



Life Expectancy Improvement And The Issues Of Well-Being Of The Aged In Nigeria: A Gerontological Concern

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ABSTRACT

Findings from Gerontological studies have indicated that, there is improvement in life expectancy of the human race, the world over. This means more people live long into old age, that is sixty five (65) years and above. The increase in life expectancy is not limited to developed countries only it cuts across developed and even third world countries in Asia and Africa. It has been estimated for instance, that 25% of the population in the USA and Canada will be aged 65 years and older by 2025. In general life expectancy worldwide is expected to rise by eleven (11) years from 65 in 1995-2000 to 76 in 2045-2050. The increase in the human life expectancy is attributed to the improvement in the quality of life due to improved public health, sanitation and nutrition as well as general technological development which assisted in the prevention or even eradication of many diseases. The improvement in life expectancy of human beings, the world over is no doubt a welcomed development. However, it has its challenges as well, especially for third world countries, like Nigeria. It requires commensurate or proportionate increase in resources (Human and Material) for the welfare of the numerous aging populations. Apart from the required budgetary increase for the welfare of older adults, social work education and training specialized in older adult must be intensified. The increase in longevity and life expectancy would be meaningless if the aged are to live in abject poverty, disease, mental health and other psychosocial problems such as insecurity of life and poverty. There seems to be no much care for the aged in Nigeria at present, this is exemplified by the absence or poor condition of rehabilitation homes for the aged and the poor performance of social security schemes such as pension administration for retirees. The questions that need to be answered at this point are whether the Nigeria government is aware of the increase in the number of people that are living into old age in the country, and whether concerted efforts are being put in place to adequately plan for the well being of the numerous aging population. For the country to prepare adequately for the challenges to be pose by the increase in longevity and life expectancy. There is the need for more studies on gerontology, geriatrics, social work education and such related fields. This would assist the country train enough man power to care for the older adults.

Keywords: life expectancy, improvement, well being, aged, gerontological,

INTRODUCTION

Life expectancy improvement is a situation where more people live above the years considered to be the benchmark for old age by authorities. The usual life expectancy years even in developed societies such as United States of America and other advanced countries used to be sixty five (65) years. Very few adults lived beyond the sixty five years. Recent developments have however, indicated that longevity has increased and many people now live above the normal life expectancy. The increase in life expectancy or longevity has been attributed to improvement in the quality of life due to improvement in health care, sanitation and nutrition which brought total eradication of some diseases as well as control of many others.

The improvement, though a welcomed development, carries a number of challenges to governments, the society and even the families of aged people. This is because it entails the provision of more welfare

facilities for the aged, more resources for medication and other support services. The concern of gerontologists therefore, is the issues of welfare of the aged in the Nigeria society, especially in the era of economic recession and competing demands on governments meager resources.

For better understanding of issues however, it is pertinent to know the meaning of gerontology, its historical origin, discuss aging theories (biological theories, social theories and psychological theories) in order to better understand the reason behind the improvement it is important to discuss the social welfare issues concerning the aged in Nigeria such as, the issues of work and retirement, the relationship between the aged and the community as well as their individual families and friends with a view to examining various roles they play in the adjustment of the aged when they retire from active services. The paper also examines health issues of the aged especially discuss that usually attack aging adults and how they should be protected and treated as well as general psycho-social welfare of the older adults.

The paper finally examines the existing social welfare programmes in Nigeria and proper solution on how to improve governments; the community as well as the family treatment of the aging population in the country.

Gerontology and its Historical Origin

The term 'gerontology' originates from Greek word 'geron' meaning "old man" and "logia" meaning study of" coined by one scholar Mechnikov. I.I (1903). Literally, gerontology has been defined as the study of the social, psychological, cognitive, and biological aspects of aging (Wikipedia, undated). As a field of study gerontology is multidisciplinary in nature, gerontological researches covers areas such as biology, nursing medicine criminology, dentistry, social work, physical and occupational therapy, psychology, psychiatry, sociology, economics, political science, architecture, geography, pharmacy, public health, housing and anthropology (Wikipedia, undated).

The field of gerontology studies several areas of knowledge. It studies physical, mental and social changes in people as they age, it also studies or investigates the biological aging process itself, and this is called (Bio-gerontology). Gerontology also investigates the social and psychosocial impacts of aging (socio-gerontology), the psychological effects on aging (psycho-gerontology), the interface of biological aging with aging associated diseases (Gero-science) and also the effects of an aging population on society. The intent of these multiple studies is to assist authorities in policy formulation as well as programme planning for the aged by both governments and the society or individuals at large (Wikipedia, undated).

The multidisciplinary nature of gerontology suggests that a number of sub-fields come together. It is the overlapping of the various fields that made gerontology to view aging from different perspectives: chronological aging, biological aging psychological aging, and social aging. Chronological aging defined aging in terms of years lived from birth; biological aging views aging in terms of the physical changes that reduce the efficiency of organ systems, psychological aging perceive aging from changes that affects psychological constructs such as (sensory and perception process, cognitive abilities, adaptive capacity, and personality). And social aging which views aging from changes in social roles and relationship with family, friends, and other information supports productive roles and within organizations. (Wikipedia, Undated).

Although gerontology as a concept developed in the early 20th century, Gerontological studies are actually not new, this is because early Muslim physicians have made several references to Gerontological issues. For instance, the Renowed Arabic physician ibn Al-jazzar Al-Qayrawani popularly known as Algizar in modern literature, who lived between 898-890 wrote on the aches and conditions of the elderly. The work of Al-Jazzar covered issues of sleep disorder, forgetfulness, how to strengthen memory as well as causes of mortality. Similarly, Ishaq Ibn Hannayn who lived in 910 AD also wrote works on the treatment for forgetfulness. In his popular work "the Canon of Medicine" Ibn Sina or Avicenna (1025) discussed issues pertaining care of the aged including diet and remedies for problems including constipation (U.S National Library for medicine 1994; Ammar, 1998).

Coming down to modern times early pioneers of Gerontological researchers included Michel Eugene Chevreul who himself lived to be 102 years and Ilya Ilyich Mechniko who coined the term gerontology in 1903. Though the field of gerontology get its names as far back as 1903 it was not organized as a field of

study until 1940s courtesy of researchers such as James Birren. Having observed that experts in many fields work with older population, it was realized that an umbrella body for the aged was needed, hence the emergence of Gerontological society of America in 1945. Thereafter, the Ethel Percy Andrus Gerontology Center was established at the University of Southern California headed by James Birren himself. In 1967, the University of South Florida and the University of North Texas State University received older Americans Act Training Grants from the U.S administration on aging to launch the America's first degree programmes in gerontology. Gradually later the field of gerontology has developed to other countries of the world including Africa and Nigeria.

Aging Demographics

Several definitions have been given to the term aging. It has been defined as the process of getting older which can include the developmental stages of pre-adulthood. Aging has also been defined as the process of gradual decline that occur beginning in middle adulthood and continuing to death (Solotoroff, and Pankow. In Blackburn, and Dulmus, 2007). Some scholars however, resorted to describing aging as simply senescence which is described as:

a deteriorative process. What is being measured, when we measure it, is a decrease in variability and an increase in vulnerability. Senescence shows itself as an increased probability of death with increasing chronological age. The study of senescence is the study of the group of processes different in different organisms, which led to this increase in vulnerability (comfort 1979, in Blackburn, & Dulmus, 2207 pp. 19-20).

Scholars have differentiated between biological and chronological aging chronological age refers to the number of years one lives on earth in terms of months and years, the determination of which depends on the availability of birth records. For those who have no accurate birth records, their accurate chronological age is difficult to ascertain. Biological age on the other hand refers to the position of individuals along the life span that is according to the level of his/her development and deterioration of biological organs and systems (Blackburn, & Dulmus, 2007).

The rate of biological age may differ from that of chronological age, because organisms develop and decline at different rates regardless of their chronological age. While increase in years is almost automatic and inevitable provided one is alive, biological age takes different shapes among individuals depending on the rate of development of the individuals. Another issues relating to the issue of age demographics is longevity which is regarded as the period of time that an animal usually lives under normal circumstances. There are usually two measures of longevity, mean longevity and maximum longevity. Mean longevity, refers to the average number of years that members of a given population live, it is also called life expectancy and maximum on the other hand is the age that the longest living member of the species population has reached at the time of death. At present the maximum years human's live on earth is 115-120 years and this has been so for thousands of years. The only changed being recorded is that many people now live almost close to the maximum of life expectancy (Blackburn, & Dulmus, 2007).

Due to improvement in the quality of life as a result of improved health care and nutrition as well as other developments that are taking place, more people live into old age. For example studies have indicated that globally, the total population is growing at the total rate of 1.2% annually. In 2000, the rate of increase in life expectancy was as follows according to regions.

Africa -5%

Asia – 9%

Latin American and Caribbean 8%

Europe – 20%

North American – 16%

Oceania – 13%

In general, it is estimated that more than 600 million persons in the world are 60 years and over. This is almost 10% of the world's population and further studies have estimated that by the year 2050, 21% of the world's population will be 60 years and over and 50 years to come one person out of five persons will be 60 years and above. Other findings from studies about age demographics are that:

- The increase in life expectancy is a product of improved public health sanitation, and development.
- In 1950, 8, out of every 100 people were over 60. By 2050, 22 out of every 100 people will be over 60
- Life expectancy worldwide is expected to increase by 11 years from 65 in 1995 to 2000 to 76 in 2045 to 2050, despite the impact of HIV/AIDs.
- Most of the world's older people live in developing countries.
- Even in the poorest countries, life expectancy is increasing and the number of older people is growing. In 2000 there were 374 million people over 60 in developing countries -62% of the world's older people. In 2015 there will be 597 million people in developing countries -67% of the world older people.
- In 2005 1 in 12 people in developing countries were over 60 and by 2050, 1 in 5 people developing countries will be over 60.
- In every region, the rate of population increase for the 65-and-over age group is higher than for the under -14 age group and the 15 to 64 age group.
(Blackburn, & Dulmus, 2007, pp, 4.)

Theories of Aging

As discussed earlier gerontology is a multi-disciplinary field which comprises of various fields of study. The multidisciplinary nature of the field has given birth to diverse perceptions and interpretations of aging. This is manifested in the various theories of aging postulated by researchers in the various sub-fields of gerontology. Prominent among the sub-fields that developed theories of aging are; Biogerontologists, Sociogerontologists, and psychogerontologists. For better understanding it is important the various theories are highlighted.

Biological Theories of Aging

Biological theories of aging are developed by Biogerontologists in order to explain biological causes of loss of physiological functions. They explain why the losses are gradual (progressive) why they cannot be corrected and why the losses occur in all members of species given the chance. The theories have been categorized into; Purposeful Events (those having an apriori assumption of an existing master plan) and those that are based on Random Events.

Purposeful Event biological theories include: Vital Substance Theory, Genetic Mutation theory, Reproduction Exhaustion Theory, Aging by Design Theory and Neuroendocrine Theory. The Random Events theories include: Wear-and-Tear Theory, Rate-of-Living Theory, Waste Production Accumulation Theory, Cross-Linking Theory, Free-Radical Theory, Immune System Theory, Accumulation of Errors Theory and Order-to-Disorder Theory. There are also Evolutionary Biological Theories of aging such as Theory of Programmed Death, Mutation Accumulation Theory the Antagonistic Pleiotropy (pay later) Theory and the Reliability Theory of Biological Aging (Pankow, & Solotoroff, in Blackburn, and Dulmus, 2007).

Social Theory of Aging

The social theories of aging are postulated by social gerontologists in order to explain the effects of aging on social life of the elderly persons. The theories included: Activity Theory, Disengagement Theory, Continuity Theory, Life Course Theory, Cumulative Advantage/ Disadvantage Theory, Constructionist Theory, Sub-culture Theory, Exchange Theory, Modernization Theory, Feminist Theory, Political Economic Theory and Age Stratification Theory. (Wikipedia, undated and Street, 1997)

Psychological Theories of Aging

Psychological theories of aging were postulated by psycho gerontologist in order to explain the effects of aging on various psychological constructs. The theories specifically explain how aging affects psychological traits such as: motivation, reception, perception, emotion, personality etc. the theories include the following: Cognitive and Affective theories, Cognitive. Behavioral Theory, Theories of

Emotional Development and Emotional Regulation, Socio-Emotional Selectivity Theory, Cognitive-Affective Development Theory, Differential Emotions Functionalist Theory. There are also personality theories of successful aging among others (Freund, and Natalle, 2005)

Life Expectancy

Life expectancy according to gerontologists is a “summary measure of the average number of additional years a group of people can expect to live at a given exact age” (Murphy, 1998). It should be noted that life expectancy is different from life-span, while life-span is a demographic term referring to the maximum number of years a person lives under normal circumstances which of present between 115-120 years. Life expectancy at birth for individuals even in developed societies of the world is approximated at eighty years. (Anderson, United States Life Tables, 1997).

A number of factors have been suggested to influence life expectancy, the factors include: Social status, health behaviors, chronic conditions, sex, race and ethnicity. It has been added that:

Indeed, life expectancy figures are often calculated separately by sex and by race/ethnicity. Life expectancy estimates contribute to aging research by providing an excellent summary measure of the Length life of current and future Populations (N.A.M.C.B. 1994).

(In Blackburn & Dalmus, 2007)

Health Predicaments of the aged

Aging is usually accompanied by various ailments for most adults. There are physical diseases such as heart disease, stroke, diabetes, arthritis, Elzimer and psychological diseases such as Dementia, Depression, anxiety, delirium, paranoia, hypertension, etc. The diseases in no small measure use to constitute impediments to the well being of the aging population. Unless adequate and efficient physical and mental health care provisions are put in place, the issue of wellbeing of the older adults will be a mirage.

It is in view of this that advanced countries strive to employ the services of geriatrics (Geroscientists) and Psychogerontologists to handle the health issues of the aged persons. The Geriatrics or Medical Gerontologist uses their professional medical skills while the psychogerontologists also use their skills in mental health problems to handle the emotional and psychological diseases of aging adults. Specifically, they assess older adults with psychological and neuropsychological disorders using diagnosis tools and also treat them using psychological interventions such as Cognitive- Behavioural, Interpersonal, and Psychodynamic Psychotherapy; Behavior Modification and Disease Management Strategies; Cognitive Training Techniques; and Environmental Modification.

(American Psychological Association, n.d)

Wellbeing of the Aged

The issues of wellbeing of the aged have been the primary concern of gerontology and gerontologists all over the world. Indeed that is what gerontology is all about. The primary aim and objectives for Gerontological researches and studies have been for the aged to live relatively healthy lives, be happy and continue learning at least how to be able to take care of themselves. For the elderly to be healthy, happy and to be able to continue learning, a number of support services are needed by them. The services should include the following;

Avoidance of elder maltreatment

Elder maltreatment or abuse is a common practice in most parts of the world and is expected to increase with the life expectancy improvement. The abuse affects both men and women but the woman are more at risk especially in cultures where women are degraded and de-valued and most especially since women live longer (Sowers & Rowe 2006). The elderly experienced abuses and maltreatments both at home and at institutions such as hospitals, nursing home and other long-term care facilities. Cultural and socio-economic factors have been suggested to play a role in the maltreatment of the elderly (Sowers & Rowe, 2006). The world health organization (W.H.O) has enumerated some cultural and socio-economic factors influencing the abuse and maltreatment of the elderly persons:

- The depicting of older people as frail, weak and dependent.

- Erosion of the bonds between generations of a family.
- Restructuring of the basic support networks for the elderly.
- Systems of inheritance and land rights, affecting the distribution of power and material goods within families.
- Migration of young couples to other areas leaving elderly parents alone, in societies where older people were traditionally cared for by their offspring.

(WHO, n.d)

Provision of social services

There is the need to provide social services for the aged. These social services should include medical, legal, psychological and financial helps; they should also include help with housing and other environmental issues. The elderly should also be more integrated by providing them with the emotional and practical resources known to positively influence the aging process. The emotional and practical resources should include social clubs, religious activities, and family based activities (WHO.n.d).

Provision of Economic Services

Old age is a period of dependency for most adults. At old age most adults cease to be economically independent. In most countries, the dependency problems is being compounded by decline in family size, rural to urban migration, Urbanization and decline in co-residence while in some countries HIV/AIDS is claiming younger family members lives. The result of the above mentioned problems is that, many older people, elderly women in particular, became abandoned, isolated and lonely, without financial support. This trend according to gerontologists is a serious source of concern (Sewers & Rowe, 2006).

In order to address the above mentioned situations countries have designed good pension systems capable of forestalling falling standard in retirement. The pension systems are designed to reduce poverty and protect vulnerable elderly people from economic and social distress. The World Bank suggests a review of the world pension systems, especially those that collect taxes from one generation to provide benefits to their parents. This is because the elderly people now live longer, longer than the earlier design anticipated. The systems should also be more flexible to provide in countries for older workers to delay their retirement to maintain a sufficient work force (World Bank, n.d).

Provision of Health Services

As people grow older they are more vulnerable to chronic and infectious diseases which influence the quality of life of the elderly. The conditions may differ among the aged according to region economic status, gender, race and ethnicity. Older people with higher income are generally reported to have better health status than those with lower income (Dunkle and Norgard, 1995; Sowers & Rowe, 2006).

The provision of long-term care has been a challenge for most countries including the developed ones. Only countries such Germany and Japan have developed and implemented comprehensive social insurance systems for long-term care which cover wide range of benefits in the house and community apart from the nursing home care. Due to the rising incidence of suicide among the older adults, many governments in Asian countries are working toward introducing national policies on long-term care of the aged in order to supplement the traditional system they used to have. Specifically, countries such as Japan, South Korea, Hong Kong, Singapore and Taiwan are planning for an increase in long-term care system (Howe & Phillips, 2001; Ngan, 2004).

Rights of the Aged

Fundamental rights of the aged are also a source of concern to gerontologies across the world. Due to efforts and advocacy of gerontological associations rights of the older people have been accepted and recognized even by the United Nations. A report from the office of the United Nations High Commissioner for Human Right indicated as follows:

The United Nations adopted the first international plan of action on aging in 1987 and the General Assembly of the United Nations adopted the Principles for older persons in 1991. The four main themes of the later were independence, participation, care, and self- fulfillment and dignity. In 1995, the Committee on Economic, Social, and Cultural

Rights adopted General Comment No. 6 on the economic, social and cultural rights of older persons. The United Nations declared 1999 to be the International year of Older Persons and developed a conceptual framework based on four priority areas, including 1. The situation of the older persons; 2. Individual lifelong development; 3. The relationship between generations; and 4. The interrelationship of populations, aging, and development; In 2002, the Madrid Plan of Action seriously addressed the situation of Older Persons and the Commission for Social Development was given the charge to implement the plan (International Association of Gerontology, 2005 in Blackburn & Dulnuss, 2007 pp.9).

Further advocating works on the rights of the elderly are being carried out from different angles of well being of the aged persons by the International Communities and Organizations. The aim of the advocacy efforts was to promote regional and global cooperation as well as to ensure that people everywhere will age with security and dignity and will continue to be part and parcel of the societies with full right (United Nation, n.d). The advocacy is focused on three main areas, namely;

- Involving older person in the developmental process.
- Advancing health and well-being into old age
- Ensuring supportive environments that enable older persons to have choices.

(Blackburn & Dulmus, 2007, pp. 10).

The advocacy plan also has core themes as follows:

- Recognition of the needs of older women;
- The desire of older people to stay active and engaged, and
- The need to create intergenerational solidarity.

(Blackburn & Dulmus, 2007, pp. 10).

Similarly, apart from recommendations for actions addressing research, data collection and analysis, training, and education, the following areas are also recommended:

- Health and Nutrition
- Protection of elderly consumers
- Housing and environment
- Family
- Social Welfare
- Income Security and employment
- Education

(International Federation of ageing, n.d)

Wellbeing of the Aged in Nigeria

The discussions above have illustrated how issues of wellbeing of the aged are being handled in advanced countries, and particularly the recognition of the rights of the aged by the United Nations. Efforts of Gerontological Associations have assisted immensely the entrenchment of Human Rights of the older populations and the development of frameworks and plans for the advocacy of the rights of the elderly persons. The questions that need to be answered at this point are, that: is Nigeria part of the efforts of establishing adequate plans to cater for the wellbeing of the aged? What plans does the country have at present that guarantees the well-being of the aged?

Answers to the above questions are not in the affirmative because at present, there seems to be no adequate provisions for the aged in Nigeria. With a population of about 140 million, according to 2006 census, Nigeria is considered the most populous nation in Africa and 9th in the world according to UN (2005). With a population growth of 2.5%, Nigeria has a life expectancy of 48 at birth according to a 2009 World Bank report.

The 1999 Constitution of the Federal Republic of Nigeria provides that:

“The security and welfare of the people shall be the primary purpose of the government” (S. 14 (20) (b).

Section 16 (2) (d) also insists:

That suitable and adequate shelter and food, reasonable wage, old age care and pensions and unemployment, sick benefits and welfare of the disabled are provided for all citizens (S.16(2) (d).

In spite of the constitutional provision however, care for the elderly has not been a priority to successive governments in Nigeria. For instance, studies have indicated that only 13 old people homes are available to serve the 5 % population of the aged in the country. Studies have further revealed that the most populous city in Nigeria (Lagos, with a population of about 20 million) has only five old people's home and provides only 37 places to destitute elderly person. (Eze, M. n.d)

In view of the ugly situations of the elderly in Nigeria, this paper wishes to proper certain recommendations to the Nigerian government with a view to alleviating the sufferings of the aged population in the country.

CONCLUSION

Gerontological studies have indicated a rapid increase in the number of adults living into old age in recent years. The increase in life expectancy is attributed to improvement in the quality of life of most adults, due to improved health care, nutrition or diet and other forms of development. Although the life expectancy improvement is advancement for the human race it has some far reaching consequences to most nations, especially the developing ones. It requires increase in the provision of medical and health services, social as well as economic services for the elderly.

While some countries are striving to match the trend, many countries are lagging far behind. Nigeria for instance, has no policy for the welfare of the aged at present, and the entire social security system needs to be overhauled and reformed to cater for all aging adults, retirees and those who never worked.

RECOMMENDATIONS

- ✓ The Nigerian government should emulate developed countries in terms of provision of social, economic and health services for the elderly;
- ✓ The social insurance schemes introduced by the Nigerian government should be broaden to cover workers in both formal and informal sectors of the economy;
- ✓ Persons of old age should be assisted to pay their health care bills by the government. This is to reduce mortality rate among the elderly and to boost the life expectancy of the elderly people in Nigeria;
- ✓ The social security system should be further improved in order to check corruption and the desire to accumulate wealth, armed robbery, kidnapping and other social vices which are usually attributed to poverty and lack of social security.
- ✓ The Nigerian government should produce a National Policy on the elderly and establish a National Center for the elderly persons; and
- ✓ The Nigerian government should train and engage more gerontologists, social workers and other related workers with a view to maintaining adequate work force who will cater for older adults.

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