

# Neglect Syndrome of the Aged in Nigeria: Beyond the Policy Formulation

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## ABSTRACT

Lack of sensitivity to the plight of; and priority misplacement of older persons has become a plague in Nigeria. Delay in policy implementation and lack of proper attention has been a challenge in solving the problems of the aged since from the time country gained independence from her colonial master. Social inequality, poor policy ratification and implementation have become regular phenomena in the political system. Unfortunately, the health industry is not safe from this political menace making the aged more exposed to debilitating conditions causing a reduction in their life expectancy and an increasing mortality rate. This paper looks at the aspects of human rights in combating the neglect syndrome of the Nigerian-aged population.

**Keywords:** Aged, Care, Constitution, Elderly, Health, Neglect, Policy, Population

## INTRODUCTION

The aged in the general population can be categorized alongside other vulnerable groups based on their peculiarity of partial or total dependence on the rest members of the society in the achievement of basic needs of life (1) Many of their vital organs have witnessed degenerative changes and probably not coping well with the demand for mobility and stability of health giving rise to poor health status and diminished quality of life. The determinant of population health entails the availability of adequate social, physical and environmental health in health facilities to meet the health needs of the general population to achieve quality of life (2) however, this optimal quality of life cannot be boasted of by many Nigerians in their everyday life. Meanwhile, quality of life as a subjective appraisal of a personified satisfaction of life's circumstances which are in the essential complex domains of life including physical, spiritual, psychological and social domains (3,4) has been tampered with in different locations of their abode. The older generation in Nigeria cannot be however considered happy or satisfied on these parameters based on recurrent abuse, victimization, non-payment of retirement benefits for retirees, poor accessibility to quality health, and lack of social support among many other things.

Many of the older generations suffer neglect from their immediate family members consequently resulting in aimless wandering, begging for alms to sustain themselves and becoming victims of abuse at the hands of miscreants especially among those without any retirement benefit. Also, the majority of them tend to live with their children as a way of getting means of livelihood which may not give them the desired and comfortable environment (5). This has been a trend in most African countries, especially in Nigeria where population explosion without adequate growth of resources has become a regular trend leading to neglect of vital aspects of development expected of developing countries. This includes population health, infrastructure, education, neglect of internally displaced persons, and in particular the aged who by series of degenerative states of bodily organs cannot fend for themselves.

In another study, (6), projected that Sub- Sahara Africa will experience a 218% growth in the number of older adults and that as the trend continues, the need for the care of this group will exceed the need for the care of the older population in developed world. The study further identified issues affecting the aged

population in the region as ranging from poverty, lack of trained professionals to work with the older people, food insecurity, disability and health issues, increasing need for long-term care. Dearth of research in the area of gerontology was also identified as an issue mitigating against adequate attention to the aged and the barrier to this included lack of funding for research in this area and lack of training of professionals in this area. The findings from the study revealed the respondents as suggesting government funding for research in gerontology and international partnerships as a way of ameliorating some of the challenges being faced by the aged population in the Sub- Sahara Africa.

The rate of abuse of the elderly has been described to be increasing in alarming rate with ratio 1:6 persons of persons older than 60years old has experienced one form of abuse or the other (7). Again, different types of abuse of the aged persons has been identified; neglect of the aged persons in form of isolation, abandonment, being socially excluded; violation of their human, legal and medical rights; as well as depriving them of choices, status, respect, decision, finances and honour (8)

Similarly, (8), identified risks associated with neglect of the aged ones including mental and physical health problems that require attention. They are of the opinion that neglect of the aged should be prevented at all cost. Some of the measures suggested included ensuring that caregivers work with the aged ones to monitor and support them, paying attention to the needs of the aged as well as their caregivers. In addition, they opined that individuals, communities and government should support the aged in all ramifications, policies and guidelines on the care of the aged should be developed and followed strictly to ensure they are implemented.

Reference (9) reported that vulnerability and abuses of the aged are a general menace cutting across ethnic groups and occurring among different backgrounds. While mentioning that the vulnerability of the aged in many cases was not due to their cause, he expressed that the right of the older population to health care, social welfare package and humane treatment are now calling for more attention than the previous years with United Nations (UN), Organization of American State (OAS), politicians and international law experts are working on how best to tackle this menace globally. Also, the pattern of protection and attention given to the promotion of human rights shapes societal policies, controls the distribution of resources including accessibility to health services and ultimately affects the population (10).

Population health which caters for all categories of population groups and more importantly the vulnerable ones is an integral aspect of healthcare that focuses on the health outcomes of a group of individuals and the distribution of such outcomes within the group occupying a geographical location such as communities, nations or countries (11) having some specific variables that determine these outcomes such as age, gender, education, financial capacity and so on. The concept of population health was seen beyond public health, it certainly integrates the concepts of public health but has three levels (11). The first level is where the outcomes such as morbidity and mortality and quality of life are measured; the second considers things that influence these outcomes such as medical care, genetics, socioeconomic status, and so on, while the third level identifies variables within the individual behaviours and social policy that frequently either promote or mitigate the health outcome (12,13).

## **METHODS AND PROCEDURES**

The data for this paper emanated from exploratory and narrative interviews conducted among doctoral nursing students of Babcock University, Southwest Nigeria and healthcare providers in the geriatric department of a Federal Health Institution. Our rationale for targeting doctoral students was the believed that they were more educated and had policy related content in their curriculum as it involves the management of the elderly, and also because they were well informed about all the transitional periods and policies in the country. Some of them are equally in transition age and could view their health status in similar perspective in the years to come.

Discussion session among twelve doctoral students was anchored twice by the first and third author, their age range was between 41 and 62 years. They were selected randomly across four states out of six in Southwest Nigeria, and in addition to their educational engagement, 5 specialized in mental health care, 4 were community healthcare experts, 2 were adult healthcare providers and 1 was maternal healthcare. The major questions during the interactive session were to examine the challenges facing the aged population in Nigeria and the availability/utilization of health policies in their various state of abode that focus on the aged.

Furthermore, narrative experience and interviews of healthcare providers working in the geriatrics department of the Neuropsychiatric Hospital, Ogun State purposely chosen based on the establishment of a special unit for the aged were carried out by all the authors. 1 psychiatrist, 1 psychologist, 2 social workers, and 3 psychiatric nurses with over 10 years' experience in geriatric care were interviewed during clinic interaction with clients. The focus of the discussion was on the medico-social challenges of the aged, special package for the aged, social support and their perspective on the health policy of the aged. All participants had a good understanding of the age and two of the nurses were close to 60 years of age which gave them confidence in the principle and practice of geriatric care. Responses from the participants were grouped into sub-themes that form the foundation of the discussion.

### **Case Scenario**

Madam SB, 71 years was brought to the clinic by her only surviving child a 42-year-old petty trader. Both travel from a neighboring state to access psycho-geriatric care, while waiting for the attending physician, the client collapsed on her seat and was resuscitated by all healthcare providers. An immediate random blood sugar check confirmed the report from the daughter that the client hadn't eaten any substantial meal from the previous night.

To buttress the clinical presentation of the above client, the nurse manager explained that out of 60-75 clients who attended their bi-weekly clinics, about 10% are always having problems with feeding. All healthcare providers agreed that lack of social support including finances is a great challenge for their clients. Many psycho-geriatric problems present in this clinic can be attended to in other places if there is adequate provision of infrastructure and manpower.

Based on the focus of our discussion with interviewees, the healthcare package was described to be inadequate for the aged population with many of them having difficulties in accessing and affording health services. Hence, we reviewed both the Constitution and the policy for the aged alongside other relevant manuscripts that presented issues related to aged health needs and welfare.

## **DISCUSSION**

Nigeria is the country with the highest population in Africa. In 2022, its population amounted to over 215 million and was estimated to constantly increase in the next decades. By 2050, it is forecast that the population will grow to over 377 million people compared to 2022. In fact, in the last 50 years, Nigeria's population has grown at a very high rate (14). Population ages 65 and above (% of the total population) in Nigeria was reported at 2.9745 % in 2022 by the World Bank and their health vitality will be declining if proper attention and support is not rendered. In a study conducted in Akwa Ibom State, Nigeria, a high prevalence of elder abuse was reported, where 46.7% of elders complained of medical neglect and bed sores; 47% experienced some form of physical abuse; 44.7% reported lack of visitation; 49% were uncomfortable with their living conditions; 35% were victims of theft; 88% reported a high prevalence of denial of freedom of interaction; and verbal abuse among 73% was reported (15). Similarly, another study examined the psycho-social experiences and healthcare delivery for older adults in Nigeria and found that a growing percentage (54.9%) of ages between 60-69years who lived in the rural areas with low income are prone to health problems with no access to any (16).

## **Policy formulation and constitutional right of the aged.**

As a key factor, policies and constitution of the country should be able to cater for all the citizens irrespective of their age, socio-economic status, place of residence, ethnic group, level of employability and so on but this is not the case in most African countries, particularly in Nigeria where the constitution itself which is supreme to any other legal document is continually being abused or side-lined thus affecting the citizens' rights. Sometimes, it is encouraging to see in the Constitution that the government will direct its policies towards ensuring that there are adequate medical and health facilities for all persons; and that the aged, young persons and the minors are protected against any form of exploitation, social abuse, moral and material neglect (17).

The Constitution of the Federal Republic of Nigeria seems to give protection to the categories of people captured therein by providing basic support to them in the areas of health and materials needed to live a quality life. Chapter IV section 33-44 of the Nigeria Constitution (1999) itemized rights of individual citizens and in furtherance of the assurance of providing basic needs for the vulnerable groups in the society, section 17(3)(g) of the same constitution provides that the State shall direct its policy towards ensuring that provision is made for public assistance in deserving cases or other conditions of need. As laudable as these provisions are, the unfortunate reality is that the rights encapsulated therein are not justiciable because they fall within the provisions contained in Chapter II of the 1999 Constitution (17).

Although, Chapter I (1) sustained the supremacy of the Constitution and its provision as a binding force on all the authorities and persons including vulnerable groups; the children, young persons and the aged. Despite the provision of section 13 of the Constitution that it shall be the duty and responsibility of all organs of government and all authorities and persons exercising governmental powers to conform to, observe and apply the provisions of Chapter II of the 1999 Constitution containing fundamental objectives and directive principles of state policy, which consists of political, economic, social, educational, foreign policy, and environmental objectives among others, the provisions of section 6(6)(c) of the Constitution preclude the judiciary from entertaining matters brought thereunder. Arguably, the provisions of Chapter II are like giving something with a right hand and collecting it back with the left hand by the provisions of section 6(6)(c) of the same Constitution.

Nigeria continues to face worsening human rights crises across the country despite rights, treaties and commitments signed at the international and regional level (18). A quick look at the provision of section 13 of the Constitution seems to point to the fact that the provision of the Constitution relating to fundamental objectives and directive principles of state policy should be strictly adhered to through the provision of section 6(6)(c) but the opposite is the case in many situations. However, it is arguable that since section 1 of the same 1999 Constitution provides that the Constitution is supreme and its provision shall have binding force on all authorities and persons throughout the Federal Republic of Nigeria, it means that the authors of the Constitution regard this chapter as important. Regardless of the importance of the provisions of Chapter II of the Constitution, they remain largely evasive due to their non-justifiability. There is, therefore, no solid legal footing or foundation upon which the rights of the aged in Nigeria are placed (17).

Chapter II (16) maintained the need to harness the resources of the nation and promote natural prosperity, and control the economy to secure the maximum welfare, freedom and happiness of every citizen based on social justice hence, the right of the aged population must be protected. Sequel to this, the Federal Executive Council (FEC) of Nigeria ratified the National Policy on Ageing for Older Persons in Nigeria with the approval given on Wednesday February 10, 2021. Undeniably, this has given new hope to yawning of many Nigerians but the implementation of the policy is still challenging factor. The objective of the policy is to have a society where senior citizens are guaranteed security, independence, participation, comprehensive care, self-fulfillment and dignity (19) It is believed that if the policy is adopted and implemented by all

stakeholders, the challenges facing the aged will be reduced to the barest minimum.

### **Health Problems and Needs of the Aged**

The most vulnerable categories under population health in Nigeria that are without health coverage range from the elderly, internally displaced persons, people living with disabilities, and pregnant women, to those under five-children who are at risk of the malaria pandemic (20). Also, social and financial risk protection for the vulnerable and poor accounts for major health problems and policy issues globally (21). Social protection was conceived as any programme aimed at removing barriers to health benefits while protecting the vulnerable and poor population. Financial risk protection entails promoting accessibility to health without suffering from undue financial hardship. Unfortunately, 90% of Nigerians are without any health coverage while approximately, only 10% under National Health Insurance Scheme (NHIS) cannot guarantee receiving quality service.

Among other health problems being faced, malaria remains the foremost killer disease in Nigeria. Equally, communicable and infectious diseases are more prevalent health problems while causes of death apart from road traffic accidents, terrorism and kidnapping are malaria, lower respiratory infection, HIV/AIDs, diarrhoea, protein malnutrition, cancer, meningitis, stroke and tuberculosis. Amongst, the aforementioned, malaria remains the foremost killer disease in Nigeria as it accounts for over 25% of under-5 mortality, 30% childhood mortality and 11% maternal mortality (21). Similarly, the prevalence of HIV cases in the country is still high as the country has the highest HIV burden in the world while about 3,4 million Nigerians are living with HIV (20). The community contact of coronavirus infection (Covid-19) is also a burden for the country and its citizens.

While the country continues to face different health challenges involving both communicable and non-communicable diseases, aged population were reported to be more affected with wave of Covid-19 pandemic (22) while the outbreak of cholera in 22 states out of the 36 states in Nigeria which the Northern states and FCT experienced the wave and some few states in South-south of the country from which 31,425 suspected cases, 311 confirmed cases and 816 deaths were recorded between 1st January and August 2021 (23). While the preventive agency believes that awareness programmes and policy implementation will go a long way in curbing the menace of this nature in the country (23), the damaging effect of an outbreak such as this among older people who are of low immunity is worrisome especially, when their social network is not strong enough to allow them access required attention.

### **Protecting the aged**

Abuse of the vulnerable groups in Nigeria's society especially the older population is not a new phenomenon (24) but now it becomes worrisome in the face of insecurity and terrorism ravaging the country in the form of kidnapping, banditry and Boko Haram attacks on innocent Nigerians. The majority of these attacks were against the aged who because of diminished agility and mobility are unable to flee at the sight of attackers (25). The aged notwithstanding, should be able to live in dignity – free from any form of attack, abuse and victimization including domestic and any act of inhumane treatment in the hands of miscreants.

Despite rapid demographic changes in Nigeria, (26), observed a wide gap between the health need of the elderly and policy implementation. Aged population no matter how proportionate to the general population, needs to be protected accordingly. As of 2020, the statistical value by the World Bank of older persons above 65 years was 2.7% of the total population (27). Notwithstanding their fraction compared with the general population, the health coverage of older people in Nigeria is not adequate due to a lack of national framework and poor implementation of policy that can maximize coverage to citizens amidst changes in the demographic parameter of the aged (28).

Implementation of numerous legal policies and frameworks are significant in protecting the right of the aged. Different recommendations for protecting the right of older people in Africa had been suggested in the time past. A framework such as the 1948 Universal Declaration of Human Rights (UDHR) affirms that everyone is equal before the law and that treatment or social amenities distribution be equitably shared. The 1981 African Charter on Human and People's Rights (ACHPR) protects the right of every African citizen regardless of age. The charter focuses more on the right of older women who are victims of abuse and victimization especially in the context of widowhood rites ravaging African society (29).

Furthermore, there are a series of other international human rights and treaties to which Nigeria also consented such as the 1966 Convention on Economic, Social and Cultural Rights (CESCR), the 1979 Convention on the Elimination of All Forms of Discrimination Against Women (CEAFDAW) which by implication and extension protects the right of the aged. Similarly, the Constitution of the World Health Organization is an integral access to the right health care as declared by the WHO statement of 1948 (30) thus, availability and affordability of quality health should be made available to them. Since physical health remains the single and most important asset to the older population and the fact that many of them do not have access to quality medical care makes their health deteriorate (29). So, an effort to implement the policies and framework concerning the aged will go a long way in mitigating their discomfort.

### **Strategies to minimize the challenges of the aged population**

With the growing rate of Nigeria population and subsequently the aged categories; 2.7% in 2020 and 2.9% in 2023(27), it is important to find ways of minimizing associated negative effect. The followings strategies are therefore recommended as some of the ways to combat the menace: a) Enlightenment of the aged and the entire populace on the government policy towards the welfare of the aged is of paramount importance in making the policy effective; b) Right to health among the elderly should be given required attention and should not be an ordinary paper but a working tool also, development of old peoples home by the government and private individuals can be instituted to cater for them; c) A robust social welfare to cater for their daily needs (most especially food) should be part of their retirement package and for those without retirement benefits, access to food supply should be instituted; d) Family cohesion is paramount to many settings in Africa, this should be uphold with high esteem in order to give necessary support to the aged in this crucial state of man's existence; and e) Finally, establishment of geriatric care as a sub-specialty in healthcare system in Nigeria is needed where such is absent and should be strengthen wherever is available.

### **CONCLUSION**

The right of the aged population in Nigeria has suffered great neglect over time and there is no sign that this menace will witness an end in no distant time, the policymakers should therefore rise to the occasion in safeguarding their right to dignified healthy living. On the part of the State, Amnesty International, given the series of human rights violations and abuses in Nigeria has not stopped appealing to the Nigerian government to seize the opportunity at their disposal to end decades of human rights violations and pervasive impunity including this; making human rights central to its agenda and ensuring that human rights are not suppressed. The government must demonstrate its commitment to human rights by taking concrete actions on the recommendations made in the policy as a matter of priority.

### **Conflicts of interest**

There are no conflicts of interest.

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## Authors' contributions

OEO and AFA developed the initial concept and wrote the manuscript. OKO and OTC reviewed the manuscript for further correction. The authors read and approved the final manuscript.

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