

Psychological well-being of the Elderly in Nigeria

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Abstract

In Nigeria, growing old is usually feared because of the multi-faceted problems associated with ageing. Research has shown that conditions such as insufficient savings after retirement, poor access to health care, poor dietary intakes and poverty affect the psychological well-being of the elderly. Yet, there is paucity of research on the psychological condition of the elderly in Nigeria. This study examined the psychological well-being of the elderly in Ijumu local government area (LGA) of Kogi State Nigeria. A multi-stage sampling technique was adopted and 1,217 elderly aged 65⁺ were randomly selected. Psychological well-being was operationalized as whether the respondent experienced good or poor psychological well-being. Data were analysed using descriptive statistics, Chi Square tests and binary logistic regression. The mean age of the elderly was 72.3±8.4 years and a higher proportion (53.3%) experienced good psychological well-being. Age, level of education, current working status and financial assistance from children were the main determinants of good psychological well-being. Specifically, good psychological well-being decreased with increasing age. Also, the odds of having good psychological well-being was lower among those with no education and primary education compared with their counterparts with secondary education or more. Those who were currently working and who received financial assistance from children had better psychological well-being. This study showed that effective financial mechanisms need to be put in place by government, NGOs and/or children of the elderly to help improve the financial status of the elderly in order to enhance their psychological well-being.

Keywords: psychological well-being, elderly, financial status, Ijumu, Kogi State

Introduction

The number of older adults is increasing globally and this has become an important concern (Sun & Lucas, 2011). The proportion of the world's population over 60 years is projected to double from about 11 per cent to 22

per cent between 2000 and 2050 and expected to increase from 605 million to 2 billion in absolute number over the same period. Low- and Middle-income countries (LMICs), including Nigeria, are projected to experience more of this rapid and drastic demographic change (WHO, 2012). With an estimated population of 140 million in 2006, persons aged 65 years and over constitute 4.3 per cent of the Nigeria population and the absolute number of the elderly in the country has been on the increase (National Population Commission, 2006).

In Africa, particularly Nigeria, many older people reach retirement age after a lifetime of poverty and deprivation, poor access to health care and poor dietary intake. These situations leave them with insufficient personal savings and poor psychological outcomes (Charton & Rose, 2001; Kimokoti & Hamer, 2008). The increasing problems associated with ageing are attributed to modernization and its attendant undermining of family structure and lineage systems (Jiloha, 2009). Research has further shown that there is an inverse relationship between modernization and family support for the elderly (Jiloha, 2009; Ting, 2012) and this result in low level of well-being (Asante, 2004). The National Population Commission census report (2006) showed that the number of the elderly is increasing in Nigeria and higher in the rural areas which are already beset by poverty and poor health conditions. Even though studies outside Nigeria have shown that the socio-demographic factors do affect the psychological well-being of the elderly (Patel *et al.*, 2007; Momtaz *et al.*, 2011), the impact of these factors on the psychological well-being of the elderly in Nigeria is not known.

This study examined the prevalence and determinants of good psychological well-being among the elderly in Ijumu LGA, Kogi State, Nigeria. The findings from this study will provide baseline information on the conditions of the elderly in the community. It will also help to facilitate the need for the development of a policy framework for support, interventions and further research on the elderly in Nigeria.

Methodology

Study Area

The study was carried out at Ijumu Local Government Area (LGAs) of Kogi State with a population of 119,929. According to the 2006 census, 53.8 per cent were males and 46.2 per cent were females (NPC, 2006). The community had three administrative districts: Gbede district in the North, Ijumu-central and Ogidi/Ijumu-Oke district in the south. There were 15 political wards in the area with five in Gbede district, four in Ijumu-central district and six in Ijumu-Oke district. There were also 740 enumeration areas in all with 340 in Gbede district, 261 in Ijumu Arin and 149 in Ijumu-Oke (NPC, 2006).

Sample Design

This was a cross-sectional study of elderly people (65 years and above) residing in Ijumu Local Government Area for at least a year. The study was

limited to the elderly who had resided in the community for at least one year so as to reduce bias that could occur as a result of influx of older persons who may be visitors.

Sampling Technique

A multistage sampling technique was adopted. One political ward was randomly selected from each of the 3 districts in the Local Government. Thereafter, simple random sampling technique was used to select one community out of the constituent communities in the ward. House numbering at community level was done with each house having a unique number and 40 houses were randomly selected using table of random numbers. One elderly was interviewed per household and for households having more than one eligible persons, a respondent was picked using lottery method. Based on this, a total of 1217 elderly was interviewed. The data was collected in June 2011.

Measures

The dependent variable was the psychological well-being of respondents. This was measured using World Health Organization quality of life (QoL) brief (WHOQOL-Brief) questionnaire (The WHOQOL Group, 1995). WHOQOL-Brief consists of 6 items, measured on 5-point scale which ranged from 1 to 5. The score ranged from 4-20. Scores were scaled in a positive direction (that is, the higher scores, the better the psychological wellbeing). The WHOQOL-Brief questionnaire has been shown to be a valid measure of quality of life in the elderly (Naumann and Byrne, 2004) with a high internal reliability of 0.86 (Gureje *et al.*, 2008). It is designed as a self-rating instrument that can also be interviewer-administered. The mean psychological well-being score was used to set the cut-off for good and poor psychological well-being. Psychological well-being was regarded as good if the score was greater than the mean score (3.2) and as poor if it was less than or equal to the mean score.

Data analysis

Descriptive statistics was used to describe the psychological well-being of the elderly. Also, cross-tabulations were used to show the variation in psychological well-being by the socio-demographic variables. Chi-square tests were used to assess the association between the socio-demographic factors and the psychological well-being of the elderly. Thereafter, significant variables from the Chi-square tests were the only factors included for the binary logistic regression. This was used to identify the socio-demographic determinants of good psychological well-being. All analysis were done using SPSS version 15.0.

Ethical consideration

Ethical approval for this study was obtained from the Institute for Advanced Medical Research and Training (IMRAT), College of Medicine, University of

Ibadan, Ibadan Nigeria. The UI/UCH Ethics Committee assigned number for this study is UI/EC/11/0135.

Results

Table 1 presents the descriptive statistics of the respondents. Their ages ranged from 65 to 106 years with a mean age of 72.3±8.4 years. More than half (53.3%) had good psychological well-being. A larger proportion were females (65.2%) and more than seven out of ten (71.3%) were currently married. More than half had no formal education while about 6.6 per cent had higher education. About 70 per cent were Christians and 61 per cent were currently working. A larger proportion of those who were working engaged in agricultural related activities. In addition, more than half (59.2%) were in monogamous family and about 96 per cent were Yoruba.

Table 1: Background Characteristics of Respondents

Characteristics	Frequency	Percentage
Mean Age	1217	72.3 (8.4)
Age (years)		
65-69	606	49.7
70-74	243	20.0
75-79	103	8.5
80-84	140	11.5
≥85	125	10.3
Sex		
Male	424	34.8
Female	793	65.2
Marital Status		
Never Married	20	1.6
Currently Married	868	71.3
Formerly Married	329	27.1
Level of Education		
No education	641	52.7
Primary	355	29.2
Secondary	140	11.5
Higher	81	6.6
Religion		
Christian	843	69.3
Muslim	369	30.3
Traditional	5	0.4
Employment Status		
Working	737	60.6
Not working	480	39.4

Characteristics	Frequency	Percentage
Occupation		
Professional	11	1.5
Sales and Services	268	36.4
Skilled manual	45	6.1
Unskilled manual	125	17.0
Agriculture	288	39.0
Family Type		
Monogamy	708	59.2
Polygamy	489	40.8
Ethnic Group		
Hausa	7	0.6
Yoruba	1,173	96.4
Igbo	8	0.7
Others	29	2.3

Note: Number in parenthesis is the standard deviation

Association between socio-demographic characteristics and psychological well-being

Table 2 shows the socio-demographic distribution of the respondents by psychological well-being. Psychological well-being varied by age group, sex, marital status, level of education, family type, previous work status and current work status. For instance, the proportion of good psychological well-being was highest among respondents who were 65-69 years (61.9%) and lowest among those aged 85 years and above (27.2%). Good psychological well-being was higher among females (57.5%) and those who were currently married (57.8%). Further, good psychological well-being increased with increasing level of education. Specifically, about 40 per cent of those with no education had good psychological well-being compared with about two-thirds of those with secondary education or more (76.9%). Those who were from monogamous family significantly had better psychological well-being (56.9%) than those in polygamous family (48.7%). Also, the psychological well-being of those who have ever worked and those currently working was better than that of their respective counterparts. A higher proportion of the elderly (55.6%) who received financial assistance from their children reported good psychological well-being. On the other hand, ever given birth, number of children ever born, religion and ethnicity did not show significant association with psychological well-being.

Table 2: Distribution of respondents' psychological well-being by socio-demographic characteristics

Socio-demographic characteristics	Psychological well-being		χ^2	p-value
	Good	Poor		
Age group (years)				
65-69	61.9	38.1	59.818	0.000
70-74	51.0	49.0		
75-79	55.3	44.7		
80-84	42.1	57.9		
85 and above	27.2	72.8		
Sex				
Male	57.5	42.5	4.654	0.031
Female	51.1	48.9		
Marital status				
Currently married	57.8	42.2	24.695	0.000
Others	42.1	57.9		
Level of education				
None	41.0	59.0	96.446	0.000
Primary	60.8	39.2		
Secondary +	76.9	23.1		
Ever given birth				
Yes	53.5	46.5	1.734	0.188
No	28.6	71.4		
Children ever born (CEB)				
1	60.0	40.0	9.191	0.057
2	67.8	32.2		
3	61.8	38.2		
4	51.9	48.1		
5 and above	51.7	48.3		
Religion				
Christianity	54.0	46.0	0.505	0.477
Others	52.4	47.6		
Ethnicity				
Yoruba	53.2	46.8	0.223	0.636
Others	56.8	43.2		

Socio-demographic characteristics	Psychological well-being		χ^2	p-value
	Good	Poor		
Family type				
Monogamy	56.9	43.1	7.915	0.005
Polygamy	48.7	51.3		
Previous work status				
Ever worked	54.2	45.8	6.498	0.011
Never worked	38.6	61.4		
Current work status				
Currently working	60.9	39.1	43.305	0.000
Not currently working	41.7	58.3		
Financial assistance from children				
Yes	55.6	44.4	6.644	0.010
No	46.9	53.1		

Determinants of good psychological well-being

Table 3 shows the determinants of good psychological well-being of the respondents. From the Table, age, level of education, current working status and financial assistance from children were significant determinants of good psychological well-being. The results showed that the odds of having good psychological well-being was higher among elderly who were in the lower age groups compared to those who were ≥ 85 years. Compared to those with secondary education or more, elderly with no education and those with primary education had lower likelihood of having good psychological well-being (OR=0.261 and 0.506 respectively). Further, those who were currently working were 60.0 per cent more likely to experience good psychological well-being compared to their counterpart who were not currently working. Those who received financial assistance from children were 95.5 per cent more likely to have good psychological well-being compared with those that did not receive financial assistance.

Table 3: Predictors of Psychological good well-being

Socio demographic variables	B	S.E	Odds ratio	95% C.I	
				Lower	Upper
Age group (years)					
65-69	0.726	0.252	2.068***	1.263	3.386

Socio demographic variables	B	S.E	Odds ratio	95% C.I	
				Lower	Upper
70-74	0.614	0.258	1.849*	1.115	3.066
75-79	0.847	0.297	2.332***	1.302	4.177
80-84	0.59	0.273	1.804*	1.057	3.079
≥85(RC)	-	-	-	-	-
Sex					
Female	-0.015	0.143	0.986	0.744	1.305
Male (RC)	-	-	-	-	-
Marital status					
Currently married	0.191	0.15	1.21	0.902	1.623
Others(RC)	-	-	-	-	-
Level of education					
None	-1.344	0.204	0.261***	0.175	0.389
Primary	-0.681	0.201	0.506***	0.341	0.751
Secondary+ (RC)	-	-	-	-	-
Family type					
Monogamy	0.043	0.131	1.044	0.808	1.35
Polygamy (RC)	-	-	-	-	-
Past working status					
Yes	0.24	0.274	1.272	0.743	2.176
No (RC)	-	-	-	-	-
Current working status					
Yes	0.51	0.143	1.665***	1.258	2.203
No (RC)	-	-	-	-	-
Financial assistance from children					
Yes	0.671	0.149	1.955***	1.46	2.619
No (RC)	-	-	-	-	-

* $P < 0.05$; ** $P < 0.01$; *** $P < 0.001$

Discussion

The current study reports the result of a community-based study of the psychological well-being of the elderly in Ijumu local government area, Kogi State, Nigeria. The mean age of the respondents was 72 ± 8.4 years and about 65 per cent were females. More than half of the elderly experienced good

psychological well-being. The results showed that age, level of education, current working status and financial assistance from children were determinants of good psychological well-being. This study confirms the multi-factorial determinants of well-being of the elderly as reported in previous studies (Newsom and Schulz, 1996; Ardel, 1997; Hickey *et al.*, 2005 and Gureje *et al.*, 2008).

Specifically, this study shows that the psychological well-being of elderly worsens with increasing age. This finding is consistent with outcome of similar studies previously conducted in Nigeria and other parts of the world which found that psychological well-being decreases with increasing age (Johnson and Cooper, 2003; Yuriko and Masumi, 2003; Gureje *et al.*, 2008; Matthew *et al.*, 2010). It is expected that as people grow older, there is tendency for the body mechanisms and organ to also grow old; this can result in frailty in later life and many elderly may not be happy with this.

Further, our study showed that good psychological well-being increased with level of education. That is, the experience of good psychological well-being was higher among those with higher level of education. This pattern is expected because those with higher level of education may likely adopt good lifestyle and have access to better nutrition than their counterparts who were less educated. This is consistent with a study which found that those with higher education had better well-being (Sherina *et al.*, 2003). The reason for this is that education provides access to better information on health and this can enhance psychological well-being.

Another factor identified as determinant of good psychological well-being in this study was current working status. The likelihood of having good psychological well-being was higher among elderly who were currently working than those not currently working. The current situation in Nigeria is that the Government does not provide care or support for the elderly. Also, access to good health care in the country is expensive and family support of elderly is already fading away as a result of modernization and economic hardship. Hence, the elderly have to fend for themselves to meet their daily needs in terms of nutrition, shelter, and care provision when they are ill. This therefore put those who are not working at a disadvantaged position. On the other hand, those who were currently working may be able to meet these daily needs in a more convenient way and so have better psychological well-being.

Also, elderly who received financial support from their children had better psychological well-being than those who did not. An explanation for this is that the financial assistance received from children may go a long way in meeting the health, financial and other needs of the elderly. This may therefore enhance their psychological well-being. For instance, a study carried out to explore the relationship between intergenerational social support and the psychological well-being of older Chinese parents found that intergenerational financial support had positive impact on the self-reported health status of the elderly (Zeng, 2008).

The number of children ever born showed no influence on psychological well-being of the elderly. This is contrary to a study which showed that childlessness has a negative effect on cognitive well-being (Hansen, Slagsvold & Moum, 2010). This is because childless women reported significantly lower life satisfaction and self-esteem than both mothers with residential children and empty nest mothers (Hansen, Slagsvold & Moum, 2010). Also, another study which examined the impact of out-migration of adult children on the psychological well-being of older Chinese parents left behind in their rural villages found that the out-migration of children reduced the psychological well-being of their parents, particularly among older fathers (Song, Silverstein & Li, 2014). Our study however showed that there was no significant difference in the psychological well-being of those who had children and those who did not. A plausible explanation for this is that getting support either from family members or other sources may be more important to the psychological well-being of the elderly in this community than having children.

Conclusion

Our study showed that more than half (53.3%) of the elderly in this community had good psychological well-being. The determinants of good psychological well-being were age, level of education, current working status, and receipt of financial assistance from children. Based on these findings, we recommend that effective financial mechanisms should be put in place by government and non-governmental organizations (NGOs) for elderly who are neither working nor receiving financial assistance from children. This will help to improve their financial status in the short term as well as enhance their psychological well-being in the long run. We also recommend future studies to explore reasons for non-receipt of financial support from children. This will help identify how to enhance and strengthen the social support system for elderly in this community.

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