

PSYCHOSOCIAL PROBLEMS AMONG THE AGED

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Abstract

The purpose of this paper was to investigate the psychosocial problems of the aged. Four of these problems namely memory, sexual, financial/sociability, and self-concept problems were identified and investigated. The sample were 446 respondents aged 60 years and above. They were drawn from Mbaise, Imo State, Nigeria through stratified random sampling technique. Relevant data which were collected through a researcher developed questionnaire that was administered on the subjects were analyzed with t-test of one sample mean. The results show that on the composite of five items, the subjects experience relative memory loss, low levels of sexual activities, and sociability/financial problems.

Introduction And Statement Of The Problem.

Life is characterized by a sequence of developments and changes. From birth to late adulthood, the human organism continues to change, grow, develop and adapt to his physical/biological and psychological demands. He goes through different stages of life development. Although there appears to be disagreement among scholars (Hurlock, 1968; Erikson,1963; Buhier,1968;&Bromeley,1974) in terms of the names of these stages of life as well as the years when each stage actually begins and ends, all of them, however, share a consensus opinion that just as life starts a characteristic state of helplessness, it also ends in that same manner due to the decline and regression to an earlier pattern of behaviour and a simpler level of functioning. This is especially true during the terminal stage of old age.

Old age is the last stage of man's life. It connotes deterioration of vitality. The thought of this fills many people with concern and fear (Awake, 1999). In the words of Neubeck (1978), to become old means to get farther away from one's beginnings. The recognition of this fact and its consequences of the resulting state of non-existence causes anxiety among most people. This is why some aged people lie a little by reducing their ages as an ego defence mechanism of cushioning their anxiety and postponing their approaching death.

Over the years, the number of the aged all over the world has been on steady increase due to improved medical care and reduced rate of infant mortality. This assertion is buttressed by global population estimates which show that in the 1980's the percentage of people aged 60 years and above throughout the world rose to 8.5 percent,(Emereuwaon\i,1990), According to the same source, the aging trend is higher in the more developed industrial areas of the world where 15 percent of their population are 60 years and more, as opposed to the less developed countries where only 6 percent of the population is aged 60 years and more. The situations in United States of America and Nigeria are not

different from this trend. For instance, in 1900, only 3 percent of the population of United States of America was aged 65 years and above in contrast to 12.7 percent in 1990, (Ornstein and Carstensen,1991). In a related way, despite the difficulty of making very authoritative comparison regarding the number of the aged in Nigeria over the years due to irregular, inaccurate, and poor analysis of census data in Nigeria, infontlation gathered from the National Population Commission, Owerri puts the number of those aged 60 years and above at 3,313,453 representing 5.7 percent of the 1991 census figure. Furthermore, the United Nations estimates, according to Ernereuwaonu (1990) indicates that between!980 and 2025 A.D., the population of Nigeria will increase by 319.72 percent. Out of this increase

percentage, those who are aged 60 years and above will increase to 388.1 percent as opposed to 319.72 percent for the entire population. This figure shows a higher growth rate of the population of the aged than the entire population.

Old age means many negative things to many people. To some people, it is a state of marginal existence which is synonymous with disease, suffering, pain, and isolation. To others, it means to step on a time machine and to move backwards in terms of living standards (Bosanquet, 1978). Contrary to these popular but erroneous beliefs, old age is neither of these. It is simply an inevitable stage in the human development process which is characterized by decline rather than by progress. Everybody must grow old except the individual dies young. This is why Parker (1961) stated that both aging and senescence are inherent parts of life that we must acknowledge accept, and seek to understand thereby enjoying.

Studies (Hurlock, 1968; Knox, 1977; & Okoye, 1998) and personal experience gathered through informal interviews with the aged show that they have a number of problems. These problems are further compounded in our contemporary time by weakening of the traditional family and support systems for the elderly resulting from the migration of youths from rural to urban areas and the consequent changes in the cultural role expectations and performance (Sarason and Sarason, 1987). Unfortunately, there is still an apparent lack of systematically planned programmes in Nigeria which are designed to assist the aged in coping with their problems. This is in spite of the fact that there are systematically planned programmes for all other age groups in Nigeria. This is in addition to apparent lack of sufficient, reliable, and current literature in this stage of human development. The effect of this is that a state of uncertainty regarding the actual problems of the aged is created. This situation retards the development and adoption of necessary intervention strategies to assist them.

The need for proper understanding of the psychosocial problems of the aged cannot be over emphasized since adequate knowledge of a problem is prerequisite to the solution of the problem. This study is thus embarked upon to fill the gap in literature regarding the psychosocial problems of aged. It is hoped that the study will yield results, which will be reasonably generalized among the Nigerian population.

Statement of the Hypotheses

1. Relative memory loss is not a significant problem experienced by the aged.
2. Low levels of sexual activities are not a significant problem experienced by the aged.
3. Financial/sociability problems are not significant problems experienced by the aged.
4. Low self-concept is not a significant problem experienced by the aged.

Research Methodology

This study was conducted in Mbaise, Imo State, Nigeria. The population of study consisted of all those aged 60 years and above in the area of study. From the population, 446 samples were drawn from 15 autonomous communities through the stratified random sampling technique. Relevant data were sought from these subjects through the administration of copies of a researcher developed questionnaire on them. The test-retest reliability of the instrument on 50 subjects after an interval of two weeks from the first test ranged from 0.57 to 0.95.

All the hypotheses were tested with t-test of one sample mean. In carrying out the test, the researcher reasoned that for any issue or factor presented to the respondents to be considered a significant problem, the respondents must score means of at least 2.50 (mid-point between agree and disagree) on the item

and 12.50 (that is 2.50 multiplied by 5) on the collection of five items measuring the whole component. The results of the test of the hypotheses are presented in the following tables:

Table 1: A t-Test Analysis Of Relative Memory Loss Among The Aged In Mbaise, Imo State.

| Items Variable No. | _ X _ | SD | df | t-value |
|---|-------|------|-----|---------|
| 1. Have difficulty in recognizing names and faces. | 2.66 | 1.63 | 445 | 2.07* |
| Reference mean score. | 2.50 | 0.00 | | |
| 2. Remember past event easily. | 2.21 | 1.48 | 445 | -4.14* |
| Reference mean score. | 2.50 | 0.00 | | |
| 3. Forget things easily. | 2.60 | 1.61 | 445 | 1.31* |
| 4. Take less time than youth to learn things. | 2.84 | 1.68 | 445 | 4.27* |
| Reference mean score. | 2.50 | 0.00 | | |
| 5. Have difficulty memorizing and organizing information efficiently. | 3.10 | 1.75 | 445 | 4.24* |
| Reference mean score | 2.50 | 0.00 | | |
| Total Memory Loss | 13.31 | 2.66 | 445 | 6.43* |
| Reference moan score | 12.50 | 0.00 | | |

* Significant at .05 level; critical $t = 1.65$, $n = 446$ $df = 445$

Table 2: A t-Test Analysis Of Sexual Problems Among The Aged In Mbaise, Imo State.

| Items Variable No. | x | SD | df | t-value |
|---|------|------|-----|---------|
| 1. As sexually competent as the youths. | 3.37 | 1.83 | 445 | 10.04* |
| Reference mean score. | 2.50 | 0.00 | | |
| 2. Not easily aroused sexually. | 3.13 | 1.76 | 445 | 7.56* |
| Reference mean score. | 2.50 | 0.00 | | |
| 3. Have very low interest in Sexual activities. | 2.99 | 1.72 | 445 | * 6.02 |
| Reference mean score. | 2.50 | 0.00 | | |

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|---|-------|------|-----|---------|
| 4. Experience weak and partial Erections often. | 2.91 | 1.70 | 445 | 5.09* |
| Reference mean score. | 2.50 | 0.00 | | |
| 5. Feel pain during sexual Intercourse. | 2.46 | 1.56 | | |
| Reference mean score | 2.50 | 0.00 | 445 | * -0.54 |
| Total low sexual activity | 14.77 | 2.49 | 445 | * 19.25 |
| Reference mean score | 12.50 | 0.00 | | |

Significant at .05 level; critical $t = 446$; $df = 445$

Table 3: A t-Test Analysis Of Financial and Sociability Problems Among The Aged In Mbaise, Imo State.

| Items Variable No. | X | SD | df | t-value |
|---|-------|------|-----|---------|
| 1. Have less income than the people in active service. | 3.28 | 1.80 | 445 | 9.15* |
| Reference mean score. | 2.50 | 0.00 | | |
| 2. Have more opportunities for interaction with friends and colleagues. | 2.66 | 1.63 | 445 | 2.07 * |
| Reference mean score. | 2.50 | 0.00 | | |
| 3. Suffer from idleness and loneliness most of the time. | 2.71 | 1.64 | 445 | * 2.70 |
| Reference mean score. | 2.50 | 0.00 | | |
| 4. Take more part in the numerous social activities connected with one's job. | 2.93 | 1.70 | 445 | 5.34 * |
| Reference mean score. | 2.50 | 0.00 | | |
| 5. Experience changes in one's Roles. | 3.22 | 1.78 | 445 | 8.54 * |
| Reference mean score | 2.50 | 0.00 | | |
| Total financial and sociability problems | 14.72 | 2.18 | 445 | * 21.51 |
| Reference mean score | 12.50 | 0.00 | | |

Significant at .05 level; critical $t \sim 1.65$, $n = 446$; $df = 445$

Table 4: A t-Test Analysis Of Low self-concept Problems Experience By The Aged In Mbaise, Imo State.

| Items Variable No. | x | SD | df | t-value |
|--|-------|------|-----|---------|
| 1. Feel worthless and useless most of the time. | 1.74 | 1.31 | 445 | -12.25* |
| Reference mean score. | 2.50 | 0.00 | | |
| 2. Have a lot of interest in life and social activities. | 2.74 | 1.65 | 445 | 3.07* |
| Reference mean score. | 2.50 | 0.00 | | |
| 3. Feel inferior sometimes. | 2.21 | 1.48 | 445 | -4.14 |
| Reference mean score. | 2.50 | 0.00 | | |
| 4. Feel less confident one's abilities. | 2.42 | 1.55 | 445 | -1.09 |
| Reference mean score. | 2.50 | 0.00 | | |
| 5. Feel more anxious about life events than before. | 2.52 | 1.58 | 445 | -0.27 |
| Reference mean score | 2.50 | 0.00 | | |
| Total low self-concept | 11.55 | 2.21 | 445 | -9.08* |
| Reference mean score | 12.50 | 0.00 | | |

* Significant at .05 level; critical $t = 1.65$; $n = 446$; $df = 445$

Discussion

The results of hypothesis one show that out of the five items which were developed to test this hypothesis, it was only item 2 that was not statistically significant. This result led to the rejection of the null hypothesis. This result is harmony with the findings of Knox (1977). However, the degree of this decline is not evenly spread as some aspects of the memory fail badly while others remain largely intact or constant. In a related way, the finding that Item 3 is not a problem experienced by the aged shows that senile amnesia is also a problem experienced by them. According to Okoye (1998), senile amnesia is a situation

whereby the aged forget events which they experienced during their childhood period. The situation indicated that the decline is more pronounced in the short-term memory than in the long term memory. These declines appear to be caused by neurological and physiological changes which are caused by age, stress, wear and tear, and ineffectiveness of the aged in encoding, storing, and retrieving information from the memory.

The results of the second hypothesis on the other hand show that besides item 5, the mean scores of the other four items were higher than the reference mean scores of the other four items were higher than the critical t-value of 1.65. This also led to the rejection of the null hypothesis. This result is not surprising when one recalls that the feeling of pain during sexual intercourse is only a problem of aged woman. It results from vaginal dryness and shrinking of the walls of the vagina. Since woman represent only 33.86 percent of study sample, it is therefore not surprising to see why the subjects mean score and t-value of the item was less than the reference mean score and critical t-value.

On the other hand, the general results of the hypothesis support the findings of scholars (Hyde, 1994; and Masters and Johnson, 1966). Besides the biological basis of low levels of sexual activities among the aged, the problem can be better understand in the light of the conservative, restrictive, and secretive nature of Igbo culture in matters relating to sexual expression. The effect of this is that the problem tends to remain bottled up in the minds of the individuals experiencing them.

The results of the third hypothesis show that all the t-values were higher than critical t-values. Consequently, the null hypothesis was rejected. The reduced income problem experienced by the aged can be understood more clearly when one recalls that pensions and gratuities are designed to cushion the financial problems of retirees when the monthly salaries cease to as a result of retirement. However, personal experience shows that these benefits are hardly paid to retirees these days. In a related way, the other four problems of sociability which the aged encounter seem to result mainly from declining physical health, inadequate finance and retirement. These factors combined reduce their degree of social interaction and involvement in the numerous roles. They also bring about changes in the previous social activities connected with their previous roles of the aged and often lead to idleness.

Finally, the results of hypothesis four show that only Item 2 was statistically significant. This led to the retention of the null hypothesis. However, based on the alternative form of framing and scoring the items in the questionnaire, the result of this item means that aged people do not have a lot of interest in life and social activities. This result may suggest three things. First, it indicates that the aged have attained a stage of ego integrity. Secondly, it may also suggest that the aged respondents do not assess themselves simply on their present circumstances. Rather, they seem to take account of their over all achievements in life, the achievement of their children, and cumulation of their life experiences, goals and aspirations. Thirdly the result may not be unconnected

with the nature of the conservative Igbo culture and sense of dignity of the people. These may have made it hard for them to disclose their deficiencies.

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