

Counselling Services for Effective Care of the Aged in Nigeria

Enegebe Innocent Fakrogha

*Isaac Jasper Boro College of Education
Sagbama, Bayelsa State
elsiejoel21@gmail.com*

Abstract

The elderly persons in Nigeria are facing a lot of persistent challenges. They live in a country which has often been described as a rich nation inhabited by poor people. Consequently, their lives are characterized by growing inadequacies in customary family supports, social exclusion, and non-existent social security. This paper therefore takes an exploratory look at the concept of aging, theories of aging, the debilitating situation of the elderly ones in Nigeria and tries to proffer counselling intervention strategies suitable for ameliorating the challenges of the aged. The paper concluded that counselling profession's commitment is to provide psychological support through follow-up services. Based on this, it was recommended that individuals with aged parents and government should make counselling services available to the aged in their various homes or social welfare centres in the country. It is also expedient for non-government agencies, religious bodies to incorporate the provision of counselling service for the aged.

Keywords: counselling, aging, bio-psychosocial, social, security

Introduction

A man is born infant but dies old. A man's life passes through some predestined stages in a natural process namely: infant, childhood, adolescent, youth and old age. So, it can be said that aging is an evitable socialization process that starts at birth and ends at death. In the world of modern era, aging has become a social problem as with the change of society due to industrial revolution leading to capitalist social formation. Aging is considered to be one of the social problems as the elderly feel solitary due to multifarious reasons, one of which is disengagement. Besides, people's attitude and behaviour towards the elderly people in the society are held so differently.

Nigeria with a population of 180 million people (NPC, 2016) is the most populated nation in Africa and the ninth in the world (UN, 2005). Life expectancy at birth stands at 51.6 years. The population growth rate (2000- 2005) is 2.5% with 5% of the total population aged 60 and above. Nigeria is a Federal Republic consisting of 36 states, and a Federal Capital Territory. The federating states possess some degree of autonomy. The Federal Government controls power and the economy by directing affairs of the whole nation. Nigeria is culturally heterogeneous with over 350 ethnic-linguistic groups, with the predominant ones being the Hausa/Fulani of the North, Yoruba of the South West and the Igbo of the South East. As the most populous country in Africa, Nigeria currently has the highest number of aged or elderly people in Africa (Kinsella & Velkoff, 2017). With the

largest population in Africa and the ninth in the world, it is estimated that by the year 2025 the population of Nigerians aged 60 and above will constitute 6 percent of the entire population.

There is the potential for a rapid growth rate of the older population in coming years, with a lower growth rate among the younger population. Based on the findings of the National Census conducted in 2006, the National Population Commission confirmed an increase in the percentage and the number of those aged 60 years and above. This portends a major change in the age structure of Nigerian society. In the coming years, the aging population is expected to increase in number, and life expectancy rates will gradually increase with significant social and economic implications to the individuals and the Nigerian government. For example, the old-age dependency ratio is not high at present (at least compared with the developed nations) but it will increase in the coming years. So in this backdrop, this paper attempts to examine the role of counselling services for effective care of the aged.

The concept of aging

The concept of aging is multifaceted. This is because its in-depth description or explanation covers diverse areas of human development. There are chronological, biological, psychological, and social, functional dimensions of aging (Papalia, Sterns & Feldman, 2012; Hoyer & Roodin, 2013). The chronological dimension describes the number of years that have slipped away since one's birth while the biological explains the status of vital organs of the body as an individual advances in age. The psychological dimension focuses on individual's ability to adapt to environmental demands/challenges while social dimension sheds light on how an individual conforms to written and unwritten norms, roles expected of him/her by the society in which he/she operates. The functional dimension measures how effective an individual is in physical and social environment when compared with other people within his/her age bracket.

The concept of aging, to some scholars, is not a single or one-way process. Cavanaugh (2009) and Busse in Berger (2015) posit that there are three distinct but interrelated processes of aging. These are primary, secondary, and tertiary aging. The primary aging represents the inevitable age-related changes, which all human beings are expected to pass through. The period is characterized by inability of human organism to replace damaged parts of the body. The secondary aging involves all the age-related changes, which are consequences of individual and societal failure to eradicate unhealthy conditions. It is at this period that certain diseases such as cancer, diabetes, arthritis visit the aged. The tertiary aging, on the other hand, deals with numerous losses or unpleasant experiences associated with old age.

Most developed world countries have accepted the chronological age of 65 years as a definition of 'elderly' or older person; but like many westernized concepts, this does not become accustomed to the situation in Africa. While this definition is somewhat arbitrary, it is associated with the age at which one can begin to receive pension benefits. At the

moment, there is no United Nations standard numerical criterion, but the UN agreed cut-off is 60+ years to refer to the older population. Although there are commonly used definitions of old age, there is no general agreement on the age at which a person becomes old. The common use of a calendar age to mark the threshold of old age assumes equivalence with biological age, yet at the same time, it is generally accepted that these two are not necessarily synonymous. As far back as 1875, in Britain, the Friendly Societies Act, enacted the definition of old age as, "any age after 50", yet pension schemes mostly used age 60 or 65 years for eligibility (Roebuck, 2009).

The UN has not adopted a standard criterion, but generally uses 60+ years to refer to the older population. Realistically, if a definition in Africa is to be developed, it should be either 50 or 55 years of age, but even this is somewhat arbitrary and introduces additional problems of data comparability across nations. The more traditional African definitions of an elder or 'elderly' person correlate with the chronological ages of 50 to 65 years, depending on the setting, the region and the country. Adding to the difficulty of establishing a definition, actual birth dates are quite often unknown because many individuals in Africa do not have an official record of their birth-date. In addition, chronological or "official" definitions of aging can differ widely from traditional or community definitions of when a person is older. This article will follow the lead of the developed world for better or worse, and use the pensionable age limit often used by governments to set a standard for the definition.

Study results published in 2010 provides a basis for a definition of old age in developing countries (Glascock, 2010). This international anthropological study was conducted in the late 1900's and included multiple areas in Africa. Definitions fell into three main categories 1) chronology; 2) change in social role (i.e. change in work patterns, adult status of children and menopause); and 3) change in capabilities (ie invalid status, senility and change in physical characteristics). Results from this cultural analysis of old age suggested that change in social role is the predominant means of defining old age. When the preferred definition was chronological, it was most often accompanied by an additional definition.

Theories of aging

Attempts have been made by scholars to explain through theoretical postulations factors responsible for aging. There are wear and tear, genetic, and cellular theories of aging. The wear and tear, as the name suggests, explains that different parts of human body have the tendency to wear out and eventually tear out because of constant usage of these parts of the body. Genetic theory stresses that there is maximum and average life spans for animal and human existence. For instance, the maximum life span for human being is 120years, rat 4years, rabbit 13 years, chimpanzees 55years, tigers 26 years (Clark, 1999 as cited in Berger, 2015). Cellular theory propounds that certain operation of the body becomes ineffective or less effective due to advancement in age. For instance, the proponents of this theory argues that human beings are collection of cells which are divinely endowed

to replicate and repair themselves but these capabilities become less operational or effectual as the organism advances in age.

Challenges of the aged

1. **Bio-psycho-social:** It is evident from foregoing presentation that the aged are susceptible to biological, psychological and social challenges of life. Some of these have been documented in literature with the changes in the skin as the first sign of aging:

- i. The skin becomes drier, thinner and has elastic, wrinkles, visible blood vessels, and pockets of fat under the skin appear as irrefutable evidence of the passage of time (Timiras, 2003 in Berger, 2015).
- ii. Pockets of fat settle on various part of the body (most noticeable around the abdomen, but also on the upper arms, the buttocks, the eyelids, and the 'double chin' (Merrili & Verbrugge, 2019)
- iii. The skin wrinkles, bones become fragile and more easily broken and difficult to heal.
- iv. Muscles lose power and become atrophy while joints stiffen or wear out.
- v. Circulation slows down, blood pressure rises; and because the lungs hold less oxygen, the aged has less energy.
- vi. Difficulties in falling and staying asleep.
- vii. Reaction to stimuli is slower and there is resistance to illnesses.
- viii. Vision, hearing, and sense of smell become less acute (Makinde, 2016).

2. **Quality Medical Care:** Apart from the above, most elderly persons cannot afford quality medical care. This is because the geographical distance to get to these services makes it difficult, if not impossible for many older people to access, particularly in the rural areas. Hence, their health needs still have to be met by visiting traditional medicine men and herbalists. At the family level, care services provided do not adequately meet the needs of the old persons. Diminishing economic power has hindered the willing family member's capability to give. Priorities are given to the needs of the members of the nuclear family - spouse and children - at the expense of older family members: parents or grandparents.

The family in Nigeria used to consist of members of the extended lineage viz parents, grandparents, aunts, uncles, brothers, sisters, cousins, nephews, nieces, etc. Presently the extended family system has given way for nuclear family structure. The extended family served more or less as a form of social insurance (traditional safety net) for old age. There is an observable progressive shift in function away from the traditional family. Traditional functions of the family like care and social support to older family members have gradually decreased in the recent past due to economic problems, migration and influence by foreign culture. Family members are unable to effectively cope with the challenges of daily living. Emphasis is now on the nuclear family of "me, my wife and my children" at the expense of other members of the wider family network, especially the older ones who look to the younger generation to provide them with economic security in old age.

3. **Social Security:** The government does not provide social security for older persons. These changes in family structure in Nigeria have caused gradual disintegration

of the extended family and of the communal sense of living in Nigerian society. Neglect of filial obligations due to these structural changes has further impoverished older people and created more physical and social distance between family members. A lot of these older people have resolved to beg in order to survive or getting employed as cleaners, security guards, load carriers, or petty traders to satisfy the needs of older persons. But with changing social and economic configurations, older persons are most of the time left in the care of strangers i.e. people who are not properly trained to be caregivers, many of them uneducated, young and frustrated.

In Nigeria today, social security policies for the aged are yet to be formulated. The notion that investments in one's children serves as social security in old age is now disputed as adult children find it difficult securing employment and receiving an income sufficient to meet their immediate needs. The Contributory Pension Scheme (insurance) that was recently reformed does not cover many older persons. This pension scheme is mainly designed for those who are working in the public sector. The scheme is yet to make appreciable impact on the lives of older people. Old age brings with it reduced capacity for work, as well as difficulties in accessing health care and other essential services, increasing the likelihood of older persons becoming and remaining poor. The lack of social pensions has serious consequences on the well-being of the older persons. The majority of older people who cannot earn an income and are not covered by the contributory pension scheme are left at the mercy of the vagaries of life. Social pensions reduce old age poverty and support households.

4. **Abuse:** Cases of abuse of the elderly is a common occurrence in Nigeria. Abuse of older persons is regarded as a taboo in Nigerian society, which makes it difficult to report cases to the Law Enforcement Agencies. Aside from the provisions of the Criminal Code related to crimes of violence and assault, there is yet no law on elder abuse. Though, creation of awareness of abuse as a public health and social issue has been intensified since the first World Elder Abuse Awareness Day took place in most major cities in Nigeria in 2006, it is yet to receive the appropriate attention it deserves from the society and the government. A lot of policymakers, lawmakers, the older persons and members of the society have begun to see elder abuse as a menace that needs the attention of all especially as older persons become more vulnerable in the country.

Counselling services for the aged

Counselling is a helping profession designed to cater for the needs of different categories of individuals of which the aged occupies important position. The aged, just like other groups of individuals, would benefit from the professional services of the counsellors such as information, referral, follow-up, and counselling among others. Counsellors are trained to source, classify, and disseminate current and useable information to clients. Gesinde (2018) submits that information provision is the rock on which counselling services rely on. A good informational service helps clients meet the challenges of today and tomorrow (Alutu, 2017).

Consequently, current socio-personal information on issues that would promote the welfare of the aged is made available to both the aged and the general society. Adana (2015) describes social-personal information as data about the opportunities and influences of the human and physical environments that has as its focus on personal and interpersonal relations. He added that such information would enhance self-understanding and equally improve relationship with others. Specifically, information on features of aging are provided using the knowledge base of developmental psychology, health care information and delivery for the aged, locations of aged homes, psychological adjustment techniques for the aged, methods of overcoming loneliness, anxiety, boredom and so on. Information provided for the aged could be stored in computer, audio and video compact disc for future references.

The challenges facing the aged are numerous and counsellors cannot pretend to have ready-made solutions to all these challenges. Counselling professional ethics emphasize the need to have good rapport with other professionals with a view to refer clients to them for professional assistance, when client challenges are outside counselling framework of operations. The aged are referred to dentists, lawyers, physiotherapists, audiologists, nutritionists, clergymen, social workers, non-government agencies for physical and spiritual uplift.

The aged in the society, more than any group of individuals, requires constant interaction with people around them. Counselling practice provides such psychological support through follow-up services. Follow-up service is primarily designed to help client have continual access to the counsellor even after the termination of counselling relationship; by so doing, the client is placed on psychological surveillance by the counselling psychologist with a view to sustaining the gains of counselling intervention to his/her challenges (Aremu, 2011). Follow-up services include visitation to the aged, sending text and e-mail messages to the aged, sending gifts to the aged and so on.

The services rendered to the aged would be incomplete if counselling is left out. Provision of counselling to the aged would give them direction on the course of life to chart and expose them to psychological strategies to adopt in order to cope with psychologically inclined challenges. The physiological changes in the aged have direct and indirect effects on their emotional status. Consequently, counselling frameworks from psychodynamics, cognitive behavioural and existential-humanistic are employed to handle stress, loneliness, boredom, memory loss, insomnia, lack of self-control, death of spouse or children, empty-nest and so on. Group counselling is also made available to the aged and their caregivers. This covers marital and post marital counselling. Counselling offer to caregivers tends to improve their understanding of the aged, which gives rise to a good working relationship with the aged.

Conclusion

This paper discussed the capabilities of counselling services for effective care of the aged. As there are more older persons in the society, there is need to provide guidance and counselling services for them in order for them to live longer. A review of existing

research demonstrates that there are numerous challenges facing the aged, and there are lapses on how the counselling profession should go. It is the duty of the counselling profession to provide psychological support for the elderly.

Recommendations

Based on the above discourse, it is therefore recommended that:

- i. Individuals with aged parents and the government should make counselling services available to the aged in their various homes or social welfare centres in the country.
- ii. It is also expedient for non-government agencies, religious bodies to incorporate the provision of counselling services for the aged.

References

- Adana, B. S. (2015). The school guidance programme. In A. I. Idowu (Ed.), *Guidance and counselling in education*. Ilorin: Indemac Publications, 72-94pp.
- Alutu, A. N. G. (2017). *Theory and practice of guidance and counseling*. Ibadan: Ibadan University Press.
- Aremu, A. O. (2011). Introduction to guidance and counseling. In Z. A. A. Omideyi (Ed.), *Fundamentals of guidance and counseling*. Oyo: Andrian Publication Series, 11-13pp.
- Berger, K. S. (2015). *The developing person through the life span (6th ed.)* New York: Worth Publication.
- Cavanaugh, J. C. (2009). *Adult development and aging (2nd ed.)*. California: Books/Cole Publication.
- Gesinde, A. M. (2018). *Guidance and counselling in institutions of learning*. Ibadan: Foludex Press.
- Glascock, A. P. (2010). A holocultural analysis of old age. *Comparative Social Research*, (3), 311-332.
- Hoyer, W. J., & Roodin, P. A. (2013). *Adult development and aging (5th ed.)*. New York: Wiley.
- Kinsella, K. & Velkoff, V. (2017). *An Ageing World. 2011 US Census Bureau series*. Washington DC: Government Printing Office.
- Merrili, S. S. & Verbrugge, L. M. (2019). Health and disease in midlife. In S. L. Willis & J. D. Reid (Eds.), *Life in the middle*. San Diego, CA: Academic Press.
- National Population Commission (NPC) (2016). *Population Census of the Federal Republic of Nigeria: Preliminary Report*.
- Papalia, D. E., Sterns, H. L., Feldman, R. D. (2012). *Adult development and aging*. Boston: McGraw Hill.
- Roebuck, J. (2009). When does old age begin? *Journal of Social History*, 12(3), 416- 428.