

## Challenges and Prospects of Active Ageing in Nigeria

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### ABSTRACT

Active ageing is a long-life process of optimizing opportunities for improving and preserving health, ensuring full participation and guaranteeing security so as to enhance quality of life as people age in a society. Growing old in a transitional society like Nigeria can be graceful and a blessing too but this has its accompanying challenges as well. Ageing is a global phenomenon that cut across cultures and gender. As such there is need to cater for the health of the people as they age in orders to keep them healthy and active thereby contributing to national development. Doing so in Nigeria will enable them to realize their potentials for physical, social, and mental well-being throughout their life course and to participate in the country's activities based on their needs and ability. The import of this paper, therefore, is the examination of the challenges and prospects of active ageing in Nigeria. One of the challenges facing Nigerians is poor healthcare delivery in the country which is affecting active ageing. The paper recommends, inter alia, that a workable good healthcare policy be initiated and fully implemented to address the challenges of active ageing in Nigeria.

**Keywords:** Active, Ageing, Challenges, Determinants, Healthcare, Healthy, Prospects Nigeria

### INTRODUCTION

The issue of healthy and active ageing is a global phenomenon which should attract the attention of all and sundry, particularly those in developing countries like Nigeria. The issue of ageing is a natural one that cannot be avoided and it comes with its accompanying challenges that if not properly handled would affect a country's socio-economic and political development. The inevitability of ageing and the fear of dying have haunted the human race and it has been a human dream to retard ageing and defy death (Omotara, Yahya, Wudiri, Amodu, Bimba & Unyime, 2015). However, the human population is continually ageing at a rate "without parallel in the history of humanity" (Kulik, Ryan, Harper, & George, 2014). Accordingly,

the United Nation's report (2013) indicates that, the ageing of the world population is driven by two trends. First, there has been a dramatic increase in life expectancy. Worldwide, the increase in life expectancy reflects both a reduction in deaths from infections and parasitic diseases like smallpox, polio, measles, meningitis among others, and a general movement toward healthier lifestyles. Second, as a result of more effective birth control and improved education, there has been an equally dramatic decline in fertility rates across the globe. The world's total fertility rate has already dropped by about half, from 5 children per woman in 1950-1955 to 2.5 children per woman in 2010-2015; it will fall below replacement by 2050 (United Nations, 2013).

Just as it has been witnessed by many developing nations in the world, Nigeria is also witnessing rapid ageing of its population. The rapid ageing population has its own peculiar challenges and problems which include social, political and economic and those other problems associated with health in old age. These challenges and problems have made old age to be perceived as a problematic phase of life (Eboiyehi, 2015). This very situation therefore demands for possible solutions so as to prevent or reduce those challenges associated with ageing world-wide and Nigeria in particular.

It seems rather unfortunate that, with the increasing numbers of older people in developing countries like Nigeria, the increase is happening in an environment where the society is not yet ready to tackle challenges that older people are posing and shall continue to do so as the demand to meet their needs increases (Adeleke, 2014). The range of challenges that the aged are facing in Nigeria is constantly increasing as the country is locked up in conflicts, experiencing huge economic problems, natural disasters, insecurity (e.g. insurgency in the north-east, militancy in Niger Delta, and Fulani-herdsmen/farmers crisis), diseases and deterioration in family relationships. This situation has further shown that the society, generally, has little or no positive attitude towards issues affecting older people. In Nigeria, for example, the aged seems to be in a pitiable situation in terms of systemic support, yet the growing size of this demographic group makes the demand for social support imperative as majority of the elderly live without the desired attention. In all countries and in developing countries in particular, measures to help older people remain healthy and active are a necessity, not a luxury. This is because healthy and active ageing constitutes in no small measure to national development of any given society (World Health Organisation, 2002).

The crux of this paper therefore is to address the challenges and prospects of active ageing in Nigeria with a view of recommending possible ways through which the country can strive to ensure active ageing of its population.

### CONCEPTUAL CLARIFICATION

If ageing is to be a positive experience, longer life must be accompanied by continuing opportunities for health. This situation is explicitly described as active ageing, a concept adopted by the World Health Organisation (WHO) in the late 1990s. It is meant to convey a more inclusive message than 'healthy ageing' and to recognise the factors in addition to healthcare that affect how individuals and populations age. The concept active ageing is defined as the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age (WHO, 2015:5; Riva, Marsan & Grassi, 2014; Abdullah & Wolbring, 2013). For the purpose of this discourse, this paper align with the above definition by stating further that, active ageing is a situation where people of the society are given access to quality healthcare and their lives well secured in order to maximise their potentials and quality of life as they continue to age.

Active ageing applies to both individuals and population groups. It provides the people the opportunity to realise their potentials for physical, social, and mental well-being throughout the life course and to participate in society according to their needs, desires, and capacities, while providing them with adequate protection, security and care when they require assistance. It is only when this situation prevails, can we say that the application of active ageing is at work (WHO, 2015).

The term 'active' here refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force. Older people who retire from work and those who are ill or live with disabilities can remain active contributors to their families, peers, communities and nations (Eboiyehi, 2015; Adeleke, 2014; WHO, 2015). By implication, therefore, active ageing aims to extend healthy life expectancy and quality of life for all people as they age, including those who are frail, disabled and in need of care.

Maintaining autonomy and independence as one grows older is a key goal for both individuals and policy formulators in Africa and Nigeria in particular. Moreover, ageing cannot take place without but within the context of others, friends, work associates, neighbours and family members.

This is why interdependence as well as intergenerational solidarity, which is a two-way giving and receiving between individuals as well as older and younger generations, are basic tenets of active ageing. Yesterday's child is today's adult and tomorrow's grandmother or grandfather. The quality of life they will enjoy as grandparents depends on the risks (challenges) and opportunities (prospects) they experienced throughout the life course, as well as the manner in which succeeding generations provide mutual aid and support when needed. Healthy and active ageing in older people is therefore to the largest extent a reflection of the living circumstances and actions of an individual during the entire life span (WHO, 2002).

### **Determinants of Active Ageing**

There is now clear evidence showing that healthcare and biology are just two of the factors influencing health. Other important factors that can influence one's health include the social, political, cultural, and physical conditions under which people live and grow older. Active ageing depends on a number of 'determinants' in which individuals, families and nations live in (Aboderin, 2005; WHO, 2002). These factors have the potentials of directly or indirectly affecting well-being, the onset and progression of disease and how people cope with illness and disability. There is an important interconnection and interplay between the determinants of active ageing which cut across cultures. The World Health Organisation list the major determinants of active ageing to include health and social services, behavioural determinants, personal determinants, physical environment, social determinants, and economic determinants. It further states that gender and culture are cross-cutting factors that affect all others (WHO, 2002). This is an indication that, gender and culture related customs can make men and women differ significantly when it comes to risk-taking and health-care seeking behaviours.

Moreover, it is helpful to consider the influence of various determinants over the life course so as to take advantage of transitions and windows of opportunity for enhancing health, participation and security at different stages. For instance, evidence has shown that stimulation and secure attachments in infancy influence an individual's ability to learn and get along with others throughout all of the later stages of life. The World Health Organisation recognizes that, employment, for example, which is a determinant throughout adult life greatly influence one's financial readiness for old age. Access to high quality, dignified long-term care is particularly important in later life. Often, as is the case with exposure to pollution, the

young and the old are most vulnerable population groups (Graham-Brown, 2016; WHO, 2002).

### **CROSS-CUTTING DETERMINANTS: CULTURE AND GENDER**

There is no doubt that culture is a cross-cutting determinant within the framework for understanding active ageing. According to Zaidi (2014), in citing WHO (2002) culture, which surrounds all individuals and populations, shapes the way in which we age because it influences all of the other determinants of active ageing. Cultural values and traditions determines to a large extent how a given society views older people and the ageing process particularly when it comes to active ageing. When societies tend to associate symptoms of disease to the ageing process, they are less likely to provide prevention, early detection and appropriate treatment services. Again, cultural factors influence health-seeking behaviours. Take, for instance, attitudes toward smoking are gradually changing in a range of countries including Nigeria.

Gender is viewed as the lens through which to consider the appropriateness of various policy options initiated by countries and how they will affect the well-being of both men and women (WHO, 2002). It is no joke that in many societies, girls and women have lower social status and less access to nutritious foods, education, and meaningful work and health services. This situation no doubt affects their active ageing process. At the same time, boys and men are more likely to suffer debilitating injuries or death due to violence, occupational hazards and even suicide. They also engage in more risk-taking behaviours such as smoking, alcohol and drugs consumption and unnecessary exposure to the risk of injury (Tawiah, 2011; WHO, 2002). All this affect active ageing process in no small measure.

### **Determinants Related to Health and Social Service Systems**

For any society to thread the path of active ageing, health systems need to take a life course perspective that focuses on health promotions, disease prevention and equitable access to quality primary health care and long-term care (Ezema & Uguanyi, 2014; WHO, 2002). If any society desires to achieve active ageing, its health and social services need to be integrated, coordinated and cost-effective. Society should ensure that the issue of age discrimination in the provision of services is avoided, and that service providers need to treat people of all ages with dignity and respect. A situation that is almost absent with healthcare delivery system in Nigeria. Therefore, efforts should also be made to encourage health promotion so

that it will enable people to take control over and to improve their health while they age. Again, measures should be put in place for disease prevention and management of the conditions that are particularly common as individuals aged. All contribute to reducing the risk of disabilities thereby enhancing active ageing. Long-term care policy should be initiated and implemented to ensure that a person who is not fully capable of self-care can maintain the highest possible quality of life, according to his or her individual preferences, with the greatest possible degree of independence, autonomy, participation, personal fulfilment and human dignity (WHO, 2002). Thus, long-term care includes both informal and formal support systems. When this is put in place it brings about treatments that halt or reverse the course of disease and disability in order to guarantee active ageing. In addition, mental health services, which play a vital role in active ageing, should be an integral part of long-term care. Particular attention should be given to the under-diagnosis of mental illness (especially depression) and to suicide rates among older people (WHO, 2002).

### **Behavioural Determinants**

This is another vital area that affects active ageing. Individual behaviours to a large extent determine how actively they age. In fact, it has been noted that the adoption of healthy lifestyles and active participation in one's own care are important at all stages of the life course since they affect ageing. One of the beliefs of ageing is that it is too late to adopt such lifestyles in the later years of one's life. Contrary to that, when older people engage in appropriate physical activity, healthy eating, not smoking and using alcohol and medications wisely, it can prevent disease and functional decline, extend longevity and enhance one's quality of life (WHO, 2002). Physical activity can facilitate delay in functional declines if people participate in it regularly. Regular moderate physical activity reduces the risk of cardiac death by 20 to 25% among people with established heart disease. Active living improves mental health and often promotes social contacts (WHO, 2007; WHO, 2002).

### **Determinants Related to Personal Factors**

This takes into cognisance biology and genetics as well as psychological factors. Thus ageing of people is greatly influenced by biology and genetics. Ageing is a set of biological processes that are genetically determined. Accordingly, Phellas (2013), explained that ageing is a progressive, generalised impairment of function resulting in a loss of

adaptive response to a stress and in a growing risk of age-associated disease. This implies that, the main reason why older people get sick more frequently than younger people is that, due to their longer lives, they have been exposed to external, behavioural, and environmental factors that cause disease for a longer time than their younger counterparts (WHO, 2007). In Nigeria, for instance, it is noted that longevity tends to run in families and/or ethnic groups. But, all things being equal, there is general agreement that the lifelong trajectory of health and disease for an individual is the result of a combination of genetics, environment, lifestyle, nutrition, and to an important extent, chance (Omotara, Yahya, Wudiri, Amodu, Bimba, & Unyime, 2015).

Besides, psychological factors including intelligence and cognitive capacity (for example, the ability to solve problems and adapt to change and loss) are strong predictors of active ageing and longevity (Phellas, 2013; WHO, 2002). There is no gainsaying the fact that during normal ageing, some cognitive capacities (including learning speed and memory) naturally decline with age. Yet, all is not lost since gains could be derived via wisdom, knowledge and experience of the older people. No wonder, the saying in local parlance in Nigeria that grey hair associated with older people is a sign of wisdom and blessing. Again, other psychological factors such as self-efficacy and coping styles, which people acquire across the life course, greatly affects the way and manner in which people age. In this wise, people who prepare for old age and are adaptable to change make a better adjustment to life after 60 years of age (WHO, 2002).

### **Determinants Related to the Physical Environment**

Physical environments in which people live can make a great impact on how people age. Environments that provide structures which are age friendly can make the difference between independence and dependence for all individuals but are particularly important for older people. When physical environment is full of hazards it can lead to debilitating and painful injuries among younger older people. For example, injuries from falls, fires and traffic collisions are the most common across societies and cultures (WHO, 2002).

There should also be adequate and safe housing as well as neighbourhoods for these are essential to the well-being of young and old people. This will help reduce the vulnerability of younger and older people particularly when they are displaced due to crisis and conflict, as they often occur in Africa and Nigeria in particular. Again, people should have access

to clean water, clean air and safe foods as these are part of ingredients of active ageing.

### **Determinants Related to the Social Environment**

Social determinants call for social support, opportunities for education and lifelong learning, peace, and protection from violence and abuse. These are key factors in the social environment that enhance health, participation and security as people age. Loneliness, social isolation, illiteracy and a lack of education, abuse and exposure to conflict situations should be avoided or curtailed since they greatly increase people's risks for disabilities and early death. This, no doubt, will go a long way to affect active ageing (WHO, 2002),

### **Economic Determinants**

There are three key components of the economic environment that have a particular significant effect on active ageing. These are income, work and social protection. For a given society to promote active ageing of its population there is need to put in place policies that will reduce poverty at all ages. While poor people of all ages face an increased risk of ill health and disabilities, older people are particularly vulnerable. Lack of high income affects people's access to nutritious foods, adequate housing and healthcare. In fact, studies have shown that people with low income are one-third as likely to have high levels of functioning as those with high incomes (Zhou & Gavriel, 2016; WHO, 2002). There is also need to put in place social security measures that can be of support to people as they age. In terms of work, if more people have the opportunity to enjoy dignified work, that is, when they are adequately remunerated and protected against hazards, early in life, people would reach old age actively (able to participate in the workforce) and this is beneficiary to society at large.

## **CHALLENGES AND PROSPECTS OF ACTIVE AGEING IN NIGERIA**

The challenges of active ageing are global, national and local. Nigeria as a developing country faces the biggest challenges just like other developing nations particularly those in sub-Saharan Africa. As earlier noted, healthy and active ageing is all about a gradual but a steady movement toward ageing that is devoid of acute health challenges. As such, much attention should be given to the health of all the individuals at different stages of life. It is not really waiting for people to get old before giving health care. Rather, it involves getting old and yet being active and

striving to attain some goals so as to counterbalance the physical losses that are associated with ageing and old age (Ezema & Ugwuanyi, 2014). While everybody aspires to be old, the desire to grow towards it in an active manner is very critical to national development.

Nigeria has been making serious efforts in trying to live up to expectations in terms of setting up programmes that would enhance healthy active ageing and increase life expectancy (Ezema & Ugwuanyi, 2014). However, there are still enormous challenges that are preventing successful advancement towards healthy active ageing in Nigeria. One of the major challenges to healthy active ageing in Nigeria is lack of formulation of adequate and sustainable ageing policy. The absence of an encompassing nationally approved policy to strategically regulate and tackle proper healthy active ageing programme has seriously undermine the country's desire to catch up with some of the advanced countries in attaining longevity of life.

Similar to the above challenge is lack of full-blown up information on health matters and its adequate utilization by Nigerians. There is poor attitude to information in developing countries like Nigeria as well as lack of documentation and information about health and socio-economic development. Information, it is said, is life. Health statistics is very vital in handling some of the health challenges in Nigeria as this would guarantee active ageing. In Nigeria, for instance, health related information seems to very scanty and the extent of utilization of the existing one is equally not encouraging. As such, these twin factors act as a stumbling block to enhancing healthy active ageing (Adeleke, 2014).

Another great challenge facing Nigeria in the area of active ageing is the persistent problem of corruption, poverty, illiteracy and diseases. The fight against these societal ills has not yielded the desired result. Consequently, Nigerians are often and urgently dragged to their untimely death, and even those who are alive age inactively. Corruption has eaten deep into the Nigerian fabrics such that it has almost been institutionalized and internalized by some Nigerians that they see nothing wrong and criminal about it. This has affected all spheres of human endeavor in Nigeria such that monies meant for the welfare of the people as well as the infrastructural development of the country are siphoned by few individuals to the disadvantage of many. This has resulted to abject poverty in Nigeria leaving many to starvation.

According to Ezema and Ugwuanyi (2014), poverty in Africa, in this case Nigeria, is not just the lack of money but a series of facets; vulnerability,

lack of opportunities, and unfair competition as a result of economic and social globalisation. Nigerians suffer for lack of basic necessities of life. Nigerian governments hardly treat their workers appropriately, even after retirement. Some retirees suffered and died in pains due to negligence by the government particularly with regards to payment of pension and gratuity. This very situation undoubtedly affects healthy active ageing since people do not have access to quality health care and deprives them of longevity of life which could have afforded them the opportunity to contribute to national development. Illiteracy due to lack of access to quality education is another impediment to active ageing in Nigeria. A good number of Nigerians who could have contributed their quota to national development are illiterates. This stems from the fact that they cannot afford to pay school fees and acquire the requisite knowledge and skills critical to participation in national development.

Displacement of people due to incessant crisis, conflicts, and of recent insurgency and Fulani herdsmen attacks constitute another great challenge to active ageing in Nigeria. Today, resources that could have been used by the Nigerian governments to provide basic social amenities and quality healthcare services are spent on tackling and controlling insecurity in the country. It is therefore evident that Nigeria as a country cannot guarantee active ageing of its citizens. For example, internally displaced people in Nigeria don't even have access to education as well as vital health information, let alone receiving quality healthcare services that can bring about quality life. Those Nigerians affected by conflicts and activities of the insurgency are feared dead or incapacitated due to lack of nutritious foods and quality healthcare. In fact, we may not be incorrect to say that all of these challenges are as a result of absence of social justice in Nigeria. It is therefore eminent that there can be no success story of active ageing in an atmosphere of insecurity challenges such as the ones Nigeria as country is experiencing.

The above challenges, notwithstanding, Nigeria stands to benefit a lot from a healthy active ageing population. Healthy active ageing can result when Nigerians (both the young and adults) advance towards old age in good and quality health bereft of physical difficulties and diseases. Nigerians who are ageing actively can go a long way to contribute to the socio-economic development of the country. This is so because active ageing ensures that citizens optimize opportunities for their health while they are actively involved in the labour force. For example, rising public spending on preventive and primary health care by the Nigerian government could bring

more Nigerians into the labour market thereby making great contributions to the socio-economic development of the country. It is therefore incumbent upon the Nigerian government and stakeholders for formulate and implement a policy framework that can guarantee active ageing in Nigeria. In other words, government at all levels, decision-makers, non-governmental organizations, private industry and health and social service professional can help foster social networks for active ageing in Nigeria. Again, ensuring that future retirees in Nigeria have a pension scheme that protects them from poverty may be costly, but worthwhile. Since this will enable the retirees to age gracefully and actively while the country benefits from their contributions.

Again, it is difficult to overemphasize the vital role of the elderly people in building a just and formidable society. Throughout Africa and Nigeria in particular the elders are looked upon as the repertoire of vision, knowledge, wisdom, justice and godliness. These virtues are derived from their role in families and communities. When they sit as judges, they ensure that equity and fairness come to play, when as ancestral heads standing gap between the ancestors and their off springs, they pray down blessings on the societies. In fact, they act as great consultants in various fields where the initiatives of the young ones are fostered (Ezema & Ugwuanyi, 2014).

Another positive implication of healthy active ageing for Nigeria is the gain the country stands to derive in the area of politics. Accordingly, the elongation of life through caring for the health of the ageing people, particularly the elderly ones, brings about an appreciable increase in political participation especially in the area of voting. Those who aged actively have the potentials of taking sound decisions during elections as well as other key socio-political decisions. For example, the substantial contributions of the elderly people to national growth and development is important for policy formulation, especially the ones that concern them. It is arguably correct that the experience and abstract reasoning of the aged in Nigeria is highly needed for good governance. This can only be made possible if they age actively.

## CONCLUSION AND RECOMMENDATION

In this paper, attempts have been made to bring to the fore the issue of active ageing in terms of its challenges and prospects in Nigeria. In the course of discussion, the determinants of active ageing across cultures and gender were clearly highlighted. While challenges and prospects of active ageing in Nigeria were explained in details in order to help government at

all levels, stakeholders and policy makers to come out with a high policy framework that can help foster active ageing in the country. The paper, is therefore, recommending among others, that a workable good healthcare policy be put in place to address the health challenges of the ageing population in Nigeria; security of life and property of the citizens should be fully guaranteed to ensure active ageing; and the literacy needs of ageing Nigerians should be properly addressed to help reduce the inability of the people to take active part in the labour force.

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