

# CHALLENGES OF AGEING IN NIGERIA

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## ABSTRACT

The population is ageing globally. Therefore, with an increasing population of older persons in Nigeria, there is socioeconomic inequality with extreme poverty and elder abuse coupled with non-implementation of the adopted and published National Policy on Ageing. In addition, evidence has shown the impact on Nations' workforce, healthcare, and educational system. Other challenges of ageing in Nigeria are ageism, multi-morbidities, changing family dynamics, human rights policy issue and lack of an age-friendly environment. This paper aims to review these challenges which are diverse and inexhaustible hence, a multipronged approach must be employed to address them.

**Keywords:** Ageing, Older Persons, Population, Nigeria

## Introduction

Globally, the Population is ageing with the fastest growing segment occurring in the oldest old group, i.e., >85 years.<sup>1,2</sup> It is predicted that over 14% of the world's population will be 65 years or older by the year 2040.<sup>3-5</sup> Nigeria is the country with the largest population in Africa, with older persons' projected population growth rate of 3.2%, a rate that has been estimated to double by 2050.<sup>6, 7</sup> According to the Population Reference Bureau 2012, older persons in Nigeria make up about 6 million which represents an increase of 600,000 during the period of 2012–2017.<sup>8</sup> With the increasing population, there is socioeconomic inequality with extreme poverty, elder abuse coupled with non-implementation of the adopted and published National Policy on Ageing (NPA)<sup>9</sup>. In addition, evidence has shown the negative impact on Nations' workforce, healthcare, and educational system.<sup>9</sup> Therefore, the care of older persons is hinged on the economy and development of the nation. Furthermore, there is a marked decline in the traditional care and support of older persons in Nigeria as a result of the breakdown in the extended family structure which has been the bedrock of support.<sup>10</sup> They have the highest rates of chronic diseases (arthritis, cardiovascular disease, cancer, respiratory diseases, Alzheimer's disease,

osteoporosis, diabetes, falls, obesity, depression etc.) which can limit their activities of daily living with resultant impairment of the quality of life and physical disabilities, in addition to the highest rates of hospitalisation and institutionalisation.<sup>11</sup>

The first ageing summit in Nigeria was held in 2018, which deliberated mainly on the health and social care of older persons.<sup>12</sup> However, in 2002, the Madrid International Plan of Action on Ageing (MIPAA) was initiated at the General Assembly of the United Nations during which three major areas were identified for further intervention in order to mitigate the challenges of older persons.<sup>2</sup> These include advancing good health for older persons, their development and ensuring a supportive environment.<sup>2</sup>

Despite the MIPAA, Nigeria had lagged in addressing the challenges of older persons until 2021 when an NPA was published after the National Senior Citizen Centre Act (NSCCA) 2018 was signed into Law. The act was established to provide adequate social services and improve the quality of life for older persons.<sup>2,48</sup> The Act seeks to reverse occasions where older persons are fraught with multi-dimensional poverty, multi-morbidities, vulnerabilities, and diminished investments. Evidence abounds that most African countries, including Nigeria, are ill-prepared for the emerging challenges of the growing population of

older persons.<sup>13</sup> This paper aims to review the challenges of ageing in Nigeria.

### **Definition of Ageing.**

There are varying definitions of older persons. Different criteria such as activities of daily living, physical appearance, and others, have been used to determine old age by the community.<sup>14</sup>

The age at which old age begins cannot be universally defined; therefore, most high-income countries have accepted the chronological age of 65 years as a definition of an older person. However, the World Health Organization (WHO) and the United Nations define older persons as those above ages 65 years and 60 years respectively.<sup>15</sup> Consequently, Nigeria adopted the age of 60 years as the cut-off, as this also coincides with the age of retirement and our reduced life expectancy. Furthermore, for demographic and academic purposes, the sub-grouping into young-old (65 to 74), middle-old (75–84), and oldest-old > 85 has been adopted.<sup>16-18</sup>

Ageing and eventual demise are inevitable. This is a phase every individual must go through. Hence, ageing can be defined as a failure to maintain homeostasis under conditions of physiological stress.<sup>15</sup> It is a normal physiological process and not a disease process. It occurs at different rates in individuals determined by hereditary endowment, socio-economic, educational background, and presence of disease conditions.<sup>15</sup> The following are some of the principles of ageing which include normal physiological changes that occur due to ageing and are not a result of disease states, normal physiological changes that can affect an older person's reserves in times of stress and illness, and age-related decline, which varies between individuals.

### **Types of Ageing**

The types of ageing are described as a spectrum.<sup>19</sup> These include successful ageing which characterises the process of growing older while retaining satisfactory health, function, and independence. This is contrasted to two other conditions: normative ageing and frailty.<sup>19,51</sup> Normative ageing is the experience that covers most of the advanced years of older persons in

which multiple chronic diseases appear and function is compromised to some degree.<sup>19</sup> Frailty is at the other end of the spectrum in which persons have a severe decline in cognitive and physical function, losing independence in activities of daily living, often becoming wheelchair-bound or bedridden, and requiring assistance.<sup>19</sup> Although older persons and those with many medical issues are more likely to be frail, frailty can exist regardless of age, disability, or disease and may be a separate physiologic process involving several systems.<sup>19,51-53</sup>

### **Challenges of Ageing**

**Ageism** is discrimination based on age when someone acts on a prejudice. This is sometimes referred to as the "ultimate prejudice".<sup>20,21</sup> This is a subtle practice which has a harmful effect on the older patient.<sup>20</sup> It is widespread in our society, in contrast to more traditional societies where old age is respected and revered.<sup>22</sup> Therefore, one may become a victim of ageism if one lives long enough. Furthermore, personal, cultural and institutional sources of ageism have been identified such as Age inequality, Abuse and Neglect, sexuality, disengagement theory etc.<sup>21</sup>

**Elder abuse**- Globally, elder abuse is a major social issue which is now on the front burner, especially in Nigeria. It is gradually attracting the attention of all.<sup>23</sup> In Nigeria, older persons have suffered abuse of various shades in the hands of immediate family members, informal caregivers, and society at large.<sup>24,25</sup> Elder abuse, according to the International Network for the Prevention of Elder Abuse (INPEA) states that "is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person."<sup>24</sup> However, this definition must be viewed with the "cultural lens" while taking into consideration the consequences, frequency of occurrence, duration and extremity.<sup>25</sup> The following types of elder abuse have been described such as physical abuse, discriminatory abuse, self-neglect, sexual abuse, financial or material abuse,

These social issues deserve the attention of all. It must be recognised that older persons have rights which must be protected.<sup>26,27</sup> Though it is known that elder abuse exists across the country, the prevalence rate is unknown.<sup>28</sup>

Elder abuse is mostly not recognised when older persons present to the health care providers because they present to the hospital majorly because of multimorbidity, but a study recommended that health care providers should screen older persons for elder abuse especially when they present to the hospital with precipitating factors of delirium (i.e., acute confusional state) such as dehydration, malnutrition and pressure ulcers.<sup>24,29</sup>

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### **Multimorbidities**

Older persons present with multiple chronic medical conditions and diseases such as cognitive impairment, cardiovascular, musculoskeletal, endocrine, metabolic, genitourinary, malnutrition, falls resulting in physical injuries etc which is an important demographic shift.<sup>30,31,56</sup> These medical conditions increase their utilisation of the medical and other healthcare facilities in the face of dwindling economic capacity.<sup>32</sup> Because there is no operating health care policy for older persons in Nigeria, most of them with multimorbidities make do with out-of-pocket payment for their health care needs, including prescription drugs thus culminating in a huge financial burden. Consequently, access to health care has been grossly affected leading to increase morbidity and mortality.<sup>33</sup>

To address the healthcare challenges of older persons in Nigeria, health insurance is the way forward. The National Health Insurance Scheme (NHIS), which was instituted mainly for the formal sector, i.e., the civil/public servants, has been replaced with the "National Health Insurance Authority Act" (NHIA) in 2022 by the Federal Government of Nigeria. This was signed into Law by the President of Nigeria. This Act will ensure that health insurance is mandatory for all Nigerians

and legal residents. Fortunately, this NHIA Act has considered vulnerable adults.<sup>34,35</sup> Consequently, good health will help older persons to live more productive life and be more resourceful to their families, communities, and the nation at large.<sup>36</sup>

### **The Challenge of Poverty**

Poverty among older persons is multidimensional usually resulting from lack of employment of the agile ones after retirement, lack of education, lack of functioning and well-structured health insurance, a poor pension scheme for this vulnerable group, non-existence of social security system as well as lack of family and community support.<sup>37</sup> There is the migration of able-bodied men from the villages to the city, hence a huge economic and financial burden on the very limited resources.<sup>38</sup> In developing countries like Nigeria, most of the older persons live in rural communities.<sup>39</sup> Furthermore, with a history of rural-to-urban migration, there is a growing population of poor older persons because of the pressure on limited resources. Therefore, the urban setting for the older migrant and countries with dwindling economies is often one of poverty, loss of economic power, and crowded housing with little social and physical support.<sup>39</sup> Interestingly, one of the MIPAA is to strengthen the capacity of ageing farmers through continued access to financial and infrastructure services and training for improved farming techniques and technologies to stem the tide of rural-urban migration.

Retirement is an inevitable stage of ageing where the individual gradually disengages from the mainstream of active work and social work and is eventually replaced with younger ones.<sup>40</sup> In Nigeria, life after retirement is dreaded, and it is one of the challenges of retirees with resultant ageing. As a result of a delayed payment of pensions and gratuities, the retirees are faced with untold hardship, physical disabilities, and deteriorating health status.<sup>40,41</sup> Though the Federal Government of Nigeria has made some efforts in this regard in recent times, it is rather unfortunate that people do not prepare adequately for retirement.

Social security system should be instituted in Nigeria to mitigate the huge financial gap among older persons.<sup>42</sup>

### **Family dynamics and ageing**

The most appropriate form of support for older persons in Nigeria is the extended family structure.<sup>39</sup>

This structure reflects a patriarchal society in the community. However, this extended family structure is gradually changing to the nuclear format.<sup>39</sup> With the current economic situation in Nigeria, this supportive family structure seems to have broken down resulting in neglect of older persons by the children, depression, loneliness, social isolation, abuse, and discrimination.

<sup>39,43</sup> Furthermore, in the study by Wahab and Adedokun<sup>44</sup>, it was shown that there was a high level of change in the family structure and provision of care to older persons. Also, despite the increasing ageing population and breakdown in the extended family structure, home-based care is preferred to institutionalised care.<sup>44,45</sup>

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### **Human right Policy issue**

At the inaugural World Assembly on Ageing, which was held in Vienna, Austria, in 1982 to address ageing issues and their consequences for national development, ageing as a policy issue gained prominence on a global scale.<sup>46,50</sup> Additionally, the Universal Declaration on Human Rights states, in article 1 that – "all human beings are born free and in dignity and right".<sup>46</sup> Therefore, Older persons have the same rights as younger people. The right of old people is embedded, yet not specific, in international human right conventions on economic, social, civil, cultural, and political right. Sometimes a right that may have been respected when an individual was younger may not be well protected in older age e. g The right to access appropriate health and social care services.<sup>46,48</sup>

Consequently, because of the challenges and shortcomings of older persons, the government and society should protect the right of this vulnerable group through policy formulation and legislation.

Furthermore, the 1999 constitution of Nigeria seems to ascribe some rights to older persons with the provision of adequate shelter, sick benefits and welfare, old age care and pension, adequate medical care etc.<sup>49</sup> Due to a lack of legislative support and policy direction for defending the rights of older persons, it is clear that old age in Nigeria is feared most because of the fear of the unknown.<sup>40,41</sup> Ageing has become a public issue rather than a personal problem that requires policy.<sup>46,48</sup>

### **Age-Friendly community**

The WHO describes "age-friendly communities as being places in which older persons, communities, policies, services, and structures work together in partnership to support and enable us all to age well".<sup>47</sup> Interestingly, WHO and United Nations have endorsed building an environment that is supportive of older persons, which fosters discussion of age-friendly communities.<sup>54,55</sup> Consequently, Policymakers and service providers are becoming more conscious of the significance of offering "age-friendly" services or products to senior citizens as a result of the rapid ageing of the population. The following domains have been recognised, which are outdoor spaces and buildings, transport systems, housing, social participation, civil participation and employment, respect and social inclusion, communication, and information. Unfortunately, older persons in Nigeria still have challenges in these domains. However, the WHO has advised some steps for the partnership to mitigate these challenges which are: Plan, Act and Implement, Evaluate and Engage.<sup>47</sup>

### **Conclusion**

The ageing population in Nigeria is rapidly increasing hence the need to address the associated challenges. It is imperative for the Nigerian Government to ensure the domiciliation of the internationally agreed ageing policy. Consequently, this will ensure access of older persons to good quality health care, a well-organised pension scheme, a comprehensive social security system, protection from all forms of abuse as well as

age-friendly communities and environment. Since the care of older persons is multidimensional, all the stakeholders (i.e., the government, the older persons, family members, healthcare providers, civil society organisations [CSO] and the caregivers) should be involved in decision-making to address these identified challenges.

### Recommendations

There should be a concerted effort by the government to re-orientate the public on change of attitude and avoid stereotyping older persons, ensuring the rights of older persons are respected and protected by requisite legislation in order to guarantee older persons access to social and legal services. This will enhance their self-fulfilment and level of independence. Furthermore, there should be advocacy on the other challenges as highlighted and the peculiar needs of older persons. There is also the need to monitor the activities of the long-term care facilities, where some of these activities such as elder abuse take place, through a regulatory body. Training healthcare professionals who can fulfil demand as it arises is urgently needed. In addition, the training of caregivers for older persons cannot be overemphasised. Finally, policies that promote lifelong health, including health promotion and disease prevention, assistive technology, rehabilitative care, mental health services, and the promotion of healthy lifestyles and a supportive environment, should be formulated and implemented.

### Competing Interest

The author declares no competing interests.

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