

Gerontological Issues and Challenges of the Retirees: Implications for Ameliorating Strategies

Ugwu, C.U; Ene, O.C.;
Department of Health and Physical Education
University of Nigeria, Nsukka

and
Nwala, E. K.
Health Policy Research Group
University of Nigeria, Enugu Campus

Abstract

Living a healthy life and maintaining functional health after retirement is an ideal plan of all workers in different sectors. Ageing as an aspect of gerontology, is characterized by multiple challenges that affect functional health and wellness in later life. This paper presented the categories of ageing, issues relating to gerontology in ageing population, and the challenges of the retirees. It also discusses various efforts by individuals as well as groups in ameliorating these challenges. The implications for ameliorating strategies are also discussed. It is recommended, among others, that pre-retirement programmes should be organized in different sectors in order to expose and prepare employees on the issues and anticipated challenges to be faced after retirement.

Keywords: Gerontology, Challenges, Ageing, Retirees, Health

Introduction

Over the next forty years the number of people aged 60 years and above in the world is set to grow by one and a quarter billion, with a particular rapid increase in the number of oldest-old citizens (Peter, 2010). This increment could be attributed to advancement in technological development and improved medical services leading to increased life expectancy and decline in mortality rate (Wallace & Kohatsu, 2000; Hayward & Zhang, 2001). The ageing population includes individuals within the chronological ages of 65 years and above who may have successfully retired from active service (Manuel, James & Neil,

2013). These individuals are vulnerable to multiple ageing challenges and health complications that affect their lives negatively in later life. Gerontology paves ways for better understanding of these challenges in anticipation and enables the individuals to adjust to them satisfactorily.

Gerontology is a large and diverse field that studies ageing. Ageing is a physiological process characterized by gathering harmful substances into the body that cause cells and tissues to die which can lead to the person's fragility and vulnerability to different illnesses (Peter, 2010). Gerontology is not to be confused with geriatrics, which focuses on the care and prevention of age-related diseases.

Gerontology studies the process of ageing and problems associated with the chronological, biological, social and psychological aspects of ageing (Irish Centre for Social Gerontology (ICSG), 2013). Ageing is viewed in gerontology as more than merely the numerical increase of a person's age.

Thus, this paper focused on the:

- Four categories of ageing
- Issues relating to gerontology in ageing population
- Challenges of the retirees
- Various efforts in supporting the aged
- Implications for ameliorating strategies

Four categories of ageing: chronological, social, biological, and psychological ageing

• **Chronological Ageing:** Chronological ageing is based on a person's age counted from birth. Therefore, a person celebrating his or her 75th birthday has a chronological age of 75 years. Based on the chronological ageing descriptions, the elderly can be grouped into three major age cohorts: the young-old (65-74 years old), the old-old (75-84 years old), and the oldest-old (85+ years old) (Hayward & Zhang, 2010). However, chronological ageing helps to categorize and study trends in different age cohorts in ageing population.

• **Social Ageing:** The social aspect of gerontology looks at the relationship between the society and the ageing population (Peter, 2010). Social gerontologists study the social consequences of the ageing process, such as ageism. The major interest in social ageing is on how an older person adapts to losing or gaining his or her social role (Ene, 2004) after retirement. The implication of this adaptation is that those who do not adapt well to their new roles

may develop depression or other health-related problems.

• **Biological Ageing:** In studying the normal biological decline of the body that comes with ageing, we can better understand how and why our bodies become more susceptible to certain diseases as we age. Biological ageing dwells more on the theories of ageing such as breakdown theories, substance theories and hormonal theories (Ene, 2004). These theories define the gradual decline in the normal functioning of human system due to ageing. For instance, the sweat glands and sebaceous glands which gradually decline with age making the older people to sweat less and have less oily skin compared to when they were teens.

• **Psychological ageing:** The psychological ageing results when an elderly person is depressed or suddenly loses a great deal of memory. When these occur, the gerontologists try to find reasons and answers to the causes and symptoms. Psychological gerontologists concentrate on the older peoples' interactions with their environment, cognitive functioning and age-related mental diseases such as dementia (ICSG, 2013).

In an attempt to ameliorate the challenges of ageing population particularly in rural areas, the Irish Centre for Social Gerontology came up with seven point strategic goals for rural ageing observatory. Rural ageing is a concept used to describe the population of the elderly living in rural areas (Howarth, 2013). The seven point strategic goals are listed below:

- To provide knowledge, information and analysis of rural ageing that leads to improved quality of life for rural dwellers

- To consult older people directly and their stakeholders organizations on relevant issues through participatory research methodologies
- To establish new values for transformative social ageing in rural communities
- To establish the key characteristics of inclusion and exclusion experienced by older people in rural areas.
- To determine the influence of life-course factors and/ or the impact of age on advantage and disadvantage in later life.
- To identify the nature, form and structure of capabilities and resilience within rural older people
- To influence local and national government on policy matters in relation to rural ageing.

Issues relating to gerontology in ageing population

There are many issues relating to gerontology in ageing populations. Some of these issues are summarized under the following sub-headings:

Cost of Health, Medical and Social Services in Ageing Population: The increased number of persons aged 65 years has potentially led to increased cost of health, medical and social services in ageing population globally. For instance, the cost of health and medical services-care per capita for persons aged 65 years and above in developed countries is three to five times greater than the cost for persons below 65 years (Federal Interagency Forum on Ageing-Related Statistics, 2008). While in developing countries such as Nigeria, the cost of services for persons above 65 years is five to ten times greater than the cost for persons below 65 years (Anderson & Hussey, 2011). The issue of high cost of

services has affected the zeal in seeking physician's attention or medical check-up by the elderly particularly in Nigeria society. Most elderly has preferred to remain in their sick bed at home in waiting for death as alternative to unaffordable cost of services. Such decision has placed a lot of doubts on one's wish and plan to live longer after withdrawal from active service. The high cost of services has remained an unresolved issue in ageing population globally.

Rapid Increase in Ageing Population: Literature evidence has shown that the ageing population is experiencing rapid increase worldwide. For instance, in 2000, the worldwide population of persons aged 65 years was an estimated 420 million, a 9.5 million increase from 1999 (Kinsella & Velkoff, 2001). Between 2000--2030, the worldwide population of people aged 65 years plus is projected to increase by approximately 550 million to 973 million, increasing from 6.9% to 12.0% worldwide, from 15.5% to 24.3% in Europe, from 12.6% to 20.3% in North America, from 6.0% to 12.0% in Asia, and from 5.5% to 11.6% in Latin America and the Caribbean (World Health Organization, 2002). The largest increase in absolute numbers of older persons will occur in developing countries such as Nigeria. Between 2000--2030, the number of persons in developing countries aged 65 years and above is projected to almost triple, from approximately 249 million in 2000 to an estimated 690 million in 2030 (WHO). Data from National Union of Pensioners, Enugu State Council (2014) showed a slight increase on the number of registered pensioners in Enugu state from 8421 in 2013 to 9515 in 2014. However, this increment has remained a global issue in relation to population ageing.

Existence of Multiple Chronic Disease Conditions in Ageing Population: The ageing population is usually characterized by existence of multiple chronic disease conditions including kyphosis (Kado, Huang and Karlamangla, 2013). The Central Statistics Office (2011) found that more than 80% of the elderly have at least one chronic health condition. Connolly, Finn, and O'Shea (2012a) found 40% of the elderly to have chronic disease conditions that limits their Activity of Daily Living (ADL), such as feeding, walking, sweeping the house, and grooming. Elderly persons limited in performing ADLs are forced to rely on caretakers who are usually family members. As a consequence, the caretakers are greatly affected socially, economically, physically, and psychologically by an aged dependant. These physical health limitations according to Marlsand, et al., (2010) accounts for a large proportion of disability, death and medical costs in ageing population.

Challenges of retirees

The elderly are usually faced with multiple challenges that affect their functional health and wellness in later life. Such challenges could limit their activities of daily living thereby subjecting them to permanent dependency. Some of the commonest challenges of the retirees particularly in Nigeria society could be summarized under the following sub-heading

Pre-retirement anxiety: One of the major challenges of the retirees in the twenty-first century is pre-retirement anxiety. Pre-retirement anxiety by its nature involves fear and worries about the future of the individual as a result of the cessation of active working life. Anxiety as described by Raymond (1999) is a pervasive and

unpleasant feeling of tension, apprehension and feeling of impending disaster which can exist in various forms such as: anxiety disorder, anxiety disturbance, anxiety equivalence, anxiety neurosis, and anxiety tolerance. Some of the major causes of pre-retirement anxiety according to Ode (2004) include: poor time management, total dependence on present salary, problem of securing residential accommodation, ignorance of what to do with pension, attitude of friends and family members, and the challenges of sudden retirement. Pre-retirement anxiety could result to depression which is the primary emotional disorder in old age (Chang, Philips, Coppin, Linden, Ferricci, Fried, & Guralnik, 2009).

Vulnerability: The average health of older adults declines with age (Kado, et al., 2013). Ageing is accompanied by the progressive loss of gammaglobulin (a group of plasma proteins which have antibody activity referred to as immunoglobulin) in human blood. This progressive loss of immunoglobulin in human body results to substantial decline in resistance to infections and increased risks of multiple diseases as well as other numerous health problems such as falls and loss of bone mineral density (Valdez, Angeles, Parega-Coupuz & Harnabdez, 2013). Falls are common among the elderly. Wendy, Mei-Hua, Lane, Kristine & Deborah (2013) study showed that over one third of people aged 65 years and above, fall one or more times every year. In a comprehensive study by Den, Schuurmans, Arts & Vander (2011), it was found that age-related losses in bone mineral density (BMD), muscle strength, balance and gait are associated with an increased risk of falls, fractures, disability and mortality. The decrease in immunity

results to vulnerability which leads to increased risks of multiple chronic conditions in later life.

Poor economic base: Nearly, all retirees are living below the poverty line. Poverty and financial instability are common among the retirees particularly those living in rural areas. About 96 percent of the elderly living in rural area is suffering from more than one chronic disease such as high blood pressure, diabetes, dementia, depression, arthritis, among others that requires financial support for medical check-ups (ICSG, 2013). In addition, Valdez, et al. (2013) in comparing the financial challenges of the elderly based on location noted that the older people living in rural areas experience financial problems more than the older people living in urban cities. The ageing population is characterized by the existence of multiple chronic disease conditions that need regular medical check-up to enable them function optimally on daily basis. Such services are paid for especially in developing regions such as Nigeria. In most cases, the services are highly expensive and unaffordable to the retirees. As a consequence, it becomes apparently difficult for the retiree to receive regular medical attention due to low income or poor economic base.

Loneliness and isolation: Loneliness and isolation are among the major challenges facing the retirees and older people are particularly vulnerable to them due to low income, lack of local service, high cost of living, changes in physical outlook, consistent ill-health, among others. The retirees who suffer loneliness and isolation are usually faced with more serious health problems such as increased stress and anxiety, increased chances of depression, increased risk of alcohol and other habit

forming substance abuse, decreased health of the heart and changes to their immune systems. Loneliness and isolation have also been observed to speed up the degenerative effects of illnesses, even increasing the fatality rate of diseases in elderly such as cancer (Kado, et al., 2013).

Elder abuse: Elder abuse (also called "elder mistreatment," "senior abuse," "abuse in later life," "abuse of older adults," "abuse of older women," and "abuse of older men") 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 (Cook-Daniels, 2003). Elder abuse is common in ageing population and has been considered as one of the most predisposing factors to emotional health problems among the elderly. An abuser can be a spouse, partner, relative, a friend or neighbor, a volunteer worker, a paid worker, practitioner, solicitor, or any other individual with the intent to deprive a vulnerable person of their resources (Cook-Daniels, 2003). Elder abuse according to Robinson (2012) can manifest in different forms which include: physical abuse such as hitting, punching, slapping, burning, pushing, kicking, restraining, false imprisonment/confinement, or giving excessive or improper medication; psychological/ emotional abuse such as humiliating or dehumanization; financial abuse (also known as financial exploitation) such as illegal or unauthorized use of a person's property, money, pension book or other valuables (including changing the person's will to name the abuser as heir); sexual abuse such as forcing the elderly to take part in any sexual activity without his or her consent; and neglect such as depriving a

person of food, heat, clothing or comfort or essential medication.

Various efforts in supporting the age

Supportive facilities, home visits and free drugs and medical services for the aged: In attempt to combat some of the major challenges of the retirees (e.g. loneliness and isolation), the individuals, government, missionaries and voluntary agencies came up with some plans of actions. The individuals render domestic and caregiver services, the government focused on establishing supportive age-friendly facilities such as: day centres, lunch clubs, older people's forum, and charities (Central Statistics Office, 2011). Unfortunately, these facilities are not found in every state and the few ones available are not accessible to all retirees. The missionaries as well as the religious do embark on home visits and offering of gift items to the elderly in their respective homes (Andrzej, et al., 2013). The voluntary agencies do offer free drugs, medical and social services to the elderly.

Reports on elder abuse cases: Doctors, nurses, and other medical personnel play vital roles in assisting elder abuse victims through reports on elder abuse cases (Dong, 2005). Study has shown that elderly individuals, on average, make 13.9 visits per year to a physician (FIFARS, 2008). Although there has been an increase in awareness of elder abuse over the years, physicians tend to only report 2% of elder abuse cases. Reasons for lack of reporting by physicians include concern about angering the abuser and ruining the relationship with the elderly patient, lack of time and reimbursement (FIFARS, 2008).

Health insurance policies for the aged: The Nigerian government set up two major health insurance policies (Medicare and

Medicaid) with the view of addressing the cost of health and medical care services for their retirees. The Medicare is a contributory (through social security taxes) government health insurance primarily for persons aged 65 years and above while the Medicaid is a non-contributory government insurance programme for all citizens who are receiving other types of public welfare assistance (Ukpore, 2006). Unlike the Medicare, the Medicaid has no age bracket and is administered cooperatively through federal and state agencies. These policies have not satisfactorily addressed the cost of medical and health care cost services in ageing population in Nigeria.

Implications for ameliorating strategies

Strategy according to Berman, Snyder, Kozier and Erb (2007) is defined as planning which is deliberate, systematic process that involves decision making and problem solving. When such planning is geared towards addressing the existing challenges, it is referred to as ameliorating strategy. Such strategies should include:

- ***A well-programmed physical exercise for the aged:*** Physical exercise is essential in human body particularly in improving health and functional independence in later life. Harvard Men's Health Watch (2005) highlighted some of the positive effects of physical exercise on the health of the aged to include: increase in maximum pumping capacity; speed of emptying; calcium content; muscle mass and strength; metabolic rate; HDL ("good") cholesterol and quality of sleep also increases. while resting heart rate, heart muscle stiffness, blood vessel stiffness; blood pressure; blood viscosity (thickness); body fat; blood sugar; insulin levels; LDL ("bad") cholesterol; sex hormone levels slightly;

nerve condition and reflexes; risk of depression; and memory lapses decreases.

Implication: The risks of chronic diseases such as high blood pressure, diabetes, dementia, depression, stroke, cardiovascular diseases and arthritis would be reduced.

• **Proper feeding habit:** Branscombe and Schoemann (2011) noted that engagement in proper feeding habit improves health generally particularly the health older adult. The authors further suggested that low protein intake and more protein from vegetables and less from animal products, less fat, fewer calories, skim milk instead of whole milk product, chicken and fish more, less red meat and greater proportion of whole grains, beans, rice, nuts, fruits, and vegetables should be encouraged for the elderly.

Implication: There would be progressive increase in gammaglobulin (a group of plasma proteins which have antibody activity referred to as immunoglobulin) in the body resulting to substantial increase in resistance to infections and decreased risks of nutritional disorders and chronic diseases.

• **Regular medical check-Up, free health, medical and social service care for the retirees:** Literature evidence has revealed that about 96 percent of the elderly living in rural areas is suffering from more than one chronic disease such as high blood pressure, diabetes, dementia, depression and arthritis that requires financial support for medical check-ups (ICSG, 2013). Regular medical check-up according to Akubue, (2009) is one of the appropriate measures in improving health, wellness and longevity particularly in old age. These should include seeking physician's advice, regular preventive medical

examinations such as breast and prostate cancer.

Implication: There would be early identification of deviations from normal health, increased access to medical, health and social services, improved health, wellness and longevity.

• **Provision of supportive age-friendly facilities in every local government area of each state for the elderly:** Supportive facilities such as day centres, lunch clubs and older people's forum could have greater impact in combating some of the major challenges of the retirees such as loneliness and isolation. Kado, et al. (2013) noted that loneliness and isolation have been observed to speed up the degenerative effects of illnesses and fatality rate of diseases in elderly such as cancer. Such age-friendly physical and social environment would promote social relationship and interaction among the elderly.

Implication: Risk of serious health problems associated with loneliness and isolation such as anxiety, depression, and substance abuse would decrease.

• **Improved attention on elder abuse cases:** The key to prevention of elder abuse is the ability to recognize the warning signs such as signs of restraint, mumbling, and monitoring changes in the caregiver's behavior (Lawrence, Tina, & Jeanne, 2012). In order to prevent elder abuse in ageing population, help should be available to all retirees from as Local Area Agencies on Aging (LAAA), National Center on Elder Abuse (NCEA) and National Committee for the Prevention of Elder Abuse (NCPEA, (2013). These agencies serves as a national resource center dedicated to the prevention of elder abuse and mistreatment

Implication: The rate of elder abuse will reduce drastically.

• **A planned pre-retirement programme for all employees:** Such programme should include financial/ economic issues, common health problems of the elderly, benefits of physical exercise, need for balanced diet and importance of regular medical check-up. Ode (2004) had earlier outlined some of the major causes of pre-retirement anxiety which include: poor time management, total dependence on present salary, problem of securing residential accommodation, ignorance of what to do with pension, attitude of friends and family members, and the challenges of sudden retirement. The programme would expose and prepare the employees on the issues and anticipated challenges to be faced after retirement.

Implication: The retirees would be prepared to handle anticipated ageing issues and challenges in advance

Conclusion

Based on the foregoing, it is obvious that gerontological issues such as high cost of medical, health and social services, and existence of multiple chronic disease condition are inevitable in ageing population. The challenges of the retirees such as abuse, loneliness and isolation require appropriate strategies in ameliorating them. However, the implications of such strategies are that the risk of chronic diseases, health problems associated with loneliness and isolation, and abuse would decrease while resistance to infections, access to medical and social care services would increase. It would also facilitate pre-retirement preparations for all employees against post-retirement challenges and common health problems of the elderly.

Recommendations

- There is need to educate and train those in criminal justice system, such as police, prosecutors, and the judiciary, on elder abuse, as well as increase legislation to protecting elders. This will help to minimize elder abuse in the society and improve assistance to victims of elder abuse.
- Pre-retirement programme should be organized in different sectors to expose and prepare employees on the issues and anticipated challenges to be faced after retirement.

References

- Akubue, P.I. (2009). *Health checks and health promotion: A personal guide to a long active life*. Anambra: Rex Charles and Patrick Ltd.
- Anderson, G.F. & Hussey, P.S. (2011). Population aging: a comparison among industrialized countries. *Health Affairs*; 19:191–203
- Andrzej, B., Tomasz, S., Magdalena, S., Arfan, S. & Vingerhoets, J.M. (2013). Influence of religiosity on the quality of life and on pain intensity in chronic pancreatitis patients after neurolytic celiac plexus block: case-controlled study. *J Relig Health*; 52: 276-284
- Berman, A., Snyder, S., Kozier, B. & Erb, G. (2007). *Fundamentals of nursing (8th ed.)*. New Jersey: Pearson Prentice Hall
- Branscombe, N. R. & Schoemann, A. M., (2011). Looking young for your age: Perceptions of anti-aging actions. *European Journal of Social Psychology*, 41: 86-95.
- Central Statistics Office (2011). *Survey on Income and Living Conditions (SILC): Thematic Report on the Elderly 2004*. Dublin: Central Statistics Office.
- Chang, M., Philips, C., Coppin, A., Linden, M., Ferricci, L., Fried, L. & Guralnik, J. (2009). An association between incident disability and depressive symptoms over 3 years of follow-up among older women: the

- women's Health and Ageing Study. *Ageing Clinical and Experimental Research*, 21:191-197.
- Connolly, S., Finn, C. & O'Shea, E. (2012a). Rural ageing in Ireland: Key trends and issues. Irish Central for Social Gerontology, NUI Galway.
- Cook-Daniels, L. (2003). 2003 is the year elder abuse hits the international state. *Victimization of the Elderly and Disabled*; 5:66-76.
- Den, O., Schuurmans, M., Arts, I., Vander, S. (2011). Physical performance characteristics related to disability in older persons: a systematic review. *Maturitas*; 69(3): 208-219
- Dong, X. (2005). Medical Implications of Elder Abuse and Neglect. *Clinics in Geriatric Medicine*; 21:293-313.
- Ene, O. (2004). *Health, wellness and longevity*. Enugu: Cheston Agency Ltd.
- FIFARS (2008). Federal Interagency Forum on Aging-Related Statistics. Washington, DC: Government Printing Office.
- Harvard Men's Health Watch (2005). Exercise and ageing: can you walk away from further time? Retrieved 10-05-2013 from www.health.harvard.edu/mens
- Hayward, M. & Zhang, Z. (2001). Demography of ageing. In: Binstock, R.H., George, L.K. (eds). *Handbook of ageing and the social sciences 5th edn*. Academic Press, San Diego, pp. 69-85
- Howarth, W. (2013). The Value of Rural Life in American Culture. *Rural Development Perspectives*; 12:115-128
- ICSG (2013). *Rural ageing observatory*. Irish Centre for Social Gerontology.
- Kado, D., Haung, M. & Karlamangla, A. (2013). Factors associated with kyphosis progression in older women: 15 years experience in the study of osteoporotic fracture. *J Bone Miner Res.*; 28:179-187
- Kinsella, K. & Velkoff, V. (2001). *United State Census Bureau. An Aging World: 2001*. Washington, DC: U.S. Government Printing Office
- Lawrence, R., Tina, D.B., Jeanne, S. (2012). "Elder abuse and neglect: Warning signs, risk factors, prevention, and help". Retrieved 16 December 2012.
- Manuel, E.H., James, A.A. & Neil, B.A. (2013). Age-related differences in maintenance of balance during forward reach to the floor. *J Gerontol A Biol Sci Med Sci.*; 68: 960-967
- Marlsand, D., Colvin, P.L., Mears, S.C., & Kates, S.L. (2010). How to optimize patients for geriatric fracture surgery. *Osteop Int.*; 21:535-546
- NCPEA, (2013). *What is elder abuse?* National Committee for the Prevention of Elder Abuse. Retrieved 2013-09-24.
- NUP. (2014). *National Union of Pensioners, Enugu State Council Office*. Enugu State.
- Ode, T.A. (2004). *Counseling for retirement adjustment*. A paper presented at the 28th Annual National Conference of Counseling Association of Nigeria (CASSON) Maiduguri.
- Peter, L. (2010). *Population ageing and international development*. Chicago: University of Chicago Press.
- Raymond, J.C. (1999). *Dictionary of psychology*. Philadelphia USA: Brunner/Mazel, Taylor & Francis group
- Robinson, D. (2012) "Elder abuse and neglect". *Help guide*. Retrieved 15 December 2012
- Ukpore, B.A. (2006). *Fundamentals of consumer education (3rd ed.)*. Ibadan: Spectrum Books Limited.
- Valdez, J.P., Angeles, J.L., Parega-Coupuz, E. & Harnabdez, C.P. (2013). Perceptions towards ageing among selected Filipino adults. *International Journal of Research Studies in Psychology*; 32: 125-133
- Wendy, B.K., Mei-Hua, H., Lane, N.E, Kristine, E.E. & Deborah, M.K. (2013). Kyphosis and decline in physical function over 15 years in old community-dwelling women: the study of osteoporotic fractures. *J Gerontol A Biol Sci Med Sci.*; 68:976-983
- WHO (2002). *Active ageing: a policy framework*. World Health Organisation, Geneva