in Nigeria – Issues and Researches; Ibadan: Royal People Nigeria. 2012. 389-399.
17. Togonu-Bickersteth, F. Growing old in Nigeria in the 21st Century: Academic and Policy Challenges, *NJASD*, 2001;1 (1):1-14.
18. Our Daily Manna. Lesson from the Word's Oldest Man. Lagos: Manna Resource Centre, 2011.
19. Okojie, F.A. Ageing in Sub-Saharan Africa: Towards a Redefinition of needs Research and Policy Directions, *JCCG*. 1988; 3:3-19.

Table 1: Common health problems of the elderly

Items	S.A	%	A	%	D	%	S.D	%
1	80	29.4	130	47.8	35	12.9	27	9.9
2	72	26.5	91	33.5	77	28.3	32	11.8
3	53	19.5	83	30.5	110	40.4	26	9.6
4	46	16.9	107	39.3	47	17.3	72	26.5
5	61	22.4	95	34.9	60	22.1	56	20.6
6	51	18.8	99	36.4	97	35.7	25	9.2
7	134	49.3	106	39.0	27	9.9	5	1.8
8	166	61.0	56	20.6	28	10.3	22	8.1
9	67	24.6	128	47.1	49	18.0	28	10.3
10	57	21.0	140	51.5	63	23.2	12	4.4
11	75	27.6	87	32.0	81	29.8	29	10.7
12	43	15.8	72	26.5	96	35.3	61	22.4
13	69	25.4	43	15.8	98	36.0	62	22.8
14	48	17.6	93	34.2	97	35.7	34	12.5
15	81	29.8	54	19.9	93	34.2	44	16.2
16	36	13.2	112	41.2	62	22.8	62	22.8
17	232	85.3	31	11.4	2	0.7	7	2.6

Table 2 Ageing problems of the respondents

Items	Respondents			
	Having the Problems	the %	Not having the Problem	the %
1	93	34.2	179	65.8
2	85	31.3	189	68.8
3	45	16.5	227	83.5
4	101	37.1	171	62.9
5	62	22.8	210	77.2
6	91	33.5	181	66.5
7	70	25.7	202	74.3
8	0	0.0	272	100
9	95	34.9	177	65.1
10	58	21.8	214	78.7
11	59	21.7	213	78.3
12	64	23.5	208	76.5
13	73	26.8	199	73.2
14	36	13.2	236	86.8

Table 3: Comparisons in the health problems of male and female respondents

Sex	N	X	SD	df	T	Sig
Male	113	49.13	4.85	270	3.16	0.002
Female	159	46.30	8.62			

Table 4: Comparisons in the health problems of literate and non literate.

Education	N	X	SD	Df	T	Sig
Literate	202	47.34	7.95	270	-0.519	0.604
Non-Literate	70	47.87	5.66			

Table 5: Comparisons in the Health Problems of Old and Old Old

Age	N	X	SD	df	T	Sig
Old: 70-79yrs	153	49.81	7.19	270	6.29	0.00
Old, old 80yrs and above	119	44.47	6.61			