Ways of Improving the Elderly Challenges in Oboro Ikwuano, Abia State

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Abstract

Providing appropriate care to the elderly is emerging as one of the major challenges of this century. The study identified ways of improving elderly challenges in Oboro Ikwuano, Abia State. Five research questions guided the study. The population consist of 244 elderly from Amawom and Umugbalu community in Oboro, Ikwuano LGA of Abia State. Multistage sampling techniques was used to select the sample size of 120 respondents for the study. The instrument used for data collection was the elderly challenged questionnaire (ECQ). The instrument was validated by three lecturers from department of Home Science /Hospitality Management and Tourism, Michael Okpara University of Agriculture, Umudike, Abia Stata. The research questions were analysed using frequency and mean. The elderly persons should be accepted by the society, so they don't feel rejected $\bar{x}_G$ *= 3.41. love and affection from loved ones should always be given to the elderly to make them feel happy(* $_G$ *= 3.54), the elderly persons should live in a conducive environment that is free from health hazard (*$_G$ *= 3.33), should be adequately cloth as protection from weather condition* $_G$ *= 3.08 and should not be allowed to walk far from their environment*$_G$ *= 3.04. Regular exercise and medical check-up(* $_G$ *= 3.56); and that the elderly persons should avoid alcoholic totally(* $_G$ *= 3.28) are ways of improving the health challenges of the elderly. The elderly becomes as dependent as a child does on their caregivers, financially, emotionally or physically, thus leaving a broad window for possible health challenges, and therefore the elderly should be helped by family members, government and the communities to overcome these challenges. Based on the findings, the recommendations were made which include that government and family members should care for the elderly by providing the basic needs of living and the family members should provide the elderly with caregiver that will be of help both social and psychological assistence.*

Key Word: Elderly, Ageing process, Elderly Challenges, Relationship, Physically Neglected

Introduction

Globally, the population is aging rapidly, both the number and proportion of people aged 65 years and above are increasing, although at different rates in different parts of the world. The number of older adults has risen more than threefold since 1950, from approximately 130 million to 419 million in 2000, with the elderly share of the population increasing from 4 percent to 7 percent during the period (Waite and Hughes, 2004). Two thirds of the world's older persons live in the developing regions and by 2050, nearly 8 in 10 of the world's older persons will be living in the developing regions (United Nations, 2017). The population of the elderly (age 65+) in Nigeria is on the increase as the crude mortality rates are gradually reducing. Aging in Nigeria is occurring against the background of socio-economic hardship, widespread poverty, the HIV/AIDS pandemic, and the rapid transformation of the traditional extended family structure. Ageing of the population in Nigeria has brought about concerns on

how to keep elderly people living at home as long as possible. During the ageing process, coping with the situations of everyday life and meeting its demands become even more personal than before (Pietilä and Terro, 1998).

The Elderly is the last stage of the circle of lifetime (Bayram *et al*., 2011). Elderly people are the persons who are 65 years old and above (Hayes, Balogun, Chang and Abdel-Rahman, 2012). According to Hagberg (2008), ageing is defined to mean a periodic change in human life which is constantly changing as time passes. Bagheri-Nasami (2010) sees ageing as a process that cannot be avoided, its definition also includes slow process that could mean gradual degeneration in the structure and vital organs of both human and animals which happen as time passes. This degeneration is not affiliated with diseases or other type of serious disabilities but with time, it may eventually lead to death. Ageing itself is not seen as illness (Toner, Pilpel, and Tidhar,2003), when ageing sets in, normal functionality of the body system begins to decline, this marks the beginning of another life.

Elderly persons face series of challenges such as illnesses and irreversible loses during the ageing process. Acute illness comes with lots of problems and there may be a need to keep in shape one's emotions, self-image, ability and relationship. The elderly persons in African societies are now facing quite a number of challenges, HelpAge International (2001) observes that older people are subjected to various forms of abuse that include physical violence and denial of basic necessities of food, water, shelter and healthcare. At the national level, elderly people are denied the opportunity to participate on issues that affect the older people. Elderly people have ill health in different forms and are neglected both physically and psychologically by family members and other care givers. The elderly are the custodians of culture and tradition, mediators during conflict resolution and contributes in enforcing peace in various communities, (Asiyanbola, 2008). Many elderly people reach retirement age after a lifetime of poverty and deprivation, poor access to health care and poor dietary intake. These situations leave them with insufficient personal savings to meet their daily needs, (Charton and Rose, 2001). In addition, the elderly is not promptly paid pension after the meritorious years of working in the public service. As a result, majority of older people depend on family support networks, a reality that is well appreciated in most parts of sub-Saharan Africa in the past (Van de Walle, 2006), however, it is recognized that traditional social security systems are evolving, attenuating and rapidly disappearing due to pressures from urbanization and industrialization, (Tostensen, 2004). In Iboro Ikwuano, the case is the same. There is the need for this study to identify ways of improving the elderly challenges in Oboro, Ikwuano LGA of Abia State.

Research Questions

1. What are the illnesses of the elderly in Oboro, Ikwuano LGA of Abia State?
2. What are the physical health challenges of the elderly in Oboro, Ikwuano LGA of Abia State?
3. What are the social health challenges of the elderly in Oboro, Ikwuano LGA of Abia State?
4. What are the emotional health challenges of the elderly in Oboro, Ikwuano LGA of Abia State?
5. What are the ways of improving the health conditions of elderly in Oboro ikwuano?

Methodology

Research Design

This study was a descriptive survey study in which a group of people are studied by collecting and analysing data from only a few people considered to be representative of the entire group. this design was appropriate for the study because it involves collecting information from the elderly in Amawom and Umugbalu community both

in Oboro Ikwuano LGAs. The result will be generalizable to other older people and can stand for replication in other places

Population

The population for this study consists of 244 elderly aged 65 years and above, each of them have a total number of 134 and 110 elderly in Amawom and Umugbalu respectively. The study was conducted in Amawom and Umugbalu community of Oboro ikwuano LGA of Abia state. Amawom and Umugbalu are among the 18 villages of Oboro clan in the LGA of Ikwuano in Abia state. Amawom has 9 hamlets which include Mbakamanu, Agbommiri, Umuobia, Mbachukwu, Umuokom, Mgbaja, Agah, Mbaisara and Amaya, while Umugbalu has 7 hamlets which include Umuokorocha, Nbumo, Eziukwu, Ayaba, Umuopara akwu, Umugo and Umuorie.

Out of the 18 communities of Oboro Ikwuano LGA, only two communities were selected for this research work because these where the places that have more elderly persons needed for this research work.

Sample and sampling techniques

A multi- stage sampling technique was used in selecting the sample size for the study. In the first stage, Oboro was selected from Ikwuano clan. In the second stage, 2 communities out of 18 communities in Oboro was purposively selected because they have more elderly needed for the research work, while in the third stage, three (3) hamlets were randomly selected from each of the two communities. Finally, twenty (20) respondents was randomly selected from each of the three (3) hamlets making it a total sample size of one hundred and twenty (120) respondents for the study.

Method of data collection

The Elderly Challenged Questionnaire (ECQ) was used for data collection. The questionnaire was arranged according to the research questions. The physical health of the elderly persons consists of 3-point scale of preference which are graduated into Always, Sometimes, and Rarely. The ways of improving elderly's health challenges used 4-point scale of preference (Strongly agree (SA), Agree(A), Strongly disagree (SD), Disagree(D) to supply answers to the research questions.

Data analysis techniques

Research questions were analysed using frequency and percentages and mean scores.

Results and Discussions

Table 1 below is on the illnesses of the elderly persons of Amawom and Umugbalu Community of Oboro Ikwuano LGA shows that 117(97.5 %) has diabetes, 115(95.5 %) has arthritis while 115(95.8 %) has stroke, 118(98.3 %) has high blood pressure, 116(96.7 %) has back pain, 116(96.6 %) has waist pain, 114(95.0 %) has cataract and 115(95.8 %) has stomach pain.

Table 1. The illnesses of elderly persons of Amawom and Umugbalu community of Oboro Ikwuano LGA.

		YES		NO	
S/N	ITEMS	Frequency	%	Frequency	%
1	Diabetes	117	97.5	3	2.5
2	Arthritis	115	95.8	5	4.2
3	Stroke	115	95.8	5	4.2
4	High blood pressure	118	98.3	2	1.7
5	Back pain	116	96.7	4	3.3
6	Waist pain	116	96.7	4	3.3
7	Cataract	114	95.0	6	5.0
8	Stomach pain	115	95.8	5	4.2

Table 2 show 58(48.3 %) always indulge in physical activities like house chores. 103(85.8 %) sometimes eat vegetables, fruits, fish, meat and beans while 14(11.7 %) always eat vegetables, fruits, fish, meat and beans. 76(63.3 %) sometimes chat with friend, ,102(85.0 %) sometimes practice self-care medication, 79(65.8 %) sometimes rest and sleep in a day. 69(57.5 %) never go for a regular medical check-up, 106(88 %) sometimes have provisions for a suitable health care service in the community. 63(52.5 %) always prefer food cooked by boiling and /or steaming methods, 118(98.3 %) always eat thrice in a day. 55(45.8 %) sometimes take alcohol/ snuff/herbs/roots.

Table 2. The Physical Health of the Elderly Persons of Amawom and Umugbalu Community of Oboro Ikwuano L.G.A

S/N	ITEMS	Always	%	Sometimes	%	Never	%
1	Frequency of physical activities	17	14.2	45	37.5	58	48.3
2	Frequency of eating vegetables, fruits fish, meat and beans	3	2.5	103	85.8	14	11.7
3	Chatting with friends	5	4.1	76	63.3	39	32.5
4	Practice self-care medication	10	8.4	102	85.0	8	6.7
5	Frequency of rest / sleep	32	26.7	79	65.8	9	7.5
6	Regular Medical check up	69	57.5	42	35.0	9	7.5
7	Provisions for a suitable health care service in the community	4	3.3	106	88.3	10	8.3
8	Preference for cooked food (boiled or steaming	2	1.6	55	45.8	63	52.5
10	Number of feeding times in a day once	103	85.8	15	12.5	2	1.7
13	Consumption of alcohol/snuff/herbs & roots	27	22.5	55	45.8	38	31.7

Table 3, shows that majority 115(95.9 %) of the respondents hang out with their age grade 97(80.8 %) of the respondents have a strong communication skill in relating with their family members, 26(21.7 %) of the respondents are affected by their social health due to their present stage of life while majority 94(78.3 %) are not affected by their social health due to their present stage of life, 84(70.0 %) of the respondents do not stay alone, few 39(32.5 %) of the respondents find it difficult to associate with people due to their present stage of life while majority 81(67.5 %) of the respondents do not find it difficult to associate with people due to their present stage of life, majority 95(79.2 %) of the respondents participate in community functions while few 25(20.8 %) of the respondents do not participate in community functions, 110(91.7 %) of the respondents accepted that there are public health programme conducted for them in the community while few 10(8.3 %) of the respondents said no public health programme conducted for them in the community, majority 101(84.2 %) of the respondents attends public health programme while 19(15.8 %) of the respondents do not attend public health programme. This result shows that the social health of the elderly persons in Amawom and Umugbalu in Oboro Ikwuano LGA are highly active with their social health and activity.

Table 3: Social Health of the Elderly in Oboro Ikwuano, Abia State

S/N	ITEM	YES	%	NO	%
1	Do you hang out with your age grade	115	91.5	5	8.3
2	Do you have a strong communication skill in relating with family members	97	80.8	23	19.1
3	Does your social health affect your present stage of life	26	21.7	94	78.3
4	Do you always stay alone	36	30.0	84	70.0
5	Do you find it difficult associating with people due to your present stage of life	39	32.5	81	67.5
6	Do you participate in community functions	95	79.2	25	20.8
7	Is there any public health programme conducted in our community	110	91.7	10	8.3
8	Do you attend public health programme	101	84.2	19.	15.8

Table 4 showed the result on the emotional health of the elderly persons of Amawom and Umugbalu Community of Oboro Ikwuano L.G.A shows that 111(92.5 %) of the respondents are affected emotionally by a family member who always fight with people, 112(93.4 %) of the respondents are affected emotionally by a family member who drinks and disturbs the neighbourhood, 113(94.1%) of the respondents are affected emotionally by a family member who always put the family into problem, 111(92.5 %) of the respondents are affected emotionally when family member do not provide food, 107(89.2 %) of the respondents are affected emotionally when family members give them food they do not like, 101(84.2 %) of the respondents are affected emotionally when a family member is involved in a crime that militates against the community, 115(95.9 %) of the respondents are affected emotionally when family members do not give them attention to know when they are in need, 113(94.2 %) of the respondents are affected emotionally when their family members avoid them in public, 113(94.2 %) of the respondents are affected emotionally when family members renders abusive names on them,

Table 4. Attitude of the Family Members Affecting Health and Emotions of the Elderly

Item	YES Frequency	%	NO Frequency	%
Always fighting	111	92.5	9	7.5
Drunk and disturbing	112	93.4	8	6.7
Putting family into trouble	113	94.1	7	5.8
Not providing food	111	92.5	9	7.5
Not giving the elderly food	107	89.2	13	10.8
Involving in a crime	101	84.2	19	15.8
Not paying attention	115	95.9	5	4.2
Avoiding the elderly	113	94.2	7	5.8
Abusive name calling to the elderly	113	94.2	50	5.8

Table 5 showed that the respondent agree with the following as of the ways of improving the elderly health challenges, these includes: that government should provide adequate health care service $\bar{x}_G$ = 3.49, spiritual support is highly needed to enable the elderly to be close to God $_G$ = 3.45, the elderly persons should be accepted by the society so they don't feel rejected $_G$ = 3.41 love and affection from loved ones should always be giving to the elderly to make them feel happy $_G$ = 3.54, the elderly person should live in a conducive environment that is free from

health hazard$_G$ = 3.33, the elderly persons should be adequately cloth by family members from weather condition $_G$ = 3.08, the elderly persons should not be allowed to walk far from their environment$_G$ = 3.04. The elderly persons should always indulge in regular exercise, the elderly persons should always go for a regular check-up $_G$ = 3.56, and that the elderly persons should avoid alcoholic totally $_G$ = 3.28. Three (3) of the items score below the midpoint mean so the respondents disagree with these.

Table 5:Mean score of Respondents Ways of Improving Elderly Health Challenges?

ways of improving the elderly health Challenges	Male $\bar{x}_1$	Female $\bar{x}_2$	Grand Mean $\bar{x}_G$	Remark
Government should provide adequate health care service	3.49	3.49	3.49	Agree
There should be financial support provided by family members alone	2.29	2.17	2.22	Disagree
Spiritual support is highly needed to enable the elderly to be close to God	3.49	3.41	3.45	Agree
The elderly persons should be accepted by the society, so they don't feel rejected	3.29	3.52	3.41	Agree
Love and affection should always form part of the life of the elderly	3.63	3.45	3.54	Agree
The elderly person should live in a conducive environment	3.41	3.25	3.33	Agree
The elderly should be allowed to make choices of food they like	2.59	2.00	2.29	Disagree
The elderly should be allowed to make choices of food they like	2.59	2.00	2.29	Disagree
The elderly persons should be adequately cloth by family members from harsh weather condition	3.06	3.09	3.08	Agree
The elderly persons should not be allowed to walk far from their environment	2.98	3.08	3.03	Agree
Elderly persons should always indulge in regular exercise	3.04	3.04	3.04	Agree
Elderly persons should always participate in carrying out all community functions like clearing bushes around village from town halls etc	1.98	2.13	2.06	Disagree
The elderly persons should always go for a regular check up	3.57	3.54	3.56	Agree
The elderly persons should avoid alcohol totally	3.31	3.24	3.28	Agree

Discussion of Findings

The findings on table one agrees with the report of Smith, Paterson & Grant, (1990) and Help Age International (2001) that elderly persons in African societies are now facing quite a number of challenges, older people are subjected to various forms of abuse that include physical violence, and denial of basic necessities (food, water, shelter and healthcare). This is also supported by Oluwabamide (2005) who noted that in African societies, the aged are being isolated, most of them are left alone without anyone to socialize with them and that in most rural communities, the predominantly aged are left to fend for themselves while saddled with the responsibility of providing care services to young children who cannot be in school or whose parents are on the farm. The security of elderly persons is at stake and the elderly too need protection.

The finding of the study disagrees that there should be financial support provided by family members alone, with the report of Charton & Rose (2001) that many elderly reach retirement age after a lifetime of poverty and deprivation, poor access to health care and poor dietary intake, these situations leave the elderly with insufficient personal savings or financial support from family alone to meet the daily needs. For those who have worked in public service, the irregularity of pension result to their poor well-being due to poverty and poor medical attention. As a result, the majority of older people depend on family support networks, a reality that is well appreciated in most parts of sub-Saharan Africa in the past, (Van de Walle, 2006).

Anionwu, (2008) stated that, social contact and interaction among the community members help in providing the elderly with a sense of security, belonging, emotional support and comfort.

The study revealed that good care service, financial support, acceptance of the elderly by the society, love and affection and going for regular check-up will improve most of the health challenges encountered by the elderly. Jones, Kramar, & Peterson, (2010) states that family members hold the responsibility of fulfilling filial obligations to the elderly by providing food, shelter, clothing, drugs and other necessities.

Conclusion and Recommendations

The study investigated the Strategies adopted by elderly persons in coping with health challenges in Oboro Ikwuano, Abia State. In many ways, the elderly becomes as dependent as a child does on their caregivers, financially, emotionally or physically, thus leaving a broad window for possible health challenges, therefore the elderly, should be helped by family members, government and the communities to overcome these challenges. Based on the findings of the study, the following recommendations were made:

1. Government and family members should care for the elderly by providing the basic needs of living. Family members should provide the elderly with help that will fulfil both social and psychological needs.
2. The elderly population is growing because of the delay of circumstances leading to early retirement and death. Improve medical services, education and improve lining styles has delayed death, therefore, government, philanthropic organizations and other relevant agencies should consider policies that will secure the future of the elderly.

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