

Galvanising Voices of Older Persons for Action in Nigeria

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Abstract: - In developing societies, older adults face many challenges to which the government paid little attention. Government priorities are misplaced when they are unable to care for older adults who contributed to nation-building. Older adults are known to suffer in silence because no one is interested in listening to their plights. This exploratory paper reviewed some of the challenges experienced by older adults in Nigeria and examined a few strategies to galvanize the voices of older persons. Some issues affecting the well-being of older adults include the lack of adequate healthcare facilities, lack of funding to cover medical cost, poverty, loneliness, neglect, abuse, and insecurity, among others. Older adults are an essential segment of the population whose wisdom and knowledge are indispensable to the socio-economic development of the society. The writer suggested a few ways to ensure that older adults have a voice in Nigeria.

Keywords: Aging, older adults, Insecurity, Neglect, healthcare, poverty

I. INTRODUCTION

If given the opportunity to choose between life and death, many who died would have indicated their desire to stay alive, given the frightening nature of death (Collins, 2014). Despite the zeal to live as long as possible, challenges abound and mitigate against healthy living into old age. The population of older adults today is growing at a fast rate in various societies of the world and is attributed to improved healthcare and living conditions made possible by the improvement in science and technology (Williams, 2016). For instance, the population of people, 65 years and above, is rapidly growing across societies (Powell, 2015). In Nigeria, the National Population Commission reported that the proportion of older adults aged sixty years and above would reach 16 million by 2030, and 47 million by 2060. However, despite the increase in the number of older adults, bitter life experience has translated aging into a less desirable situation.

II. AGING AND ITS CHALLENGES

While many people have acknowledged aging as a positive development in the course of human existence, concerns abound about the conditions of this older segment of the population. Many fears that older adults are the most vulnerable in terms of susceptibility to poor health status, neglect, malnutrition, access to proper care, and general impoverishment. Essentially, this problem is most profound in developing societies where the social security system is quite non-existence, and the state of healthcare is appalling (Akpan

and Umobong, 2013). In Nigeria, none would argue that older adults constitute the poorest segment of the population. Although a few are wealthy, the majority are languishing in poverty without access to decent living and the needed care and support. Even in the developed societies of Europe and North America, the older persons have their unique challenges such as loneliness and different forms of ailments. Concerns about the problems of elderly persons have been made the agenda at the various levels of government.

However, government initiatives and declarations recognizing the aging population are still insignificant and limited, and Nigeria has no effective policy for the older population. There will be a need for policymakers and healthcare providers to "understand the dynamics of healthcare disparities as it relates to successful aging" (Troutman & Bentley, 2011, p.1). Accomplishing these tasks can only be possible the moment the voices of the elderly begin to resonate in our environment.

In 2018, President Muhammadu Buhari signed a draft policy on Ageing into law, and the details are unknown as at the time of writing this article. Given the prevailing policy situation in Nigeria, there is an urgent need for concerted efforts to mitigate the plight of the older citizens in our society. Aging begins at birth and as such, leaves us enough time to plan and prepare for aging. Nigeria government cannot cross her fingers and expect that donor agencies will have to send money to address the issues of aging in Nigeria. Aging requires active government participation to address the "interconnected social, economic and environmental factors (San Diego University, 2013, p.1)

According to Asiyanbola (2018), a significant number of older adults in Nigerian society have no access to excellent healthcare services, portable drinking water, and nutrition. These shortcomings are more profound in the rural areas where most low-income earners reside. Older adults are usually vulnerable to poor health conditions such as frailty, hypertension, arthritis, diabetics, amongst others. WHO refers to health as a complete state of mental physical and social well-being of all the citizens, and the absence or lack of diseases does not qualify a person as having good health. What this suggests is that for individuals to function well in society, there is a need for them to remain healthy at all times. Zulueta (2017) observed that the health of older adults is crucial for the continual functioning of society. As a segment of the population, the elderly are custodians of societal values

and transmit such from generation to generation. Thus, their functional health status is crucial in societal existence.

Frailty is another condition of the older adults that needs critical examination. As a health condition, frail adults suggest a state of increased vulnerability, which is extrapolative of the high rate of poor health outcome and mortality. Smith (2011), argued that the increasing number of older adults who are frail constitutes real danger due to the lack of defined healthcare systems in developing countries. The prevailing health care system, especially in developing countries, is mainly designed to address one medical problem at a time, many of which are considered reversible illnesses. The dominant healthcare system in Nigeria is ill-equipped, have no drugs or qualified workforce to take care of the specific, often complex, and diverse chronic needs of older adults living with frailty. Bennis (2012) maintained that frail older adults consume health and social care services, but have to deal with procedural and policy decisions across all settings of care. Many health conditions confronting the aging population thwart their efforts to engage in research surrounding their health, in setting priorities for health care decision making, or in policy decisions.

In the same vein, Bakar (2015), suggested that frailty is a state characterized by an accumulation of physiological deficits over time. And these accumulated shortcomings exacerbate a person's vulnerability to poor health outcomes, including physical, mental, or social decline and eventually to death. For instance, a frail older adult is vulnerable to a condition where even minor events can generate significant changes in the individual's health condition. Weakness is likely to arise from a variety of diseases and medical conditions and evidenced by alterations in physical functions, decreased speed, weight, and muscle loss. Others include decreased grip strength, chronic fatigue, loss of physical activity, and memory loss (Baker 2015).

In most societies of the world, especially in developing countries of Africa, Asia, and Latin America, older adults are among the inferior segment of the population. The plights of older persons are as a result of the fact that most of them have never worked in the formal sector that can enable them to enjoy a pension service scheme. Even the retirees cannot boast of regular pension income, and sometimes, many go for months without receiving any payment. A significant number of older adults worked in the informal sector as artisans and farmers and as such, at later life; they have little or nothing to fall back on as insurance against old age (Yunusa, 2014). This scenario makes them susceptible to poverty, especially at a later age in life. As the number of older adults continues to rise, research on successful aging should include ethnic, racial and cultural groups as well (Troutman & Bentley, 2011)

Furthermore, older adults in different societies of the world are suffering from loneliness. According to (Akpan and Umobong, 2013), loneliness is a state of social isolation characterized by feelings of sorrow and melancholic

depression. Loneliness takes several forms. However, there is a difference between social solitude and emotional isolation. Emotional loneliness implies the absence of an individual with close emotional attachment, such as one's partner or bosom friend. Social isolation loneliness means the non-presence of a variety of social network such as friends, religious members, cultural members, and colleagues, both professional and non-professional. Loneliness can sometimes be a chronic state often exacerbated with advancing age, or a condition which emerges in later life in response to life events.

Amadunme (2014) have found that quite a good number of older persons, about 23% to 25% reported being lonely, while many others said that they were isolated. There is every reason to worry about the present conditions of older people in Nigeria. As the population of older people continues to increase, more people are likely to be separated and will be isolated if proper planning is neglected. Critical factors for loneliness include being in later old age (over 80 years), on a low income, in poor physical or mental health, and living alone or in isolated rural areas or deprived urban communities. As a socially isolated population, the risk of loneliness is bound to rise (Asiyanbola, 2018).

Another crucial issue about older adults in different societies is abuse. Cross-culturally, elderly citizens suffer varying degrees of mistreatment from no fault of theirs, World Health Organization World Report on Violence and Health (2002: 126). In any relationship where trust exists, repeated actions causing discomfort and failure to render help as at when needed are all considered as elder abuse. It constitutes a severe threat to a lot of individuals in later life, and it takes various patterns. The concept of elder abuse remains a social problem, and it has remained a topical issue across societies. Elder abuse is a social problem because the elderly population is supposed to be protected, supported, and catered for, but instead, they are not adequately recognized. The problem is a global phenomenon that is not restricted by culture, socioeconomic lines, or boundary. The abuse of older persons is a multifaceted socio-cultural, political, moral, and personal issues, and it cut across health care, legal, human rights, and ethical spheres within major institutions (Zulueta, 2017).

The frequency, duration, intensity, severity, and impacts of the actions determine the real effect of elder abuse on its victim. Elder abuse is not only stressful but can have significant adverse health effects on older adults and may include, high mortality rates relative to non-abused older persons. Abuse of older persons has an intergenerational impact because when people abuse older adults, there is a likelihood for them to be victims at some point in their lives. In Africa, a child who abuses a parent should expect the same because the children will undoubtedly learn from their parents' actions. When an individual feel uncomfortable taking care of a parent or elderly relative, the chances are that such a person may receive the same treatment from children (Nwakunna, 2016).

Elder abuse can be physical when exposed to bodily harm, injury, physical coercion, or physical restraint on an older person. It could be psychological when an older person is subjected to mental anguish, verbal, or emotional abuse. It could also be financial in cases of monetary or material damage. The illegal use of elderly persons' resources in the forms of economic exploitation, defraud, and theft also constitutes some form of financial abuse. Parents give birth to their children and train them with the expectations to be taken care of at old age. But in some cases, some children renege in this regard with reasons best known to them. This neglect is said to constitute a form of abuse (Okoro, 2011).

Neglect of older adults is often preceding abuse as it suggests inevitable failures to live up to social or cultural obligations. It undermines the ability of a close relative to provide or offer care, support, or assistance to older adults, especially parents, uncles, nieces cousins, amongst others. Neglect of older adults can have an active and passive form. The former occurs where the other person fails to live up to socio-cultural expected caregiving obligations and assistance like the provision of food, clothing, and healthcare services as well as shelter. Active neglect encompasses conscious and intentional attempts to inflict physical or emotional distress in an older person. On the other hand, passive neglect refers to the failure to fulfill a caregiving obligation due to ignorance, of the plight and needs of the older person.

Another form of elder abuse can be sexual. Sexual abuse suggests sexual contact with the older person without his or her consent, which is rape. According to Abiodun (2015), ritualists and deprived persons in society usually molest older adults sexually, which constitutes abuse. Again, ageism is another dimension of elder abuse as it constitutes stereotyping of older adults. For example, older adults are said to be incapable of logical thinking, weak, fearful, etc. This paper sought the best approaches to meeting the challenges associated with old age. In simple terms, how can the voices of older adults be heard in a manner to encourage positive actions towards the problems faced by the aging population?

Yet, Traditionally, when civil servants retire in Nigeria, the majority move back to their respective villages where they have built their homes or rush to finish their uncompleted building with the lump sum they received upon retirement. A lot has really changed. Those at the lowest income level are no longer fulfilling their dreams of owning their own homes, and those who started building are not able to complete their house upon retirement. Reason being that the days of receiving a lump sum upon retirement are long gone. In addition to income insecurity and the demise of the defined pension benefit, insecurity in the villages is dealing a bigger blow to the elderly in our society. Many no longer feel secured to visit their villages for fear of being kidnapped. There are many instances when those who visited their villages were kidnapped and kept in captivity until a ransom was paid. Others were killed because those who were expected to pay the ransom could not meet the obligation, and

yet, others lost their lives after the ransom was paid. It is obvious that many will not be relocating to the village upon retirement, and as such, the demographics of the elderly will become more diverse.

III. GALVANIZING THE VOICE OF THE AGED FOR ACTION

The activity theory of aging supports this paper. The theory posits that a prosperous old age can be made possible through the maintenance of roles and relationships. Havighurst and Albrecht (1951) argued that aging could be both a lively and creative experience within old age if replaced by new tasks or activities to ensure happiness, value-consensus, and well-being. That the disengagement theory of aging is not a natural process; it promotes ageism and cast doubt on positive aging. To that effect, 'activity' is seen as an ethical and academic response to the disengagement thesis, which re-cast retirement as joyous and mobile. Therefore, older adults are a part of society's structure, has roles to play with many unmet needs. But where the needs such as shelter, food, clothing, finance, health, sex, safety, love, affection, belongingness, respect, welfare, retirement, amongst others, are short-changed, the elderly are affected and so are other components of social structure. Often times, the unmet needs compel an older adult to seek help from any source possible, which turns out to be detrimental to society. The activity theory suggests the need to advocate for actions to galvanize the voices of older adults into action.

Thus, based on the above significant observations, the following are proposed as strategies of galvanizing the voices of older adults into action. Psychological support services for the elderly who are experiencing loneliness will be very timely. By extension, Mindfulness and Cognitive Behavioral Therapy (CBT) are required to be made available to older adults as an antidote to social isolation. There is a need to train experts in the field of geriatrics, just as we have experts in pediatrics. Reason being that developing countries have little or no specialists' hospitals for geriatrics care as it exists for children. There is a need to ensure that ambulatory care services are intensified, especially in rural areas where the majority of older adults reside. Efficient and effective means of transportation and communication are crucial in mitigating the plight of older adults, especially in third world nations. It is important because since most of the older adults suffer from social and emotional isolation, these services will enable them to connect to others whenever the need arises. Regular and adequate access to transportation and technology infrastructure is essential and constitutes an important tool in ensuring the needed social connection. The approach will be supporting older people to maintain their existing relationships and will also be providing services that support the development of new connections. The lack of access to these services can hinder social context; thus, making it imperative for action to be taken to ensure that these infrastructures are in place for older adults.

Accessible and affordable transport is crucial in retaining connections and independence at old age. Furthermore, Etobe & Etobe (2013) posits that happiness should be packaged and sent to the doorsteps of the elderly. Setting out specific days will enable relatives, friends, governmental, or non-governmental organizations to organize visits to the elderly. For example, “Age UK Exeter’s Men in Sheds” scheme was established to offer a facility to socialize men aged 50 years and above. They usually meet for a few hours a week in the familiar setting of a shed or workshop. They typically come together to socialize over refurbishing and renovating tools and garden equipment to be donated to charities and organizations in the UK and Africa or to be sold to raise money for Age UK Exeter.

There is a need to design strategies aimed at erasing negative thoughts from the minds of diverse people by engaging in enlightenment campaigns to debunk certain myths and stereotypes about aging. This is borne out of the fact that among the most severe health challenges that threaten the lives of individuals and groups, psychological trauma is among the top leading cause of mental depressive melancholy (Etobe, & Etobe, 2013).

Older adults need care and support. It is necessary for caregivers to recognize this fact by ensuring that they treat those needing help with respect and dignity, and to recognize that the people needing their services are loved by their family members and that they were hired to provide the desired comfort and services needed by the elderly persons. Again, there is a need for a capacity approach that focuses on people’s capabilities rather than deficits. What this suggests is that a plan should be designed that will aim at identifying the skills of older adults and harness them for their well-being, rather than counting them as spent bullets that exist for no use. This assertion is bolstered by Osuala (2011), who observed that older adults are useful in their rights and capacities; therefore, their wisdom and strength are still helpful for societal survival.

Adeleke (2014), argued that the role of the family in ensuring the well-being of older adults could not be overemphasized. Family is the natural channel through which both life and death are processed and are heavily cherished by older adults. This is based on the fact that while others may reject persons not closer to them, especially in time of need, closer persons indeed may find it difficult to do the same, hence, making it necessary to ensure that family units are intact, and are to be maintained, especially in developing countries of Africa where family ties are highly cherished.

Shopping services should be provided for the elderly to eliminate the difficulties they usually encounter in obtaining personal needs. In particular, the incidence of frailty often incapacitates older adults in such a manner that they find it difficult to go out and obtain their basic needs, especially when they have to put up with transportation issues. For example, in the United Kingdom, the “Age UK Kensington and Chelsea’s” shopping service helps older adults in their

respective borough who cannot use public transport to do their shopping, and by so doing get an opportunity to socialize with the elderly ones. The practice could either be such that older adults will book for their items to be supplied to them at their residences or in such a way that they could be picked from their houses and taken out for shopping and brought back at the end. This strategy is based on the fact that many older adults find it challenging to obtain their needs, even when they have the money.

Since it has been established that one of the challenges of older adults in geriatric care, it is therefore imperative to frequently organize health tips for older adults. This becomes essential in the sense that it will alleviate specific fears that arise when experiencing certain health conditions. In developing countries, healthcare facilities are in a poor state to cater to the various curative health needs of the citizenry. Hence, action needs to be taken as often as possible to organize health tips for older adults, especially in rural communities where a large proportion of them reside. This will help the older adult population to have a better understanding of their health conditions and ways of managing it.

The correlation between social engagement, health, and well-being has been well-documented long ago. In many ways, it is argued that increased age can be considered a risk factor for social withdrawal, hence physical decline and retirement. Social engagement referred to as making social and emotional connections with other people such as family members, friends, and the community, for instance, being an active participant in clubs, religious organizations, volunteer work amongst others is considered to be one of the ways of helping older adults to live a healthy life.

In most societies, older adults suffer and die in silence. There is no medium for them to express their views or put their complaints across for appropriate action to be taken. Consequently, there is the need for a mechanism to be put in place in such a way that the concerned citizens of society should be frequently reached and elicit their views for action to be taken.

IV. CONCLUSION

Many problems facing the older population in Africa has been identified and reviewed, and necessitate immediate actions. Older adults are discriminated against and suffer from different health challenges, are stereotyped, abused, and mistreated. While there are growing concerns for the well-being of older citizens, in most developing societies, there are no state interventions for the elderly. Therefore, older adults who are classified as individuals from sixty-five years and above in different societies of the world, especially in the third world countries, are faced with particular challenges that impact negatively on their well-being, and immediate actions are required to help to alleviate their pains and challenges.

Ensuring that the voice of the elderly is heard in the community is the surest way to guarantee that their concerns

and welfare will be addressed, at least to the extent possible. Smith, Rozek & Moore (2014), affirmed that people could only have a sense of belonging when they are connected and can influence their environment and social interactions. Furthermore, older adults are exposed to stress and social losses due to their shrinking life spaces (Kahana, Kelley-Moore & Kahana, 2012). Is there a one size fits all system that will make the voices of the elderly to be heard as has never happened in the past? The response is no, but we encourage all hands to be on deck, as we are certain that the issues of aging can be better resolved collectively. We must continue to share both philosophy and approach on the best perspective to solving the issues of aging (Larkin, 2013)

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