

***Prevalence of Health Challenges among the Aged in Southern Cross River State,
Nigeria: Implications for Educational Research in Counselling services***

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Abstract

This paper examined common health challenges among the aged in Southern Cross River State, Nigeria. One research question was raised to guide the study. The Activity theory by H. J. Harvighurst propounded in 1963 formed the bedrock of the study. The study adopted a survey research design with a stratified and accidental sampling techniques to select a total of 857 respondents which constitute 5% of the total population of 17,136. A questionnaire titled “Health Challenges Scale” (HCS) was developed by the researchers and validated by experts in Guidance and Counselling, and Measurement and Evaluation. The reliability of the instrument was established using Cronbach’s alpha reliability coefficient and the coefficient of the scale stood at .82 which was high, and was adjudged to be reliable. Simple percentages and bar chart were used to analyze data. The result showed that health challenges is prevalent among the aged in Southern Cross River State, Nigeria. It was recommended, among others, that adult education should be encouraged to help them acquire the basic health literacy that will direct their way of life.

Keyword: prevalence, health, challenges, aged, Cross River

Introduction

Ageing and the ageing process are aspects of human experiences which begin the moment a person is born. Each day that passes makes a person one day older. The older a person becomes, the nearer the person moves to that stage of life in which everything in the person’s makeup and functions decline. Orokpo (2023) observed that all the negative

indicators which show decline in the functions of the body organs due to ageing make many adults to feel uncomfortable to be associated with ageing. This feeling affects many people psychologically and socially and this is experienced through fear and anxiety over ageing and death, emotionally traumatized due to physical and psychological changes associated with ageing such as low self-esteem, reduced morbidity and self-worth, aggression, depression, among other challenges. The level at which a person is affected by these challenges may depend on the person's disposition, preparedness and perception of ageing (Bassey et al., 2021; Esuabana & Petters, 2018).

The elderly persons in the society are not without some challenges. As the global society rapidly ages, the world is faced with a future of impoverished older adults lacking access to care in already overburdened healthcare systems. Globally, demographic patterns across all nations have changed considerably over the past century and have been recognized as an achievement for humanity. Factors such as decreased mortality rates, decreased birth rates, and migration trends, contribute to changes in population structure, and thus, can be directly related to population aging. Defining 'older' or 'elderly' persons, however, has been challenging across low-, middle- and high-income nations, compelling the United Nations to establish the definition of 'older' or 'elderly' persons as those people over age 60 years. As the global population of older people is estimated to increase from 11% in 2013 to 22% in 2050 (Canas et al., 2020), population aging will clearly transform all aspects of society, ranging from changes in economic security, employment opportunities, family structure, housing resources, and transportation services.

Again, Yeunhee (2022) observes that in 2017, there was an estimated 962 million people aged 60 or above in the world, comprising 13 percent of the global population. The population aged 60 or above is growing at a rate of about 3 percent per year. Currently, Europe has the greatest percentage of the population aged 60 or over (25 percent). Rapid aging will occur in other parts of the world as well so that by 2050 all regions of the world except Africa will have nearly a quarter or more of their population aged 60 and above. The number of older persons in the world is projected to be 1.4 billion in 2030 and 2.1 billion in 2050 and could go up to 3.1 billion in 2100. Globally, the number of people aged 80 or over is projected to triple by 2050, from 137 million in 2017 to 425 million in 2050. By 2100, it is expected to increase to 909 million, nearly seven times its value in 2017.

Ndem (2012) states that aging makes people to be exempted from ordinary labour and demographic roles and responsibilities. This view is supported by Thukwayo (2014) who explained that aging, above 60 years, is a time when people become less productive and

active, and sometimes unproductive and inactive. The lifestyle of older people is mainly determined by their economic and health conditions, hindering them from engaging in socio-economic activities to benefit their countries and families. Bury (2013) said that aging is a time when people by nature become incapable of being part of the labour force and need to rest. Ramashala (2014) observed that aging is associated with increased chronic illnesses and disabilities. This finding is supported by Baloyi (2010) who stated that the longer a person lives, the more likely a person will experience illnesses and disabilities.

In addition, Bigombe and Khadiagala (2013) argue that aging makes it difficult for people to live independently such that they need support. Old age is also understood as a time when people need more attention including care and medical assistance. Mbiti (1991) puts it very well when he said:

When parents become old and weak it is the duty of the children, especially the heirs or sons, to look after the parents and the affairs of the family. Older people need a lot of care ranging from cooking, shopping, cleaning, to practical domestic responsibilities (Pg. 115).

It has been observed over the years that many elderly people go through a lot of health challenges. These challenges are naturally and artificially induced. For example, many elderly people suffer a lot of respiratory issues, arthritis, or rheumatism, chronic back pain, respiratory disease, high blood pressure, heart problems, stomach or intestinal ulcers, cataracts and glaucoma, ulcers of the feet, and phlebitis (Canas et al., 2020). Others include vision problems, weakness, cough and cold, diabetes, peptic ulcer, and cardiac disease, among others. These issues affect their everyday life functionality, and these have increased mortality among them. This situation has triggered a lot of attention on what would have been the causes of these health challenges among the elderly in society. According to Khan and Kabir (2003), a lot of factors have been deduced, ranging from poor health literacy, previous health risk behaviour, cultural factors, occupational hazards, food choices, inadequate physical activities, and sexual relations, among others.

Consequently, most of these elderly people suffer in their old age due to the aftermath of their previous behaviour or lifestyle. There is increased weakness in the limbs, blindness, diabetic issues, mortality increase, loneliness, and family abandonment, among others (Eneji et al., 2022; Esuabana, 2019). Even though some of these factors have been identified, government and non-government efforts to ensure that remediation is provided to reduce the rate of health challenges among the elderly have not yielded the right

outcome. For example, the former leadership of President Buhari provided free access to health care to the aged, a cash transfer policy, among others to the aged but the problem persists. The researchers therefore examines health challenges among the aged ones in Southern Cross River State, Nigeria.

This study relies on the Activity theory by H. J. Harvighurst propounded in 1963. The theory exposes conditions of the aged and older adults which implies some "activities" and the relationship with their happiness in old age. Activity theory was put forward as a competing theory to the Disengagement theory. The theory suggests a positive relationship between activity and well-being where the frequency of activity promotes greater life satisfaction and good health. The theory holds that:

1. As disability and the other age-related factors set in, social roles become difficult to attain;
2. If the roles and activities associated with old age are lost, it is important to develop new set of roles and activities in order to replace the existing ones;
3. Replacement of role for the aged increases the degree of life satisfaction and happiness;
4. There is a link between activity and well-being.

The implication of activity theory to this paper is that it proposes that the aged are well adjusted when they stay active and maintain social interactions in their family and society. These activities, especially when meaningful, help the aged to replace lost life roles and therefore, resist social pressures that limit an older person's world. The theory assumes a positive relationship between activity and life satisfaction. Activity theory reflects the functional perspective that the equilibrium that an individual develops in middle age should be maintained in later years. The theory predicts that the aged that face role loss will substitute former roles with family interactions as alternatives. This is done by connecting with children/grandchildren and giving them lots of positive attention. Also, this theory implies that it will give the aged a sense of happiness, satisfaction and self-actualization as they will stay active with their families and maintain social interactions (Effiom & Esuabana, 2020). The activity theory is relevant to this study because it stresses the need for the aged to be engaged in alternative social roles (relationship with children and grandchildren) that will promote their life satisfaction, good health and happiness.

The researchers envisaged that the findings of the study will be beneficial to guidance counsellors, elderly people, community people, the government, and healthcare practitioners. The findings of the study will help guidance counsellors in providing health

counselling to adolescents and the aged about practices that may be inimical to their future if not properly handled. It will help them to resolve so many personal and social problems that sometimes trigger people into drugs, inadequate food consumption, and physical inactivity that later affect their lives.

To the aged, the finding of the study will help them ensure that risky health behaviours among the people which will later impact negatively on them are avoided. The findings of the study will also help them ensure that activities that will affect their health issues are avoided to provide a better platform for their functioning in the future. To the community people, the findings will help them identify the areas that affect the health challenges of the aged and the role the community and family members can play for people to acquire the right information. This will help them to maintain appropriate health habits that would help them stay stronger in old age. To the government, the findings of the study will help them to ensure that facilities like healthcare centres, drugs, and other provisions are made to take care of the aged. It would also help them ensure that cash transfer policies are continued in order to ameliorate the financial burden that sicknesses impose on the aged.

To health practitioners, the findings of the study will help them ensure that health promoting activities are carried out in offices, schools, and other areas of the human population to acquire the requisite skills that are needed to maintain proper health behaviour among individuals.

Purpose of the study

This paper is carried out to examine the common health challenges among the aged in Southern Cross River State, Nigeria.

Research question

What are the prevalent health challenges faced by the aged in Southern Cross River State, Nigeria?

Methodology

The research design adopted for this study was a survey research design. According to Joshua (2008) and Isangedighi et al. (2004), it is a design where the researcher collects information or opinions from a larger population about a particular phenomenon using different instruments like questionnaires, interview, among others.

The population of the study consisted of 17,136 aged persons in Southern Cross River State, Nigeria. The stratified random sampling technique and the accidental non-probability method were adopted to select 857 respondents for the study, constituting 5% of the total population. First, the Southern Senatorial District was stratified into 7 strata based on the local government areas. Each local government area was made a stratum. In each of the strata, 5% was applied to determine the required wards that will be used for the study, and this was summed up to 36 wards selected proportionately. The researchers wrote all the names of the wards in pieces of paper. The researchers blindfolded their eyes and meticulously selected the number of wards to be used. This was done randomly with replacement and at the end, 35 wards were selected objectively. Secondly, to determine the elderly people that were used from each ward selected, 5% was used to select the respondents. The accidental sampling technique was applied since it was difficult for the researchers to randomly select the respondents. The researchers used their judgement based on certain characteristics such as age of 60 and above that the respondents must possess before being selected for the study. Thus, a total of 857 respondents were selected for the study. The population and sample distributions are shown in table 1.

Table 1: Population/sample distribution of the aged in Southern Cross River State, Nigeria

S/N	Local government	No of males	No of females	Total	Sample (5%)
1	Biase	1448	1851	3299	165
2	Akampka	1450	1702	3152	158
3	Odukpani	971	1570	2541	127
4	Calabar Municipality	1326	1538	2864	143
5	Calabar South	1112	1548	2660	133
6	Bakassi	627	376	1003	50
7	Akpabuyo	811	806	1617	81
	Total	7745	9391	17136	857

(Source: Ministry of Education, Health, 2023)

The instrument used for data collection was a questionnaire titled “Health Challenges Scale” (HCS). The scale contained items on the health challenges faced by the aged and was measured using a total of 10 items in a modified Likert scale type of Very Often (VO), Often (O), Rarely (R) and Never (N). The face validity of the items was carried out by two experts, one in the Department of Guidance and Counselling, and the other in

Measurement and Evaluation, and the items that were assumed not to be measuring the construct were deleted, some were reconstructed, and others dropped. At the end of the validation, 10 items survived the process. The experts' corrections were strictly adhered to and the items left were used to produce the questionnaire scale used for this study. The questionnaire was divided into two sections. Section A and B. Section A was designed to provide personal data of the participants such as age, sex, location, educational qualification and occupation. Section B contained 10 items measuring health challenges among the elderly on a modified Likert scale type of Very Often (VO), Often (O), Rarely (R) and Never (N). The inter-item total correlation was examined in the end with Cronbach Alpha with 40 elderly people who were not part of the main study; the reliability coefficient of the scale was obtained as 0.82.

The data were collected from the various wards selected for the study. In each ward that was visited, the instrument was administered by the researchers to the respondents and in the end, a total of 856 questionnaires administered were successfully collected from the respondents. Simple percentages and bar chart were used to analyze the responses of the elderly on the prevalence of their health challenges.

Presentation of results

This study was carried out to examine the common health challenges among the aged in Southern Cross River State, Nigeria. 857 copies of the questionnaire were administered and retrieved after administration. Data gathered from the exercise were subjected to analysis using a version 21.0 of the Statistical Package for Social Sciences (SPSS). The results of the analyses were reported in this session. The descriptive statistics of the variable is presented in table 2.

Table 2: General description of research data

Variables	n	Mean	Std deviation
Overall health changes	856	23.80	4.41

The mean and standard deviations of the variable was calculated and presented in table 2. The result of the descriptive analysis showed that the mean response of the aged on overall health challenges in Southern Cross River State, Nigeria is 23.80 and standard deviation of 4.41.

Research question: What are the prevalent health challenges faced by the aged in Southern Cross River State, Nigeria?

Simple percentages and bar chart were used to analysis the responses of the aged on the prevalence of their health challenges. Figure 1 presents the prevalence of common health challenges among the aged in Southern Cross River State, Nigeria. From a total of 856 respondents, 422, representing 49 percent, have experienced Arthritis very often; 221(26%) have experienced it often; 189 (22%) have experienced it rarely; while 24(3%) have never experienced it. On cancer, 85(10%) respondents had it very often, 108 (13%) had it often, 285 (33%) had it rarely, while 378 (44%) of the respondents had never had it. On Diabetes, 301 representing 35% of the aged had experience it very often, 299(34%) respondents experienced it often, 224(26%) aged experienced it rarely, while 32 (5%) had never experienced it.

On Dementia, 389 (45%) of the elderly persons had it very often, 311(37%) of the elderly persons had it often, 103 (12%) of the aged had it rarely, while 53(6%) of them never had it. On hearing loss, 302 (35%) of the respondents had it very often, 59 (7%) of them had it often, 111(13%) of them rarely had it, while 384(45%) of them never had it. On heart disease, 432 elderly respondents implying 432 of the aged had it very often, 211 (25%) of them had it often, 107(13%) of them had it rarely, while 80 (10%) of them never had it.

Table 3: Prevalence of health challenges faced by the aged in Southern Cross River State n =856

	Common Health Challenges among the Aged	Very Often	Often	Rarely	Never	Total
1.	Arthritis	422 (49%)	221(26%)	189(22%)	24(3%)	856(100%)
2.	Cancer	85 (10%)	108 (13%)	285 (33%)	378(44%)	856(100%)
3.	Diabetes	301 (35%)	299 (34%)	224(26%)	32 (5%)	856(100%)
4.	Dementia	389 (45%)	311 (37%)	103(12%)	53 (6%)	856(100%)
5.	Hearing Loss	302 (35%)	59 (7%)	111(13%)	384 (45%)	856(100%)

6.	Heart disease	432 (51%)	211(25%)	107(13%)	80 (10%)	856(100%)
7.	Hypertension	544 (64%)	130 (15%)	88 (10%)	94 (11%)	856(100%)
8.	Osteoporosis	54 (6%)	77 (9%)	562 (66%)	163(19%)	856(100%)
9.	Vision Loss	409 (48%)	288 (34%)	108 (13%)	51(5%)	856(100%)
10.	Weighty	208 (24%)	187 (22%)	377(44%)	84(10%)	856(100%)

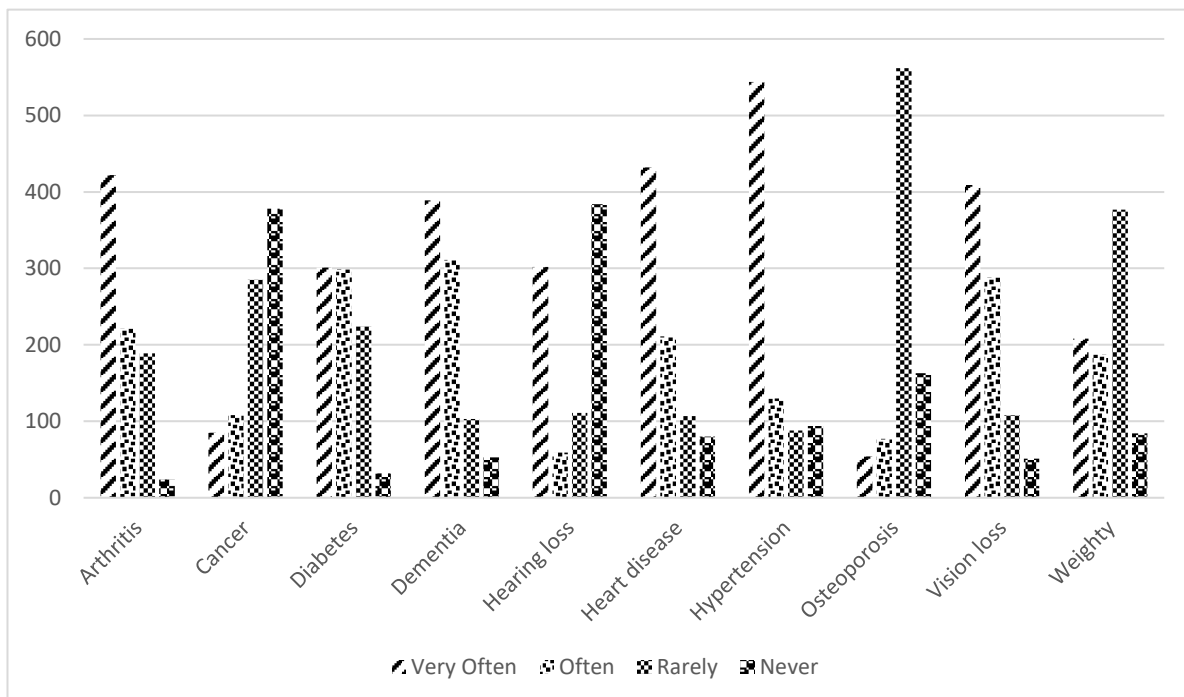


Fig 1: Prevalence of common health challenges among the aged in southern of Cross River State, Nigeria

On hypertension, 544 (64%) of the aged had it very often, 130 (15%) of the respondents had it often, 88 (10%) of the elderly had it rarely, while 94 (11%) of the aged had never it. On osteoporosis, 54 (6%) of the aged had it very often, 77 (9%) of the aged had it often, 562 (66%) of the aged rarely experienced it, while 163 (19%) of the aged never had it. On vision loss, 409 (48%) of the aged had it very often, 288 (34%) of the aged had it rarely, while 108 (13%) of the aged never had it. On weight related issues, 208 (24%) of the aged

had it very often, 187 (22%) of the aged had it often, 377 (44%) of the aged rarely had it, while 84 (10%) of the aged never had it.

Discussion of the findings

The analysis of the data on the prevalence of health challenges among the elderly indicated that there is prevalence of health challenges among the elderly in Southern Senatorial District of Cross River State, Nigeria. This finding is consistent with that of Chen (2019) who averred that frailty is one of the major health conditions associated with aging, and it is a period usually represented with decline of the adaptive capacity of the organism to poor homeostasis in times of acute events. It is associated with negative effects like falls, institutionalization, and mortality. Khan and Kabir's (2013) study on path analysis of factors affecting quality of life in the elderly in Bang Khen District also supported the present study. The researchers observed that most elderly people face a lot of health challenges ranging from arthritis, or rheumatism, chronic back pain, respiratory disease, high blood pressure, heart problems, stomach or intestinal ulcers, cataracts and glaucoma, ulcer of feet and phlebitis. Others include vision problems, weakness, cough and cold, diabetes, peptic ulcer, and cardiac disease.

Conclusion

Based on the findings of the study, it was concluded that the prevalence of health challenges among the aged in Southern Cross River State is high.

Recommendations

Based on the findings of the study, it was recommended that:

- i. Adult education should be encouraged among the aged to help them acquire the basic health literacy that will direct their way of life.
- ii. Family members should provide a conducive home environment for social relationships that will provide comfort to the aged in order not to develop sicknesses that are loneliness related.
- iii. Public health workers should create awareness on health conditions of people at both urban and rural locations.

Implications for educational research in counselling services

The findings of this study imply the following:

- i. Studies on counselling services should be carried out to help those who are not managing their time/health adequately.

ii. Research endeavours should be directed towards age and aging processes by counsellors in order to increase the level of publicity of counselling programmes and its services in schools, colleges, polytechnics and universities. The programmes will help to address the needs of the aged so as to enhance their peer, social and societal adjustment as well as their manageable health conditions.

iii. Studies should be carried out on guidance services for the aged, especially at the “home of the aged”

iv. Information services on old age and its related health challenges and complications should be provided at all stages of human development

References

- Baloyi, S. (2010). The Failure of Success. *Milbank Memorial Fund Quarterly/Health and Society*, 53, 3-24.
- Bassey, Q. B., Effiom, B. E., Esuabana, S. B., Odey, G. A., & Ubi, G. M. (2021). Analysis of Divorce among women and its effect on Children Achievement in Calabar South Local Government Area of Cross River State. *International Journal of Innovative Psychology and Social Development*, 8(4), 39-43.
- Bigombe, D. & Khadiagala, E. (2013). Poverty and Health: Prospective Evidence from the Alameda County Study. *American Journal of Epidemiology*, 125, 89-98.
- Bury, H. (2013). Social Class Mortality Differentials: Artifact, Selection or Life Circumstances? *Journal of Epidemiological Community Health*, 39, 1-8.
- Canas, E., Estévez, E., Leon, C. & Musitu, G. (2020). Loneliness, Family Communication, and School Adjustment in a Sample of Cybervictimized Adolescents. *International Journal of Environmental Research and Public Health*, 17(1), 335.
- Chen, I. (2019). Social Class, Life Expectancy, and Overall Mortality. *Quarterly/Health and Society*, 45, 31-73.
- Effiom, B. E. & Esuabana, S. B. (2020). Mental Sub-Normality: Mainstreaming Children with Disabilities. The Challenges of the Counselling Profession. *Annual Research and Review in Biology*, 35(12), 206-211.
- Eneji, C. O., Petters, J. S., Esuabana, S. B., Onnoghen, N. U., Udumo, B. O., Ambe, B. A., Essien, E. E., Unimna, F. A., Alawa, D. A. & Ikutal, A. (2022). University Academic Dishonesty and Graduate Quality for National Development and Global Competitiveness: Nigerian Universities in Perspective. *International Journal of Learning, Teaching and Educational Research*, 21(5), 401-427.
- Esuabana, S. B. (2019). Parental harmony and students’ tendencies to social behaviour in University environment in Cross River State. *Nigeria. Journal of Global Research in Education and Social Science*, 186–192.

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- Esuabana, S. B., & Petters, J. S. (2018). Emerging Trends of Counselling among students and teachers of secondary schools in southern senatorial District of Cross River State, Nigeria. *Journal of Education, Society and Behavioural Science*, 27(3), 1-12.
- Isangedighi, A. J., Joshua, M. T., Asim, A. E., & Ekuri, E. E. (2004). *Fundamentals of Research and Statistics in Education and Social Sciences*. Calabar: University of Calabar Press.
- Joshua, M. T. (2008). *Fundamentals of Test and Measurement*. Calabar: University of Calabar Press.
- Khan, H. & Kabir, O. (2013). Path analysis of factors affecting quality of life in the elderly in Bang Khen district, Bangkok. *Journal of Health Science Research*, 8, 35-46.
- Mbiti, T. (1991). Chronic Stress and Chronic Disease in Life and Work: Conceptual and Methodological Issues. *Work & Stress* 1, 29-34.
- Ndem, B. (2012). Health and Disease in the United States. *Annual Review of Public Health* 1, 1-36.
- Orokpo, M. O. (2023). Socio-demographic variables and health challenges among the aged in Southern Senatorial District, Cross River State, Nigeria. Unpublished MEd thesis, University of Calabar, Calabar.
- Ramashala, S. (2014). Aging, Natural Death, and the Compression of Morbidity. *New England Journal of Medicine*, 330, 30-35.
- Thukwayo, D. (2014). Are Poor Living Conditions in Childhood and Adolescence an Important Risk Factor for Arteriosclerotic Heart Disease? *British Journal of Preventive Sociological Medicine*, 31, 91-95.
- Yeunhee, F. (2022). The association between health-related quality of life and mental health by elderly Koreans' occupational status. *American Journal of Epidemiology*, 129, 19-33.