

Contemporary Issues in  
**Education, Health  
and Sports**

The Way Forward

BOOK OF READING IN HONOUR OF PROF. J. A. AJALA

Edited by

B. O. Ogundele  
O. A. Moronkola  
J. F. Babalola

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**Edited By**

**B.O. Ogundele, O.A. Moronkola & J.F. Babalola**

Dept. of Human Kinetics & Health Education,

University of Ibadan, Ibadan,

Nigeria.

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# Assessment of Aged Health Problems in Ido Usi Local Government Area of Ekiti State, Nigeria

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Famuyiwa S.A

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### Abstract

*Ageing is a gradual process that begins from birth till death. It is characterized by the persistent wearing away and repair or replacement activities of the body but more remarkable at old age. The study assessed the old age health problems of old age people in Ido Usi Local Government Area of Ekiti state. Stratified and purposive sampling technique was used to select a sample of 200 participants comprising of both male and female aged 60 years and above.*

*As self developed and validated structured questionnaire was used for data collection. Reliability coefficient of 0.72 was obtained for the instrument using crombach's alpha coefficient ( $r$ ). The data was analyzed using descriptive statistics of frequency counts, percentages and chi-square  $\chi^2$  at 0.05 alpha level. The result showed that old age people have a decrease in biological functioning of their body system as they suffered defective symptoms in their eye sight, bone and muscle, skin and hair, sex organs response, diabetes and insomnia. Suggestion was made on coping strategies for successful and active ageing.*

## Introduction

Ageing is a natural process and old age should be regarded as a normal as well as inevitable biological phenomenon. The biological age of a person is not identical with his chronological age; nobody grows old merely by living a certain number of years, years wrinkle the skin, but worry, doubt, fear, anxiety, and self distrust wrinkle the soul while ageing merely stands for growing old (Park, 1997).

Onyere and Olubode (2008) quoted UN, (2005) that the number of those aged 60 and above will rise fourfold from 45.7 million to 182.6 million in 2050 while the proportion of the total population will double from 5% to 10% in the same period. Udoh (2000) noted that ageing and the ageing process are part of human experiences—as each new day that passes makes a person one day older, and the older a person becomes, the nearer he moves to that stage of life in which everything in his makeup and functions decline.

Omunu and Ejeh (2008) observed that the period between 45 and 64 years of age brings with a variety of subtle changes in the body's structure and function when life is busy and the mind is active, these changes are generally not evident. Ayranci and Ozdag (2005) divided old age into different groups: biological, psychological, emotional and functional. Biological ageing is concerned with changes occurring in the structure and functions of the human body; psychological is concerned with individual and behavioural changes; emotional ageing describes changes in attitude and lifestyle dependent on one's self perception of old age and finally, functional ageing is the comparison of individuals off the same age group in terms of those within the group being unable to maintain their functions in the society.

Rod, Trent and Stephen (1999), identified the health problems of ageing as follows: the lens of the eye exhibit pathological changes with ageing result of increased in rigidity, vision of close objects becomes more difficult with advancing



age until most middle aged people require reading glasses. Loss of elasticity also affects other tissue including the joints, kidneys, lungs and heart which greatly reduces the functional ability of these organs. The number of skeletal muscle fibers declines with age; the strength of skeletal muscle reaches a peak between 20-35 years of life and usually declines thereafter. The heart loses elasticity recoil ability and muscular contractility leading to total declining in cardiac output and less oxygen and nutrients reach the cells of the body supplied by the cardiovascular system; this can be particularly harmful to cells that require high oxygen levels such as neurons of the brain as well as decrease blood flow to the kidneys contributing to decreases in the filtration ability of the kidneys.

Atherosclerosis which is hardening of the arteries resulted from the deposit of lipids in the tunica intima of large and medium size arteries which become fibrotic and calcified and this interfere with blood flow resulting in a thrombosis and embolus in which a clot that has broken loose and floats through the circulation can cause heart attacks or strokes. They stated further that many other organs such as the liver, pancreas, stomach and colon undergo degenerative changes with age.

Linda (2004), corroborated the above observation that there are deteriorating changes in body function as one is ageing, the eyesight deteriorate as the lens gradually loses its ability to change focal length; throughout life, the lens grows by adding protein fibers known as crystallins, by the age of 50-60, the lens is so large and thick that it cannot change shape; thus usually results in distant objects being in focus but near objects appearing blurred hence, old people tend to hold books and papers further away to bring them into focus. As we get older, the (BMR) basal metabolic rate which reflects the energy requirement of our bodies at rest for survival and maintenance slows down as a result of less frequently division of cells, less often renewed of tissue and no further growth thus leads to fall BMR and this is the reason why old people

feel cold so easily (hypothermia) because they are generating less body heat. The appetite often diminishes with age probably because the body is demanding less energy. The hearing loss is also common in older people as a result of degeneration of the sensory cells of the inner ear or of the nerves involved in sound sensitivity or both.

Alzheimer's disease is most common in old age in which the brain cells shrivel and disintegrate leaving sticky dumps of damaged cell and tangle fibres as the only remains of once healthy functioning central nervous tissue leading to gradual loss of normal brain functioning, memory loss, disorientation over time and increase tiredness and lethargy, lost control of bowel, bladder and power of speech.

Osteoporosis is a disease that appears from middle age onwards and causes a major problem in the mobility and wellbeing of older people, this is as a result of changes in a cell lining the gut and their ability to absorb calcium from the diet. It is more pronounced in older women because of their imbalance in the hormones involved in normal bone formation which result from marked drop in the female hormone oestrogen after the menopause as they excrete more calcium in their urine than they take in their diet.

Elderly Health Service (2009), explained the health problems of elderly as: Osteoarthritis of knee which is the inflammation of the knee joint tissue and can be acute or chronic; as part of ageing process, the joint fluid decreases, with wear and tear, the cartilage becomes thinner; resulting into pain or discomfort at the joint. Age related muscular degeneration is a disease of the macular (located at the centre of the retina) that is related to ageing. Macular is full of photoreceptors and is responsible for detailed centre vision and color discrimination, this disease make old people to experience, blurring of central vision, distorted vision, colours appeared dull or washed out and a dark or empty spot appears in the center of the visual field.

Dementia is a progressive disease of the brain, there is decline in cognitive and intellectual function such as memory comprehension, learning capacity, the ability to think and calculate as well as language and judgment.

Osteoporosis is a metabolic disease of bone that leads to a reduction in bone density, the affected bones become thinner and are more likely to break (fractures) which may result in pain and other complications, including loss of independence. Chronic obstruction airway disease such as shortness of breath is common in elderly, this may be due to deterioration in lung function, it could also be the symptom of serious disease such as chronic bronchitis, emphysema, heart failure, renal failure and severe anemia.

Diabetes Mellitus is a chronic metabolic disease and its type 2 affects middle aged or elderly, due to failure of the pancreas, the body does not have enough insulin. It is common especially with those with family history, obesity, poor eating habit or lack of exercise, the onset is usually sudden and the symptom is severe characterized by frequent urination and excessive thirst, tiredness and unexplainable weight loss, itchiness of skin especially penis or vagina, poor wound healing while its acute complication may lead to loss of consciousness when the blood sugar level is too high diabetic ketoacidosis, hyperosmolar non ketotic coma or too low hypoglycemic.

Hypertension is persistent elevation of blood pressure above the normal, a situation in which the systolic BP 140mmHg or above and/or diastolic BP is 90mmHg or above characterized by headache, dizziness and fatigue while the untreated hypertension can lead to complications like heart failure and ischaemic heart disease, stroke and renal failure.

Urinary incontinence; is referred to a condition where a person passes urine involuntarily, it is a common problem in the elderly especially in females, it is caused by weakened pelvic floor muscles which may lead to leakage of urine when the pressure

inside the abdomen is raised e.g. when coughing sneezing, laughing and lifting heavy objects.

In addition to the above mentioned changes in old age, the World Book Encyclopedia of Science (2001) reported that many other physical changes are immediately obvious, white hairs appear as hair follicles lose their sources of pigmentation, wrinkles increase as the skin loses its elasticity. Middle age is often associated with an increase in weight followed by a significant decrease as old age advances. Older people tend to lose height because of the compression of vertebrae in the spine that result from the gradual loss of calcium from bone (osteoporosis) which affects post menopausal women particularly and because of the tendency to stoop as muscle tone is lost.

### **Research Question**

Will old age people in Ido Usi Local Government Area of Ekiti state experience old age problems?

### **Research Hypothesis**

Old age people in Ido Usi Local Government Area of Ekiti state will not significantly experience old age health problems.

### **Methodology**

The descriptive survey was adopted for this study. The design was suitable since it enabled the researcher to sample the opinion of old age people as regard their health problems. It was also necessary since the variables of the study were not under the control of the researcher. The population of the study consisted of all old age people in Ido Usi local government area of Ekiti State Stratified and purposive sampling techniques were used to select a sample of 200 (25 each from the 8 town; Ifaki, Udo, Orin, Ora, Aaye, Usi, Ilogbo and Ayetoro in the Local Government) comprise of 10 male and 15 female

aged 60 years and above. A self structured questionnaire titled health problems affecting old people (HPAOP) was used to elicit information about the health problems confronting the old age people a two point rating scale of Yes or No. The reliability of the instrument was established using the test retest method and a co-efficient of 0.72 was obtained.

The researcher administered the instrument personally with the help of two trained research assistants. Each item of the question was read and interpreted in Yoruba to the subjects and the questionnaire was retrieved on the spot which enhanced the 100% rate of returns. The data was analyzed using frequency counts, percentage and chi-square ( $\chi^2$ ) at 0.05 level of significance.

## Results

**Table 1.1 : Frequency and Percentage distribution of muscular degeneration symptoms among old age people of Ido Usi local government area of Ekiti state**

Response	M	%	F	%	Total	%
Experience	55	68.75	90	75	145	72.5
Not experience	25	31.25	30	25	55	27.5
	80	100	120	100	200	100

**Table 1.2 : Frequency and percentage distribution of osteoporosis symptom among old age people in Ido Usi local government area of Ekiti state**

Response	M	%	F	%	Total	%
Experience	48	60	98	81.66	146	73
Not experience	32	40	22	18.22	54	27
	80	100	120	100	200	100

**Table 1.3: Frequency and percentage distribution of dementia symptoms among old people in Ido Usi local government area of Ekiti state**

Response	M	%	F	%	Total	%
Experience	44	55	68	56.66	112	56
Not experience	36	45	52	43.33	88	44
	80	100	120	100	200	100

**Table 1.4 : Frequency and percentage distribution of diabetes symptoms among old age people in Ido Usi local government area of Ekiti state**

Response	M	%	F	%	Total	%
Experience	58	72.5	65	54.16	123	61.5
Not experience	22	27.5	55	48.83	77	38.5
	80	100	120	100	200	100

**Table 1.5: Frequency and percentage distribution of hypothermia symptoms among old age people in Ido Usi local government area of Ekiti state**

Response	M	%	F	%	Total	%
Experience	33	41.25	87	72.5	120	80
Not experience	47	58.75	33	27.5	80	20
	80	100	120	100	200	100

**Table 1.6: Frequency and percentage distribution of skin, eye and hair deterioration symptoms among old age people in Ido Usi local government area of Ekiti state**

Response	M	%	F	%	Total	%
Experience	62	77.5	77	64.16	139	69.5
Not experience	18	27.5	43	35.83	61	30.5
	80	100	120	100	200	100

**Table 1.7: Frequency and percentage distribution of insomnia symptoms among old age people in Ido Usi local government area of Ekiti state**

Response	M	%	F	%	Total	%
Experience	45	56.25	72	60	117	58.5
Not experience	35	43.75	48	40	83	41.5
	80	100	120	100	200	100

**Table 1.8: Total frequency and percentage distribution of old age symptoms among old age people in Ido Usi local government area of Ekiti state**

Response	M	%	F	%	Total	%
Experience	345/7=49.3	61.6	557/7=79.6	66.33	902/7=128.85	64.5
Not experience	215/7=30.7	38.4	283/7=40.4	33.66	498/7=71.14	35.5

**Table 1.9: Chi-square analysis on respondents responses on thier experience of health problems**

	Response	
	Experience	Not Experience
Observed Frequency	129	71
Expected Frequency	100	100

Calculated  $X^2 = 16.82$  as against table value of 384 at  $df = 1$  at 0.05 alpha level.

### Discussion of findings

Table 1.8 shows that out of the total 200 respondents, 129 (64.5%) comprise of male 49 (61.6%), Female 79.9(66.33%) experience various symptoms of old age diseases while 71 (35.5%) comprise of male did not experience 30.7(38.4%) and female 40(33.6%) did not experience any symptoms of old age disease respectively. This data indicate that majority of old age people in Ido Usi Local Government Area in Ekiti State are experiencing various symptoms of old age disease.

Since the calculated  $X^2$  is greater than the critical value  $X^2$ , we therefore reject the null hypothesis which implies that the old age people of Ido Usi Local Government Area of Ekiti State significantly experience old age disease symptoms.

### Conclusion

Nothing can keep a person young forever, or neither can a person prevent it, but one can age gracefully to slow the process of aging and maximize one's wellness and enjoyment of life by doing the following: maintain appropriate body weight

as obesity shortens life, eat wisely a variety of diet, paying special attention to lower fat calorie intake, concentration on fresh fruits and vegetables, reduce salt intake and maintain calcium intake of 850-1000mg per day. Control drinking as the ability to metabolize alcohol decreases with age, alcohol and drug dependence can cause disease such as Alzheimer's disease (which results to unexplained falls or frequent injuries forgetfulness, depression and malnutrition) develop physical fitness as exercise enhances both psychological and physical health such as increased resiliency and suppleness of arteries, lower blood pressure and healthier cholesterol levels, sustained capacity of the lungs and respiratory reserves, greatly preserved muscle strength, protection against osteoporosis and adult onset of diabetes.

It is therefore recommended that adults and aged need to challenge their minds, be creative to make their intelligence relatively stable, develop interests and hobbies that can be enjoyed throughout life, avoid smoking as smokers suffer more illness that last longer and they are subject to respiratory disabilities that limit their total vigour for many years before their death. Schedule physical examinations to detect treatable diseases, when detected early many disease including hypertension, diabetes and many type of cancer can be successfully controlled by medication and lifestyle changes, regular testing for glaucoma after age 40 can prevent blindness from this eye disease. One need to recognize and reduce stress; avoid wearing self out through lack of sleep, substance abuse or misuse or overwork and practice rest and relaxation. Hearing loss should be assessed and treated by a health care professional, in some cases, hearing can be completely restored by dealing with the underlying cause of hearing loss, in other cases, hearing aids may be prescribed.



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