MAPPING OLD AGE DISEASE PATTERNS AND HEALTH NEEDS IN SOUTH-WESTERN, NIGERIA: A CROSS SECTIONAL AND ACTION ORIENTED STUDY

ABSTRACT

It is unknown how disease patterns and health needs impact on well-being and satisfaction at old age in Nigeria. This has become essential in order to improve the preparation for old age and to increase the dwindling life expectancy at birth among Nigerians. Reliable information is also required to formulate comprehensive social security system for the elderly.

Quantitative data was collected through individual-based questionnaire. Multi-stage sampling procedure was employed to select local government areas, enumeration areas and individuals for the study. In all, 810 respondents were interviewed, while supplementing with qualitative techniques: Case studies and In-depth Interviews.

In terms of education, less than three-fourths of the respondents reported major disease patterns and health needs at old age. Level of education is statistically related to disease burdens and health needs, those in extended families are more likely to report more disease burdens and health needs than those in nuclear families. Among the females, less than one-fifth of the respondents reported more health burdens and health needs. Type of family is somewhat statistically related to health burdens and needs. This underscores the inadequacy of health and medical infrastructure and architecture.

The idea that old-age security and well-being in Nigeria should remain the primary responsibility of the family is untenable. Government must assume the primary responsibility in a partnership in which the family also continues to play a significant role.

Key words: health care, disease patterns, health needs, older persons, Nigeria

Background to the Research

The population of Nigeria is ageing fast with the likelihood of making the transition more swiftly than the developed world (UNFPA, 2021). This trend comes with the prevalence of chronic diseases, morbidity and disability. This is further compounded by some new realities including COVID-19 and an under-performing health care system. Extensive search of literature suggest that there is limited information on health situation, needs and vulnerabilities of the older persons in Nigeria. Older persons refers to those aged 60 years and above, otherwise called senior citizens or elderly in other climes. Besides, there is no known study yet to help in understanding the perceived effect of COVID-19 on the health and health seeking behaviour of older persons in Nigeria. This study is significant towards the attainment of an efficient *cum* effective health care delivery system and fulfilment of Sustainable Development Goals (SDGs), especially Goal 1 (No Poverty) and Goal 3 (Good Health and Wellbeing).

Reflections on available evidence suggest that the older people in Nigeria are marginalised within the existing public health care system (Wahab, 2010). Most health care services are through out-of-pocket expenditures, (Stretcher, Victor, Irwin, Rosenstock, 2017; Raji, 2019; 2020), creating financial challenges for most older persons. Besides, specialists in geriatric medicine are very few in Nigeria and not available in many states across the nation, making it difficult for older people to receive specialised care when required, this situation is worst in rural and remote areas. Available information indicates that there are only ten geriatricians in Nigeria as at 2020 (WHO, 2022). COVID-19 disproportionately affected older people compared with younger

ages; however; the health care system is very complacent about their health needs. This is further worsened with the lack of data on their disease conditions, patterns and prevalence, unlike in the developed countries.

Statement of the Problem

The percentage of the global population of older persons has been on the increase since the 1950s, and there are pressing pieces of evidence to show that the rise would go above 20% by 2050 (UN, Population Prospects, 2015; UNDESA, 2021). Wahab (2011) asserted in his study that Nigeria is projected to have higher than the global rate in terms of its number of older persons. Thus requiring urgent response from the government and other stakeholders at a time the population of the older persons has a higher tendencies of rising above the number of population of the youths.

According to Jaul and Barron (2017), old age diseases can be natural (old age and hereditary) or acquired (lifestyle or infection). Given the above, natural ageing poses a lot of threats to the older persons and ill-health results from sensory and cognitive changes, and weaknesses As such, the old age diseases include immunosenescence, cardiovascular disease, hypertension, osteoarthritis, cancer, diabetes miletus, osteoporosis, dementia, physical dysfunction, and disability among others. These diseases are 23% of the global burden of diseases and are attributable to disorder in people aged 60 years and above.

Even with the ever-presence of these ailments, older persons who are not as mobile as their younger counterparts hardly use public health services as they require more significant assistance. The difficulties in the accessibility to public health services include limited offer; insufficient number of professionals; quick queries without identifying needs, work hours, wait period (WHO, 2015) This situation is further worsened by improper implementation of the National Health Policy (2020) and National Policy on Ageing due to loose policy formulation, compromised policy implementation, adoption of wrong policy implementation framework (Aboderin, 2010; Tanyi, 2018). Therefore, there is the need for deep understanding of the needs, especially health needs of the older persons, in view of the existing public health architecture in order to come up with a holistic and workable framework that can engender effective and efficient health care delivery system. Such framework is expected to have an instant effect on the older persons, especially at a time when Viruses like COVID-19 is ravaging the world.

COVID-19, like other viruses, is further exacerbating the deteriorating health conditions of older persons. Previous studies attest much that they are susceptible to both communicable and non-communicable diseases, thereby increasing their morbidity and mortality patterns. They are also more vulnerable to poverty, neglect, abuse, among other social conditionings.

Objectives of the Research Project

The study is aimed at achieving the following objectives:

1. To identify the broad spectrum of diseases affecting older persons

2. To assess the available health services for older persons

3. To develop strategies for promoting older persons' accessibility, availability and affordability of public health care services.

4. To develop appropriate framework that can expedite effective and efficient health care delivery system

Research Questions

The following and other questions shall be probed in the course of the project:

1. What is the pattern of the health conditions of older persons?

2. What health care services are available, accessible and affordable to them?

3. What strategies and measures can be put in place to improve the health care delivery system?
4. What are the appropriate framework for an effective and efficient health care delivery system?

Literature Review

The percentage of the global population of the older persons (1950-2050) revealed that the portion of the people constituting older persons would increase from 5% to close to 20% (UN, World Population Prospects, 2020). Further analysis revealed that as at 2015, the population of older persons was more than the population of children five years and below even though the children have always out-numbered the older persons since the beginning of recorded history.

With the increasing population of older persons, there is a trend of increase in the number of older persons with more significant needs for assistance in health. Hence, there is a challenge in the availability, accessibility and affordability of public health services by older persons. The study of Aboderin (2010) revealed that the difficulties include many internal and external barriers on the part of the system, personnel, or even the older persons.

The work of Jaul & Barron (2017) asserts that generally ageing poses a lot of threats to older persons. All the times, ill-health results from sensory and cognitive changes and weakness especially among the older persons. They went further to reiterate that several diseases in older persons result from old age (natural), lifestyle, infections, and inherited ailments.

Prince, Wu, Guo, Gutierrez-Robledo, O'Donnell, Sullivan, Yusuf (2015) revealed that 23% of the global burden of disease is attributable to disorder in people aged 60 years and above. They also went further to explain the differentials in high-income countries and low-income countries. Although cardiovascular diseases have the highest probability of affecting older persons, other conditions were peculiar to older persons and old age.

The study of Aboderin (2010) in Kenya and Nigeria revealed the impasse in National Policy: Obstruction to the enactment of drafted policies, e.g. the Revised National Health Policy (2020) & National Policy on Ageing in Nigeria; loose policy formulation; compromised implementation of the system; adoption of the right policy framework; and non-functioning national policy.

According to Tanyi (2018), the major problem is associated with developing of policies and appointing personnel capable of understanding and responding to the current social priorities and complex needs of an increasingly ageing population in the country. Even though, Nigeria Old person's policy has been signed into law in February 2021, there are still issues around effective and efficient implementation of same for improved welfare of older persons in Nigeria.

Theoretical Framework

The study adopts a synthesis of social contract theory of social security, system theory, and functionalism. The social contract theory sees health care has one of the primary duties of the government to the people. That removal of subsidies and privatization of programmes have affected the livelihood of the people, especially older persons.

The system theory is the interdisciplinary study of the system. A system is a cohesive conglomeration of interrelated and interdependent parts which can be natural or human-made. Ignoring the health conditions of the older persons definitely would affect the entire populace. Another theory here is functionalism, with the strands of activity and disengagement theories.

Methodology

This study adopted Arskey and O'Malley's five steps methodology for scoping review of Levac et al. guide to operationalize the steps. The steps include clarifying and linking the purpose and research questions; balancing feasibility with breadth and comprehensiveness of the scoping process; using an iterative approach to selecting studies; extracting data; and incorporating a numerical summary and qualitative thematic analysis, reporting results

Research triangulation involving survey, case studies, cross sectional and in-depth interview were adopted. The full 10/66 Dementia Research Group protocol was applied, including ascertaining depression; cognitive impairment, physical impairment, among others.

Study Area

The study location is Southwestern part of Nigeria. This comprises of Lagos, Ogun, Ekiti, Ondo, Oyo and Osun states.

Research Design

The research design involved the collection, organization and analysis of data to provide answers to

questions raised. Therefore, this study employed cross sectional survey and action oriented technique. To achieve this, representative sample therefore becomes necessary to produce generalized statements. In order to produce valid generalizations, methodological triangulation was preferred. This involved a combination of quantitative and qualitative data collection techniques.

As a gerontologist and globally rated demography of aging expert, I involved two public health experts to assist with the diagnosis and a public law expert to assist in the legal framework for enhanced health care system of the older persons. Due to the global skew in the life expectancy at birth in favour of the female gender, more older women were in the study than their male counterpart. In all, using the World Bank population for Nigeria in 2021, the study is involved about 5 percent of the older persons in the region. According to StatiSence (2021) Nigeria is estimated to have about 9.4 million (4.5%) of her population as older persons (60 years and above). Inferentially, the Southwest region is projected to have about 1.6 million older persons. Therefore, the study population is projected to be around 810 respondents.

Qualitative study comprised of a series of case studies; adequately nested within the quantitative cross-sectional survey, couple with about 30 IDIs and 18 case studies with the dependent older persons and those providing care and support for them to decipher nature of diseases and required care while probing accessibility, affordability and availability. Data collection process involved individual-based questionnaire and multi-stage sampling procedure that generated data from around 810 older persons.

Data Collection
The quantitative data included the questionnaire that was designed to elicit information based on the objectives of the study as outlined above. Also, the qualitative data was used to complement the quantitative data. The qualitative analysis will be derived from two sources namely: In-depth interview (IDI), and case studies (CSs).

Data Processing
The qualitative data from the CSs and IDIs were transcribed and content analysed, the transcribed information were organised under different headings that depict different aspects of the discussions. The information were analysed descriptively by using the Alpha-Beta techniques (used in the content analysis) and the outcome was used to explain the results of the quantitative data.

Method of Data Analysis
The survey data were subjected to two levels of analysis. The first level involved an examination of the socio-demographic and economic characteristics of the respondents. The second level involved the examination of the pattern of bivariate and multivariate relationships between the independent and dependent variables. The first step in the processing the CSs and IDIs is transcription of the taped version and was used to compare with the notes taken in the field, while noting the critical quotes that will form parts of the report. The outcome was content analysed using Alpha-Beta and Zy-index software. The findings complemented the quantitative results.

Potentials for Scientific Breakthrough and Disruptive Innovation

Through the mapping of disease conditions, it was expected that the psychologist and the public health practitioners/geriatricians that are in my host institution would assist to come up with a health intervention model to improve on the prevailing health system, in form of a framework that will not only be visible but practicable, this was achieved. This is expected to enhance health equities, inclusive and sustainable economies that are more resilient in the pandemic era. Hence, availability of community based data will be great tool for policy development and action.

Expected Project Impact

The beneficiaries are the older persons, their families, and by extension, the general populace. Presently, nine countries in Sub-Saharan Africa have legislation on ageing. Even though, Nigeria Old person's policy has been signed into law in February 2021, there are still issues around effective and efficient implementation of same for improved welfare of older persons in Nigeria. This study was expected to provide *ground norm* for its effective implementation as well as the legal framework for its efficiency in Nigeria, with the help of public legal experts in the team.

References

Aboderin, I (2010). Understanding and advancing the health of older populations. Public health Review, Vol, 32, No.2

Aboderin, I. (2010). Global Aging perspective from sub-Saharan. In: Phillipson, C and Dannetees, D. Eds., Handbook of Social Gerontology. Sage: New York

Federal Ministry of Health (2020) National Health Promotion Policy. FMH: Abuja. Pages 1-33

Jaul, E. and Barron, J. (2017) Age-related diseases and Clinical & public health implications for 85 years population. Journal of frontiers in public health

Price,M.J; Wu, F;Guo, Y; Guetirrez, R.; O'Donnell, M; Sullivan, R & Yussuf, S (2015). The burden of disease in older people and implications for health policy. Macmillan: New York

Raji, S. O. 2019. Democratic governance and healthcare provisions in border communities of Southwest Nigeria. *LASU Journal of Social Sciences*. Vol. 13. 102-111

Raji, S. O. 2020. Socio-economic Factors Influencing Healthcare Utilization among Border Residents in Southwest Nigeria. *ABUAD Journal of Social and Management Sciences.* Vol. 1, No., 1: 169-189.

Stretcher, Victor J.; Irwin M. Rosenstock (2017). "The health belief model". In Andrew Baum (ed.). Cambridge handbook of psychology, health and medicine. Cambridge, UK: Cambridge University Press. pp. 113–117.

Tanyi, P.L. (2018). Care of the elderly in Nigeria: implications for policy. Journal of Cogent Social Sciences. Vol. 4, No.1. Macmillan: New York

UNFPA (2021) World Population Dashboard. WHO: New York

UNDESA (2021). World Social Report. UN: New York

UN (2020). Population Prospect. UN: New York

Wahab, E.O. (2011) Socio-economic situations of the elderly within the context of Millennium Development Goals in Nigeria. International Journal of Educational Gerontology, London, Vol. 37/9, 735-752.

Wahab, E.O. & Isiugo-Abanihe, U.C. (2010) Assessing the impact of old age security expectation on elderly persons' achieved fertility in Nigeria. Indian Journal of Gerontology, India, Vol.24/3, 357-378.

WHO (2015) World Report on Aging and Health. WHO: New York

WHO (2020) The State of the World Population. WHO: New York