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COUNSELLING SERVICES FOR REMEDIATING THE BIOPSYCHOSOCIAL CHALLENGES OF THE AGED IN NIGERIA

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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 debilitating situation of the elderly ones in Nigeria and tries to proffer counselling intervention strategies suitable for ameliorating the challenges of the aged.

Key Words: *Counselling, Remediation, Biopsychosocial Challenges*

Introduction

Nigeria with a population of 140.8 million people (NPC, 2006) 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 federal 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 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, 2001). 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 as the projected population table below indicates:

Table 1 Projected Population Ageing in Africa. West African and Nigeria (UN2005)

From 2005-2050

Region	Population 60+ (per cent)					
Population 60+ (millions)	2005	2025	2050	2005	2025	2050
Africa	5.2	6.4	10.0	47.4	85.8	19.9
West Africa	4.7	5.5	9.0	12.0	21.8	51.6
Nigeria	4.9	6.0	9.9	6.4	11.5	25.5

Source: UN Population Division (2005)

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 ageing population is expected to increase in numbers 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.

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, Feldman, Camp, 2002; Hoyer & Roodin, 2003). 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 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 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 aging to some scholars is not a single or one-way process. Cavanaugh (1993) & Busse in Berger (2005) posit that there are three distinct but interrelated processes of ageing. These are primary, secondary, and tertiary ageing. The primary ageing 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 ageing, 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,

1979). 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 birthdates 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 ageing can differ widely from traditional or community definitions of when a person is older. We will follow the lead of the developed worlds, 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 1980 provides a basis for a definition of old age in developing countries (Glascock, 1980). This international anthropological study was conducted in the late 1970'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 (i.e. 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 120 years, rat 4 years, rabbit 13 years, chimpanzees, 55 years, tigers, 26 years (Clark, 1999 as cited in Berger, 2005). Cellular theory propounds that certain operation of the body becomes ineffective or less effective due 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.

Biopsychosocial Challenges of the Aged in Nigeria

It is evident from the above 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:

- 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, 2005).
- 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')(Merrill & Verbrugge, 1999).
- The skin wrinkles, bones become fragile and more easily broken and difficult to heal
- Muscles loose power and become atrophy while joints stiffen or wear out.
- Circulation slows down, blood pressure rises and because the lungs hold less oxygen the aged has less energy.
- Difficulties in falling and staying asleep.
- reaction to stimuli is slower and there is resistance to illnesses.
- Vision, hearing, and sense of smell become less acute (Makinde, 1999).

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 however 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.

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.

Cases of abuse of the elderly occur every day 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 countries with economies in transition.

Counselling intervention 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 group of individuals, would benefit from the professional services of the counsellors such as information provision, referral, follow-up, and counselling among others.

Counsellors are trained to source, classify, and disseminate current and useable information to clients. Gesinde (2008) 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, 2007). 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 (1995) 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 readymade solutions to all these challenges. Counselling professional ethics emphasis the need to have good rapport with other professionals with a view to refer clients to them for professional assistance when clients 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 upliftment.

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 sustain the gains of counselling intervention to his/her challenges (Aremu, 2001). 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 their aged, which gives rise to a good working relationship with the aged.

Conclusion and Recommendations

The above discourse bring to the forefront the capabilities of counselling programmes in alleviating the biopsychosocial challenges of the aged in

Nigeria. Consequently, it is imperative for individuals with aged parents and government to 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.

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