

**AN ASSESSMENT OF PSYCHOSOCIAL CHALLENGES OF THE
ELDERLY IN IBAGWA-AKA COMMUNITY, IGBO-EZE SOUTH
LOCAL GOVERNMENT AREA OF ENUGU STATE, NIGERIA**

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ENUGU CAMPUS**

JUNE, 2014

TITLE PAGE

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**M.Sc. DISSERTATION PRESENTED TO THE DEPARTMENT OF
NURSING SCIENCES, FACULTY OF HEALTH SCIENCE AND
TECHNOLOGY, COLLEGE OF MEDICINE
UNIVERSITY OF NIGERIA, ENUGU CAMPUS**

**IN FULFILMENT FOR THE AWARD OF MASTERS OF SCIENCE
DEGREE IN NURSING**

SUPERVISOR: DR. (MRS.) I. O. EHIEMERE

JUNE, 2014

APPROVAL

This dissertation has been approved for the award of Masters of Science Degree for the Department of Nursing Sciences, Faculty of Health Science and Technology, University of Nigeria, Enugu Campus.

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CERTIFICATION

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DEDICATION

This work is dedicated to my mother Ezinne Mary Omeje (aged 85 years) who was one of the elderly studied and to all the elderly within and outside Ibagwaka community, especially those faced with psychosocial challenges.

ACKNOWLEDGEMENT

My greatest appreciation goes to God Almighty for His Mercies, Blessings (He blessed me with a bouncing baby girl during the period of the study) and sustenance all through the period of my study. He has been my strength in the pursuit of this programme.

My sincere appreciation goes to my diligent supervisor Dr. (Mrs.) I.O. Ehiemere for her intelligence, patience and motherly counsel as well as constructive criticisms. Thank you Ma.

I remain grateful to the Head of Nursing Science Department, Dr. (Mrs.) Uche V. Okolie and the entire lecturers in Nursing Science Department for their own contributions and intelligent corrections.

I also appreciate the efforts, support, co-operation and encouragement of my husband and children. Deserving special recognition is my brother, Mr. J.C. Omeje for his fatherly advice and for laying a good foundation for me in the field of academics. I equally appreciate the contributions of the following people, Dr John Eze Department of Psychology University of Nigeria Nsukka Engr. and MrsAdaokayOkoli, of ESUT Teaching Hospital Parklane Enugu, Mrs. Cecilia Oduburu, Principal School of Psychiatry, Federal Neuropsychiatric Hospital Enugu, and to many others who showed their support and encouragement to me throughout this period.

God bless all of you in Jesus name Amen.

TABLE OF CONTENTS

Title page	í í	.i
Approval page	í í	.ii
Certification page	í í	.í ...iii
Dedication	í í	...iv
Acknowledgement	í í	v
Table of contents	í í	vi
List of tables	í í	ix
Abstract	í í	x

CHAPTER ONE:

Introduction	í í	.1
Background to the Study	í í	.1
Statement of the Problem	í í	4
Purpose of the Study	í í	6
Specific Objectives of the Study	í í	.í í í í .6
Research Questions	í í6
Scope of the Study	í í í í í í .í í í í í í í í í í í í í í í í í í í	.6
Significance of the Study	í í	.7
Operational Definition of Terms used in this Study	í í í í7	7

CHAPTER TWO

Conceptual Review	í í	.9
Theoretical Framework	í í	...11
Empirical Review	í í í í í í ...í í í í í í í í í í í í í í í í í í í	.í í í ...14
Summary of the Literature Review	í í í í ...í í í í í í í í í í í í í í í í í í í	23

CHAPTER THREE

Research Design	24
Area of Study	24
Population of the Study	25
The Sample size for the Study	25
Sampling procedure	26
Method of data collection	26
Validity of Instrument	27
Reliability of the Instrument	27
Ethical Consideration	28
Procedure for Data Collection	28
Method of Data Analysis	39

CHAPTER FOUR

Data analysis and Presentation	30
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CHAPTER FIVE

Discussion of the findings	38
Conclusions from the findings	45
Implication of findings to nursing	45
Limitation of the study	46
Recommendations	46
Summary	47
Suggestions for further study	48
References	49
Appendices	53
Questionnaire	54

LIST OF TABLES

Table 1: socio-demographic characteristics of the respondents	30
Table 2: Showing the respondent's responses to objective one	32
Table 3: Showing there respondent's responses to objective two	34
Table 4: Showing the respondent's responses to objective three.....	36

ABSTRACT.

A descriptive survey design was used to assess the Psychosocial Challenges in Ibagwa-aka Community, Igbo-Eze South Local Government Area of Enugu State, South East Nigeria. The specific objectives of the were to: identify the mental challenges of the elderly in Ibagwa-aka community; identify the emotional challenges of the elderly in the community studied and determined the social challenges of the elderly in the area of studied. Validated questionnaire was used to administer the instrument to 375 respondents from which 330 correct responses were analyzed. Frequencies, percentages, means and standard deviation were used in data analysis and results presented in tables. The reliability of the instrument was done using test re- test method and a reliability co-efficient of 0.84 (r. 0.84) was obtained. The study revealed that 51% of the respondents could cope with mental challenges of communication while 47% could cope with decision making in the family. Emotionally, 55.8% could cope with challenges of loneliness and isolation while half of the respondents 50% could cope adequately with loss of role function, loss of self-esteem and self-worth. In the aspect of social challenges, 53% of them experienced minimal love, care and respect from their family members and other relations. In conclusion, majority of the respondents were not mentally and emotionally challenged, while more than half of them were socially challenged in the area of family relationships and social roles in the community. It is therefore recommended that structures should be put in place to improve family relationships and involvement of the elderly in community activities.

CHAPTER ONE INTRODUCTION

Background to the Study

Aging population has recently become a focus attracting public health attention in both developed and developing countries of the world. This is as a result of the dramatic increase in the relative and absolute proportion of the elderly within the population United Nations, (2008). Globally, the number of people aged 60 years and above was approximately 280 million in 2005, accounting for 7% of the global population (United States Bureau of Census, 2007, US Senate on Special Committee on Aging, 2005). World Health Organization WHO, (2006) projected that by 2050, the over 60 years population will increase by 60%. In America, the aggregate of the elderly is the most rapidly expanding segment of the population, and in 2004, this age group accounted for 11.3% and by 2050 21% of the population is projected to be of this age group. (US Senate on Special Committee on Aging, 2008).

The aging population in the African nations is also increasing. The number of those aged 60 years and above in Africa is projected to be four-fold from currently 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 (UNDP 2006- 2007, UN, 2008;). WHO, (2005) estimated that the elderly represent 16% of the total

Population in Nigeria. Based on the findings of the National Census conducted in 2006, the National Population Commission confirmed an increase in the percentage and number of those aged 60 years and above (NPC, 2006).

The increase in aging population, according to Ajomale, (2006), has been due to increased life expectancy, resulting from the declining fertility and improving standard of life for the majority of the population over a relatively long period of time, technological breakthrough in the fields of medicine, including development of new and effective drugs and vaccines. He noted that this increase in demographic profile poses a serious challenge to this vulnerable group of population. He equally noted that the older persons' lives are characterized by growing inadequacies in customary/ family supports, social interaction and non-existence of social security targeted at them in Nigeria. This makes them vulnerable to poverty and diseases. He also observed that a growth in the number of older persons inevitably has brought an increase in the range and intensity of their problems/challenges especially cognitive, emotional and social aspects particularly with the gradual breakdown of extended family system in Africa including Nigeria.

In traditional African society, elderly persons were usually happily connected with and cared for by the family unit. The family has been the most natural and conducive social organization for the care and support of the aged persons in Africa. The care and support of the elderly persons were provided by the family

members such as wives, children, sons and daughters-in-laws etcThurston, (2007). This care giving was backed not only by the emotional bonds of relationship emerging out of blood relationship but also by the force of traditional values, norms and behaviorsGore, (2005). With the support and care provided by the family members, the quality of life of the elderly are substantially increased.

However, as a result of modernization, (influence by foreign culture) there was a change in family structure in Nigeria which led to disintegration of the concept of extended family system. The traditional function of the family like care and social support of the older family members was gradually collapsing.

Growing old mechanisms means deterioration of physical, mental, emotional and social being that is necessary for effective performance in the society. Old age in our society present the individual with varieties of potential challenges and stresses, most of which are in the categories of mental,emotional, social and personal losses. Traditionally, the society has not prepared the elderly individuals to contend with the stresses and problems of aging process. They experienced a loss of social roles, loss of esteem, limited economic resources and depleted social and psychological network Bourne, (2004).

In Africa, especially in Nigeria (a capitalist society) old age was viewed as a handicap. The elderly in this society constitute the most vulnerable group,however, the least attention and concern are evidenced by the healthcare

delivery personnel, the policy makers, researchers and their own families and relations. They are openly rejected by the majority especially their own immediate families and close relatives. This seems to place an unfair and unnecessary burden on the elderly who have held important positions and made outstanding contributions to the development and welfare of this country Hamilton, (2006). Although efforts have been made to update the healthcare status of the elderly, studying and understanding the social and psychological challenges of the elderly has been virtually ignored.

This background prompted the researcher to examine the psychosocial challenges faced by elderly persons in Ibagwa-aka, a rural community of Enugu State in South-East Nigeria.

Statement of Problem

In Nigeria, including Enugu State, the elderly suffer a lot of hardship in our contemporary society Hamilton, (2006). They constitute the poorest group in the society, as there was visible evidence of destitution and begging among them, especially in rural communities where majority of them (95%) live Ayisonbola, (2007). A cursory look at the implementation of the Millennium Development Goals (MDGs) by the Federal Government of Nigeria shows that there was little or no consideration for this vulnerable population group. This poses a big problem.

Wearne, (2007) in his study on the prevalence of psychosocial challenges among the elderly people in the rural communities of Imo State observed that it is on the increase especially in the developing countries. He estimated in his study that the prevalence was 78% and that it will increase by four-folds by 2030. Interaction with some of the elderly revealed feeling of rejection by their relatives and the community. This isolation in an environment where there is no social security for this increasingly vulnerable group and the progressive disintegration of extended family system seems to pose serious threat to the psychosocial well-being of the elderly and graceful aging, therefore enormous public health problems and concern.

Ajomale (2006) observed that the traditional bonds between the elderly and their young family members are gradually becoming weak; in fact at the verge of collapsing. With a collapsing extended family, these elderly persons no longer enjoy the care and support of the family members and relatives as was the case in traditional African society, thereby exposing them to challenges of various dimensions. This scenario presented by Ajomale exactly applies in the community studied. Therefore, the necessity of this studied.

Purpose of the Study

The purpose of the study is to examine the psychosocial challenges of the elderly in Ibagwa-Aka Community, Igbo-Eze Local Government Area of Enugu State, South óEast Nigeria.

Specific Objectives of the Study Are to:

1. identify the mental challenges of the elderly in Ibagwa-Aka Community.
2. identify the emotional challenges of the elderly in the community studied.
3. determinethe social challenges faced by the elderly persons in the area studied.

Research Questions:

1. What are the mental challenges of the elderly in Ibagwa-Aka?
2. What are the emotional challenges of the elderly persons inIbagwa-Aka?
3. What are the social challenges faced by theelderly in Ibagwa-Aka?

Scope of the Study

The study was delimited to all the elderly (60years and above) in the four main villages (Achara, Amebo, Ndanda and Ezema) that make up Ibagwa-Aka. It will also examine the psychological (mental and emotional) and social challenges of the elderly in Ibagwa-Aka, Igbo-Eze South Local Government Area of Enugu State.

Significance of the Study

- The findings of this study identified the mental, emotional and social challenges facing the elderly in our society and help to educate the caregivers on how best to take care of the elderly and their challenges.
- The findings of the study provided the health professionals, researchers and other stake holders with evidence based information on mental, emotional and social challenges of the elderly in order to develop effective intervention strategies.
- The result of the study equally help the policy makers, health personnel and researchers to become more concerned and put more efforts towards addressing the issues and the challenges of the elderly since the elderly population is increasing in recent times.
- The findings of this study formed the basis for further research in this area.

Operational Definition of Terms used in this Study

Elderly in this study refers to people aged 60years and above.

Psychosocial challenges in this study refer to deficit in cognition, mood, being lonely and isolated.

Mental Challenges refer to cognitive deficit, low mood, and sadness..

Emotional Challenges refer to emotional deficit depicted by apathy, loneliness and, isolation.

Social Challenges refer to problems related to acceptance by the society, family relationships and family support, losses etc

CHAPTER TWO

LITERATURE REVIEW

This chapter presents the review of relevant literature from books, and journals under the following headings: Conceptual review, Theoretical review, Empirical studies and Summary of literature review

Conceptual Review

The Concept of Aging and Aging Process

Aging is defined as changes that significantly decrease the probability of survival caused by processes within the individual that are universal, inevitable and irreversible. It is a multidimensional process of physical, psychological and social accumulation of change in a person over time (Schulz & Ewen, 2008).

Aging is the progressive attainment of ages towards the last stage of maximum life span of human being (Taber's Encyclopedia Medical Dictionary, 2004). It is a process that begins from conception and continues for as long as we live. Individual age at different rates and their aging experience is unique and there are generalizations which can be observed for each of the body systems, Seaman, (2006). Aging may be "universal" that is (age changes that all people share); "probabilistic aging" (age changes that may happen to some but not all people as they grow older); "social/cultural aging" (expectations of how people should act as they grow older); "biological aging" (an organism's physical state as it ages); "proximal aging" (age-based effects that comes about because of

factors in the recent past); ÷distal agingö (age-based differences that can be traced back to a cause in early life Hamilton, (2006).

With advancing age, all of the body systems eventually demonstrate reduced efficiency, slowed building and replacing and actual loss of tissue. Aging is inevitably accompanied by physical decline, muscles atrophy, bones become brittle, vision weaken, hearing less acute. Many elderly persons also suffer loss of mental and emotional capacity resulting to depression, apathy, dementia, reduced logical reasoning among others. As a result of aging, the elderly persons disengage themselves from social contacts and interactions. They engaged less frequently in social roles and social activities, resulting to their invertible withdrawal from their environment and the society in general. In response to this decline in social, emotional and mental ability, most individualized nations have adopted social benefits programmed for the elderly and have created legal institutions and laws to confront the legal problems associated with the mental, emotional and social consequences of aging (JAP,2005).

Aging as stated earlier, is inevitable and as life expectancy increases, it becomes more important to understand the concept of normal aging process so that quality of life can be sustained. Maintaining the psychosocial and physiologic function of ÷healthö in an aging population will help to reduce the burden on existing medical system as older individuals consume medical services (J.A.P, 2005).

Categories of Aging

Aging can be categorized into three groups such as; the young old (ages from 60- 74years); the middle old (75-84years) and the older- old (oldest) (85years and above).

Theoretical Framework

This study was based on the psychosocial models. A number of theories have attempted to explain psychosocial aging. These theories focus on the behavior and attitude changes during the aging process. The two major psychosocial theories relevant to this study are:

- The disengagement theory
- The Erickson developmental theory

They are referred to as the psychosocial theory of development.

The disengagement theory

This theory was developed in 2004 by Communing and Henry. The theory proposed that aging involves mutual withdrawal between the older persons and others in the older person environment. It states that older people withdraw from customary roles and engage in more introspective, self-focused activities. It includes four basic concepts:

- Aging persons and the society mutually withdraw from each other.
- Disengagement is biologically and psychologically intrinsic and invertible.

- Disengagement is considered necessary for successful aging.
- Disengagement is beneficial to the older person and society.

Application of the Theory to the Study:

As a result of aging, there is degenerative change affecting organs and systems in the body which invariably reduces the general activities of the aged. The elderly usually engage themselves in activities involving their own interest only (self-focused activities). They begin to have less interaction with others and engaged less frequently in social roles and social activities, leading to their inevitable withdrawal from their environment and the society in general.

However, disengagement is beneficiary to the elderly in the sense that it gives them time to rest after toiling for so many years and to reflect over their past life. It also helps the society to acquire wealth of knowledge and experience from their words of wisdom, advice and encouragement.

Erikson's Developmental Theory

Erikson's theory developed in 2005, proposed that life is a sequence of developmental stages or levels of achievement. Each stage signals a task that must be accomplished. The accomplishment of the task can be complete or partial or unsuccessful. He believed that the more success an individual has at each developmental stage, the healthier the personality of the individual. Failure to complete any developmental stage influences the person's ability to progress

to the next level. That successful resolution of these crises supports healthy ego development. Failure to resolve the crises damages the ego.

Application of the Theory to the Study

According to Erikson, the developmental tasks (in old age) of the elderly are ego integrity versus despair. Like people at all ages, the elderly persons are faced with developmental tasks and challenges. In this theory of staged development, the tasks of old age involves integration, that is putting pieces together in such a way that both celebrates and continues to act on the learning and accomplishment of life. The elderly who attain ego integrity view life with a sense of wholeness and derives satisfaction from past accomplishments. They view death as an acceptable completion of life.

On the other hand, those elderly who despair often believed that they have made poor choices during life and wish they could live life over. They find it very difficult to adjust to the developmental task of old age, which include adjusting to decreased physical strength and health, retirement and lower or fixed income, to deaths of spouses, parents and friends, finding meaning in life, making satisfying living arrangements.

Empirical Review

There is dearth of literature on the psychosocial challenges of the elderly especially here in Nigeria. Consequently, related literatures were equally reviewed.

Wearne, (2007), in his study on the prevalence of psychosocial challenges of the elderly in rural communities of Imo State identified that the prevalence of psychosocial challenges of the elderly is increasing (78%) in such a way that some call it crisis. With the increasing psychosocial challenges in the elderly person, it was estimated that the prevalence will increase four-fold by 2030 compared to what it was 30 years ago.

Studies carried out by (Stabby& Lyles, 2009) on the challenges faced by the elderly population in GbokoCommunities of Benue State, showed that the majority of the aged persons experienced psychosocial challenges resulting from loss of social contacts and interaction, financial dependence, cognitive disorders, etc. Tijani, (2009) on his study on the assessment of psychosocial problems of hospitalized patients also confirmed that patients hospitalized at St. Mary's Hospital, Elele, and Ibadan do experience psychosocial problems and according to him, if it is not adequately taken care of, lead to serious psychosocial distress.

Mental Challenges of the Elderly

Depression which is one of the most common disorders encountered in old age and an emotional disorder that can result in cognitive impairment, present a major mental challenge for the elderly persons Wragg, (2008). He estimated in his study on the prevalence of depression among community dwelling elderly, that 20-30% of community dwelling elderly can be diagnosed with major depressive symptoms. He noted that the elderly persons have the highest rate of suicide of any age group and individual greater than 85 years of age are likely to commit suicide.

In a study carried out by Richman,(2008), it has been estimated that 30% of people over 60 years have depressive disorders. The National Institute of Mental Health has called depression, ãa public health crisisö. Studies by Borson,(2005) and Jeste, (2006) showed rates of major depression in nursing home residents of up to 20% and depressive symptoms as high as 60%. On the other hand, results of a major epidemiological study (Weissman Bruce, Leaf, Florio and Howler, 2004) indicated that fewer older adults (1-2%) meet the diagnostic criteria for a Major Depressive Episode (MDE) than younger adults (2-4%). According to the study, a larger proportion of older adult report clinical symptoms of depression that do not meet the diagnostic criteria for (MDE).

Dementia a cognitive disorder characterized by multiple deficits of psychosocial origin is also prevalent among the elderly (American Psychosocial Association,

(APA, 2004). According to APA, dementia is prevalent in 13-20% of the elderly. Studies also indicated that approximately 11% of the older people have mild dementia Hinsichson, (2009). Severe dementia is estimated to affect 7% of the elderly persons.

The prevalence of cognitive impairment among the elderly of 60 years and above is 15.7% out of which 10.2% is mild, 5.2% is moderate and severe Wilson, (2006). Cognitive disorders in the elderly has inappropriate consequences, they reduced their physical ability and are one of the major reasons or may be the only reasons for suicide among the elderly Trolley(2007).

Emotional Challenges of the Elderly

Loss and grief present a serious emotional challenge for the aged. Being widowed especially for women is a common occurrence in old age, so too are deaths in one's extended family and larger social network Fry, (2004). According to him, more than 1 million spouses in Nigeria are widowed in 2002 and by 2030 more than 1.5 million people will be bereaved of their spouses. In 2001, 8.3% of those between the ages of 60 and 75 years were widowed 27.7% of those older than 75 years were also widowed.

Fry in his study to identified forms of loss the elderly persons experience, revealed that besides health, illness and ailments issues, the single most important and often devastating challenges facing the elderly is the strong sense of loss of

identity (i.e. who are you, where you fit and how you now fit in). He also noted that elderly persons equally experience a loss of self-worth and self-esteem as well as loss of valued social roles. Majority of them for years have been the providers (financial, home making, fixer, etc.) and suddenly they seem dependent on others. These roles provided meaning to their lives and shape their sense of self-esteem but as they aged, other losses such as sensory and functional losses imposed by onset chronic or acute of illness also produce grief among the elderly. Such losses are generally understood to be among the negative life events and they place a substantial challenge for the elderly persons Blazer, (2005).

Parker, (2004) equally revealed that multiple losses such as loss of income and prestige or the economic stability of an enjoyable job among others, also pose emotional challenges for elderly persons. Repetitive loss occur as significant others; relatives and friends as well as acquaintances die leaving them emotionally isolated. Inadequate coping with the corresponding losses make the older persons believed that life holds no meaning Moore, (2009).

According to Age Will Research and Advocacy Centre USA, (2010) feeling of isolation and alienation with a sense of social marginalization is becoming a major challenge for the majority of the elderly persons. The center carried out a nationwide survey in January, 2010, to study, identify and understand the challenges of isolation in old age. The study identified the following: 87.9% of the elderly were found isolated in old age and the level of isolation in old age of

older persons living in urban areas was quite high, up to 89.8% in comparison to older persons living in rural areas, where 77.6% people reportedly feel isolated. 42.2% of the subjects said that lack of social interaction is the major cause of their state of isolation and or loneliness. 37.8% said they feel isolated because they are living alone or with their spouses only. It was also reported that 36.8% of the elderly who live in rural areas were socially and emotionally isolated while 42% said that they were facing depression, anxiety, nervousness as a result of isolation and loneliness. The study also established that some elderly persons like isolation in old age due to various reasons: they like living alone or isolation because they do not like modern life style, they want to live within their own set parameters, some said they are happy with that kind of life, etc.

In a study carried out by Singer, (2007) to assess the psychosocial health of the elderly, he identified that approximately three quarter of the sample, sometimes or always had feeling of loneliness and anxiety. He noted that the single biggest challenges for the elderly is dealing with loneliness due to loss of partner, loss of friends, of career, of home, loss of mobility or a combination of these.

Social isolation which according to (Ebersole& Hess, 2009) is the disintegration of the older persons from social issues, presents a major social challenge for the elderly. He noted in his studies on social isolation among the elderly population that many elderly persons experience social isolation which increases with age. The study also identified that social isolation and loneliness in old age is critical

as it leads to depression, nervousness and weakens their mental and physical health.

The Social Challenges of the Elderly

The worsening condition of the elderly may be one of the major social challenges in the 21st century. The Nigerian elderly are disadvantaged. This was because there seems to be a general apathy and inadequate attention paid to the issues concerning the elderly population. There was also a general absence of articulated policy on the elderly at all levels of government; social support is also inadequate Dell, (2006).

Going through the available studies on the social situation of the elderly the following social challenges were identified:

In the past, the family has always played an important role in determining the status and security of the elderly persons. A major reason given for the higher status of the elderly in some societies particularly in Nigeria was the respect, love, care, economic and social security accorded to the elderly within the extended family system (Simmons, 2008; Peil, 2009). According to

Lopata, (2010) the family has traditionally been the major source of care and support for the elderly. In her study on the family care and support for the elderly in Nigeria, she identified that children and relative were effective as objects of care, attention, and support for the elderly. Her study also revealed that the elderly are being cared for by children, sons and daughters óin-laws, and the

extended family members particularly the women. She was of the opinion that when children take on the responsibility of caring for their elderly relatives, they get to know them better and get to love them more dearly. Gore, (2005) identified in his study that in Nigeria, 80-90% of the long term care for the elderly was provided for by the family members and relatives.

He expressed a view that family has been the major resource for the elderly and their responsibilities for the elderly relatives were enforced morally, culturally and through law. Okunola, (2010) in his study found that there are always contact relationships between the elderly and their family members and relatives. In Nigeria, many families discharge their duties creditably by providing for the special needs of the elderly. The elderly receive help such as home repair, house work, care in illness and different kinds of gifts from their family members and relatives. Anionwu, (2008) who studied social contact and interaction among the community dwelling elderly in Abia State showed that 55% of his sample lack social contacts, social relationships and social interaction. He found that social contacts help in providing them with sense of security, belonging, emotional support and comfort.

However, changes in family structure in Nigeria has led to the disintegration of extended family system which poses a major social challenges for the elderly in this country; especially in rural areas where majority (95%) of the elderly live.

Traditionally, the family in Nigeria use to consist of members of the extended lineage: parents, grandparents, aunts, nieces, uncles, brothers, sisters, etc. a large family indeed. Before "modernization" came to "destroy" the concept of extended family system and replace it with the nuclear family, the extended family as a social structure phenomenon served more or less as a form of social insurance (traditional safety net) for the aged. Ajomale, (2006).

According to Ajomale's study "Aging in Nigeria the current state", social and economic implications, there was a progressive shift in function away from the traditional family. The traditional function of the family like care and social support to the older family members have gradually collapsed in the recent past due to economic problems and influence by foreign culture. Family members are unable to effectively cope with the challenges of daily living. Emphasis is now on the nuclear family of "me, my wife and my children" at the expense of other family network, especially the older ones who look up to the younger generation to provide them with economic and social security in old age. He noted that this change in family structure in Nigeria have caused gradual disintegration of the extended family and communal sense of living in Nigeria society.

A study carried out by Abodine,(2006) on the challenges of late adulthood, in Ibadan, revealed neglect of filial obligations due to structural changes and social distance between family members. He noted that a lot of the elderly have resorted

to begging in the street in order to survive, some are seen roaming about hopelessly, while others are engaged in getting employed as cleaners, security guards, load carriers etc. These are due to the fact that the family that was formerly charged with the responsibility of providing care and support no longer copes effectively with these challenges Marcos, (2006).

Shawaman,(2008) studied 400 persons aged 60 years and above in rural communities of Edo State to identify the problems of the elderly in the area. The result of the study indicated that the elderly persons in the sample suffered from several problems including boredom, neglect, insufficient care and troubled family relationships especially neglect by their children.

Rowe, (2004) stated that stressors present both mental and emotional challenges for the elderly persons. The elderly according to Parker,(2004) faces a great number and variety of stressors that are produced by a broad range of events and conditions. The stressor may be chronic and may have sudden dramatic onset or may be based on disease or may be of more social nature. According to him, other stress demands include changes in social identity due to role loss, in retirement or the function driven needs to move to a more supportive living arrangement.Kahn, (2007) stated that stressors are any demand that calls for a physiologic, behavioral or emotional response; often such demands are perceived as threats. He noted that unchecked stressors can lead to negative outcomes

directly related to the situation as well as to more indirect negative outcomes across the whole spectrum of physical and mental health, including every aspect of the person's well-being.

Summary of the Literature Review

The reviewed literature showed that there was high prevalence of psychosocial challenges of the elderly especially in the developed countries of the world. The prevalence was increasing even to the developing countries in such a way that it has become a public health concern. In the developing countries literature reviewed revealed also that changes in family structure in Nigeria which threaten the extended family system pose a major social challenges for the elderly persons, especially those in rural areas where majority (95%) of them live since the institutional care is still seen as alien to our culture. The collapsing of extended family system which serves as a form of a social insurance/security(traditional safety net) for the aged has resulted to the elderly not receiving the care and social support they need from their family members. This exposes them to so many dangers and ills in the society.

From the reviewed literature, not much work has been done in the psychosocial challenges of the elderly in Nigeria and in Enugu, particularly in the rural communities hence this study intend to feel this gap.

CHAPTER THREE

RESEARCH METHOD

This chapter presents the research design, area of study, population of study, sample and sampling procedures, instrument for data collection, ethical consideration, and procedure for data collection, validation of the instrument, reliability testing and method of data collection and data analysis.

Research Design

A cross-sectional descriptive survey design was employed in this study to achieve the set objectives. This was because the study intends to describe and document aspects of a phenomenon as they occur at the time of study. This design was successfully used by Treece and Treece (2006) in a study on Health and Nutritional Status of the Community Dwelling Elderly in Edo State, Nigeria; hence it was considered appropriate for this study. Descriptive survey tends to describe specific phenomenon and find out relationships among variables.

Area of Study

The study was conducted at Ibagwa-Aka Community. This community is in Igbo-Eze South Local Government Area of Enugu State and comprising of four villages namely, Achara, Amebo, Ezema and Ndada. It is about 180km from Enugu urban. The total of population of the adult in the communities is 7,500 (Source: Records from Igbo-Eze Local Government Service Commission). The

communities were bounded by the following communities in the North, Enugu-Ezike, in the East Iheakpu-Awka, in the West Itchi and in the South, Obukpa community. The inhabitants are mainly subsistent farmers and traders.

Population of Study

The target population for the study includes all the elderly people aged 60 years and above, both males and females, within the community studied. The total population of the adult in the communities studied was 7,500 (Source: Records from Igbo-Eze Local Government Service Commission). The actual population for the elderly in this communities were not known but according to United Nations, (2005) 5% of the total population of Nigeria are aged 60 years and above. Based on this, the researcher estimated the elderly population in the studied communities to be 375, which represents 5% of 7500 (Please see Appendix 1)

Sample for the Study

The sample size was the same as the total population of the elderly (375 elderly) in the community. Since the population was a few in numbers, all were included into the study, (Yemeni, 2007).

Inclusion Criteria

The elderly included in this study were only those elderly who can understand and respond to questions asked.

Sampling Procedure

There was no sampling since the entire population qualified for inclusion into the study.

Method of Data Collection

Data were collected using structured questionnaire developed by the researcher from literature search, which equally served as an interview guide for those respondents who are not quite literate (See Appendix ii).

The questionnaire was made up of two sections, sections A and B. Section A contains 7 items that deal with the socio-demographic characteristics of the respondents. In this section, the respondents were asked to indicate their age, gender, and marital status, level of education and occupation. This helped to categorize the respondents.

Section B is made up of structured items that are based on objectives of the study. The items were structured in such a way as to elicit information on the psychosocial challenges of the elderly. There were three subsections, each subsection addressing one objective. Objective one contains four items on mental challenges of the elderly.

Objective two elicited information on the emotional challenges of the elderly. It contains four items. Objective 3 focused on the social challenges of the elderly and it contains four items. The variables were measured using a 4-point Likert type Scale. The variables were weighted as follows; Quite much, 4 points (showing that the problem is much and incapacitating), Much, 3 points (indicating that the problem is present but not incapacitating) Very little, 2 points (which shows that the problem is insignificant) and Not at all, 1 point (indicating that the respondent does not have the problem at all).

Validity of the Instrument

Face and content validation of the instrument was carried out by the supervisor and two specialists in measurement and evaluation.

Reliability of the Instrument

Test-retest reliability approach was used to compute the reliability coefficient. Ten (10) elderly persons were randomly selected from Ogurute Enugu-Ezike, a community in Igbo-Eze North local government area of Enugu State, (a neighboring local government area), with comparable characteristics, and the test items were administered to the group. After an interval of two weeks, the same test was administered to the same group who responded to the test previously. The two sets of test scores were correlated and their responses were subjected

to Pearson's product moment correlation statistical calculation to obtain the reliability coefficient of 0.84 (r. 0.84).

Ethical Consideration

- Ethical clearance was obtained from ethical research committee of University of Nigeria teaching hospital Ituku Ozalla.
- Consent letter was sought and obtained from the traditional ruler of the communities.
- Written informed consent was sought and obtained from the respondents.
- The right and privacy of the respondents were respected.
- The purpose of the study was explained to them to elicit their co-operation.

(See Appendices: iii, iv and v)

Procedure for Data Collection

The researcher obtained an introductory letter from the Head of Nursing Sciences Department and presented it to the traditional ruler of the community, the leaders of each village and council of elders for their permission to carry out the study. The purpose of the study was explained to them in order to gain their co-operation and support. Suitable dates and time were discussed and arrived at based on the timing of the elders' general meeting (The Elders' Forum). Three research assistants trained based on the objectives of the study and interpretation of the questionnaire assisted the researcher in collection of data. To reach the

respondents, the researcher and her assistants went to elders' general meeting on the scheduled dates and time. Informed consent was obtained from the respondents before the administration of the questionnaire. The questionnaire was administered to those who were present at the meeting. The English version of the questionnaire was administered to those who were literate, to fill out. Those who were not literate were guided to answer the questions by translating the questionnaire to vernacular (See Appendix vi) (their local language) for their easy understanding and their responses recorded. The leaders of each village and the elders that hold key posts in the meeting assisted the researcher to locate others that were not present during the meeting in their various homes. Thus Snow Ball approach was used and the process continued until all the eligible elderly in the community were interviewed. A total of 330 correctly filled copies of the questionnaire were returned; giving a return rate of 88%. The procedure lasted for three weeks.

Method of Data Analysis

Data collected was collated, tallied and analyzed by descriptive statistics using frequencies, percentages, means and standard deviations and presented in tables.

CHAPTER FOUR

DATA PRESENTATION

This chapter deals with the presentation of the results of the study according to objectives. The results were presented in tables.

Table 1: Socio-demographic characteristics of the respondents.

n = 330.			
	Variables	Frequencies	Percentages
1	Gender		
	Males	130	39.4
	Females	200	60.6
2	Age distribution		
	60-64years	105	31.8
	65-69yrs	94	28.5
	70-74yrs	88	26.7
	75 and above	43	13.0
3	Marital status		
	Married	122	37.0
	Never married	2	0.6
	Widow	195	59.1
	Separated	43	1.2
	Divorced	7	2.1
4	Education		
	No formal education	151	45.7
	Primary education	84	25.5
	Secondary education	70	21.2
	Tertiary education	25	7.6
5	Occupation		
	Trading	50	15.2
	Farming/Gardener	148	44.8
	Security	30	1.9
	Retire	122	33.9
6	No of children		
	1-2	35	10.5
	3-4	50	15.2
	5-6	95	28.8
	7and above	150	45.5
7	Whom do you live with?		
	Living alone	20	6.1
	With children	151	50.2
	With grand children	50	15.2
	Sonø & daughters-in-laws	79	23.2
	Other relations	30	9.1

Table 1 shows that majority 200 (60.6%) of the elderly studied were females, only 130 (39.4%) were males. The mean age of the respondents was 68 years;

105 (31.8%) of them were between the ages of 60-64 years, however, only 43 (13.0%) were 75-84 years.

Majority 195 (59.1%) of the respondents were widowed, 122 (37.0%) were married, the least (0.6%) were never married. More than half, 151 (45.7%) of the respondents had no formal education, while the least 25 (7.6%) had tertiary education. A total of 148 (44.8%) of the respondents were farmer/ gardeners, while only 50 (15.2%) were traders; 150 (45.5%) of the respondents had more than 7 children, while the least 35 (10.5%) have 1-2 children.

The Table also shows that 151 (50.2%) of the respondents live with their children however, only the least 20 (6.1%) live alone.

In section B, data was analyzed based on the stated objectives. Each objective was analyzed based on the respondents' mean scores. The decision rule used for this analysis is presented below:

Decision Rule

If Mean \geq 2.5, ability to respond to/cope with challenges is much

If Mean $<$ 2.5, ability to respond to/cope with challenges is not much

Objective one:

To Identify The Mental Challenges of the Elderly In Ibagwa-Aka Community.

Questionnaire items 1, 2, 3, and 4 were analyzed to meet this objective.

Table 2: Mental Challenges of the Elderly (n = 330)

S/N	Item	Quite Much (4)		Much (3)		Very Little (2)		Not at All (1)		Mean	Std. Dev.
		F	%	F	%	F	%	F	%		
1.	How much are you able to respond and articulate issues?	70	21.2	138	41.8	82	25	40	12	2.72	\pm 0.93
2.	How much are you able to make decisions regarding your family?	55	16.6	155	47	100	30.3	20	6.1	2.74	\pm 0.8
3.	How much are you able to communicate with others?	58	18	168	51	74	22	30	9	2.77	\pm 0.84
4.	How much are understood by others during communication?	62	18.7	99	30	148	45	21	6.3	2.61	\pm 0.86
Overall Mean										2.71	0.11

Table 2 shows that 138(41.8%) of the respondents can respond and articulate issues much, whereas only 40(12%) cannot. A mean response score of 2.72 ± 0.93 showed that the ability of the respondents to respond and articulate issues is much. The ability of 155(47%) of the respondents to take decisions regarding their family, is much, however only a few, 20(6.1%) respondents do not. A mean response score of 2.74 ± 0.8 showed that the ability of the respondents to take decision regarding their family is much. More than half 168(51%) of the respondents can communicate with others quite much, whereas only a few 30 (9%) respondents cannot. A mean response score of 2.77 ± 0.84 showed that the respondents' ability to communicate with others is much. A total of 148(45%) of the respondents were understood by others during communication, while the least 21(6.3%) were not. A mean response score of 2.61 ± 0.86 showed that the ability of the respondents to be understood by others during communication is much. Having an overall mean response score of 2.71 ± 1.85 , the ability of the respondents to cope with mental challenges is much.

OBJECTIVE TWO:

To Identify The Emotional Challenges of The Elderly in The Community Studied.

Questionnaire items 5, 6,7and 8 were asked to meet this objective.

Table 3: Emotional Challenges of the Elderly.

n = 330

S/N	Items	Quite much (4)		Much (3)		Very Little (2)		Not at all (1)		MEAN(X)	SD
		F	%	F	%	F	%	F	%		
5.	To what extent are youbothered about challenges of aging process?	24	7.3	151	45.8	110	33.3	45	13.6	2.74	±0.82
6.	To what extent do you feel lonely and isolated?	49	14.8	184	55.8	67	20.3	30	9.1	2.76	±0.97
7.	To what extent do you bother about loss of role functions, loss of self-esteem, loss self-worth, loss of and loss of significant others?	45	13.5	165	50.0	80	24.2	40	12..1	2.65	±0.91
8.	To what extent are you able to cope with various losses mentioned above?	39	11.8	160	48.5	80	24.2	51	15.5	2.57	±0.90
Grand Mean										2.61	0.11

Table 3 shows that 151(45.8%) of the respondents were bothered much about the challenges of aging process while only 45(13.6%) respondents were not. A mean response score of 2.74 ± 0.82 showed that the respondents can cope much with the challenges of aging process. More than half 184(55.8%) of the respondents felt lonely and isolated, only a few 30(9.1%) did not. A mean response score of 2.76 ± 0.97 showed that the respondents can cope much with loneliness and isolation.

In the area of role functions, self-esteem and self-worth, 165 (50%) of the respondents were bothered much, while only a few 40(12.1%) were not. A mean response score of 2.65 ± 0.91 showed that the respondents can cope much with loss of loss of role functions, self-esteem, self-worth and loss of significant others. Forty eight and half percent 160(48.5%) of the respondents had much ability to cope with the various losses they encountered in their lives, while only 51(15.5%) did not. A mean response score of 2.57 ± 0.90 showed that the respondents could cope a little with the losses they encountered in their past life.

Having an overall mean of 2.61 ± 0.11 , the respondents can cope much with emotional challenges.

OBJECTIVE THREE

To Identify The Social Challenges Of The Elderly In The Area Of Study.

Questionnaire items 9, 10, 11 and 12 were analyzed in respect to this objective.

Table 4: Social Challenges of the Elderly

(n=330)

S/N	Item	Quite Much (4)		Much(3)		Very Little (2)		Not at All (1)		Mean	Std. Dev.
		F	%	F	%	F	%	F	%		
		9.	Satisfaction of the respondents about the social roles they now play in the community	51	15.2	80	24.2	160	50		
10.	Satisfaction of the respondents with their relationship with family members and other relations	50	15.2	80	24.2	174	53	26	7.9	2.47	±0.84
11.	Satisfaction of the respondents with the love, care and respect they received from their sons, daughters and other relatives	50	15.2	85	25.8	165	50	309	91	2.47	±0.86
12.	How much are you bothered about lack of social contacts and interactions?	90	27.6	160	48.5	51	15.5	298	88	2.94	±0.88
	Overall Mean									2.58	0.21

Table 4 shows that 160(50%) of the respondents were satisfied very little about the roles they played in their families, while only 39(6.3%) were not. A response score of 2.43 ±0.89 showed that the satisfaction of the respondents about the roles they played in their families is not much.

More than half 174(53%) of the respondents were satisfied very little about their relationship with their family members and other relations, while only 26(7.9%) were not. A mean response score of 2.47 ±0.84 showed that the satisfaction of the

respondents about their relationship with their family members and other relations is not much.

Half 165(50%) of the respondents were satisfied very little with the love, care and respect they received from their sons, daughters and other relatives while only a few, 30(9.1%) were not. A mean response score of 2.47 ± 0.86 showed that the satisfaction of the respondents with the love, care and respect they received from their sons, daughters and other relatives is not much. Forty eight and half 160(48.5%) of the respondents were bothered much about lack of social contacts and interactions while only 29(8.8%) respondents were not. In items 9, 10 and 11 the respondents were challenged with the problems since their means response scores were below the decision rule. However, in item 12, a response score of 2.94 ± 0.88 showed that the respondents can cope much with lack of social contacts and interactions.

CHAPTER FIVE

DISCUSSION OF THE MAJOR FINDINGS OF THE STUDY

This chapter presents the discussion of the major findings of the study, conclusions drawn from the finding, implications, and limitation of the study, recommendations, suggestions for further studies and summary of the study.

The major findings from this study were discussed with respect to the specific objectives set for the study and in relation to findings from previous related studies. It was discussed under various objectives for easy and better understanding.

Objective One

To Identify the Mental Challenges of the Elderly in Ibagwa-Aka Community.

The findings from this study showed that more than half of the respondents studied were able to respond and articulate to issues around them. This finding agreed with the result of the study carried out by Wragg (2008) who identified in a longitudinal studies that cognitive function do not decline in a substantial portion of the elderly. However, the study disagrees with Borson, (2005) who identified in his study on prevalence of dementia in older adult that decline mental skills are inevitable part of later life. The results of this study equally revealed that majority of the respondents take decision regarding their families. This finding was in consonant with the study carried out by Trolley, (2009). He identified in his study that larger proportion of his sample were able to take

decision regarding their families. This finding was not in line with the global studies carried out by Tajani, (2009) and Wearne, (2007) which revealed that the ability of an individual to take decision decreases as the individual aged.

The finding from this study equally revealed that more than half of the respondents understood when communicating with others. This result was not in line with the study carried by Wilson, (2005) on cognitive disorders among the elderly. He identified that the elderly takes a long time to learn something new and understand when communicating with others. He noted that motivation to learn a piece of information is usually decreased in older adults.

Objective Two

To Identify the Emotional Challenges of the Elderly in the Community Studied.

The findings from this study revealed that majority of the respondents could cope with challenges of loneliness and isolation. This result was in agreement with Russel (2004) who identified in his study on isolation and loneliness in old age that 62% of his sample reported that loneliness and isolation was not a problem to them. The result also agreed with Hassan, (2009) who identified in his study to assess the psychosocial health of the elderly that approximately more than half of the sample did not have a feeling of isolation and loneliness. However, this finding was not in line with the study carried out by Age Well Research and Advocacy Centre U.S.A, (2010). The Center carried out a nationwide survey in

January 2010 to study, identify and understand the challenges of Isolation in old age. The study identified that majority of the elderly living in rural areas reportedly felt isolated and lonely. It was also revealed in the same study that majority of the elderly living in rural areas were socially and emotionally isolated. This study also disagreed with the study carried out by Singer, (2007) to identify the psychosocial health of the elderly. He reported that approximately three quarter of his sample, sometimes or always had feeling of loneliness and isolation. This study was not equally in support of the study done by Ebersole and Hess, (2009) on social isolation among the elderly population. He identified that many elderly persons experienced social isolation and loneliness which increases with age.

The findings from this study also revealed that more than half of the respondents were able to cope with the loss of role functions, loss of self-esteem, self-worth, and of significant others. This result agreed with studies done in some parts of Nigeria as reported by Moore, (2009) and Blazer, (2005). It was revealed in their studies that most of the elderly can cope adequately with these challenges. It was also revealed in their studies that 60% of the sample confirmed that they take these losses as part of life events and so they can adapt and cope with the losses of the past lives. This finding disagreed with the findings of Fry, (2004). In his study on form of losses the elderly experienced, he identified that the single most

important and often devastating challenges facing the elderly is the strong sense of loss of identity, self-esteem, and self-worth as well as loss of valued social roles.

It was equally revealed from this study that more than half of the respondents studied cope with the losses they experienced in life. This finding was not in support of Parker, (2004) who in a comprehensive survey of emotional challenges of the rural dwelling elderly revealed that multiple/repetitive losses possess a serious emotional challenge to the elderly persons. He stated in study that inadequate coping with the corresponding losses makes the elderly believe that life generally holds no meaning.

Objective Three

To Identify the Social Challenges of the Elderly in the Area Studied.

Findings from this study revealed that more than half of the respondents studied were not satisfied with the relationship of their family members and other relatives. This finding was in support of the view expressed by Ajomale, (2006) who found out in his study that changes in family structure in Nigeria has led to the disintegration of extended family system. He noted that the family members are unable to provide care and social support for the older family members as a result of economic problems and influence by foreign culture.

This finding was not consistent with the findings of Okunola, (2010) who identified in his study on family care and support for the elderly, that there

are always contact relationships between the elderly people and their family members and other relatives. This could be as a result of the fact that in African society, the family that has been the major resource for these elderly and had traditionally been charged with the responsibilities of seeing to the welfare of their elderly relatives no longer cope with the responsibilities due to influence by foreign culture.

The findings of this study also revealed that the half of the respondents were not loved, cared and respected by their sons, daughters and other relations. The result totally agrees with a study carried out by Aboderin (2006) on challenges of Late Adulthood, in Ibadan. His study showed that there was neglect of filial obligations due to structural changes which improvised the elderly people, creating more physical and social distance between the family members and these elderly. This result was equally in support of the view expressed by Shawama, (2008) who studied 400 elderly persons to identify the problems of the elderly in rural communities of Edo state. The result of his study indicated that the elderly suffered from several problems including boredom, neglects, insufficient care and trouble family relationship especially by their own children. This finding was not in consonance with the study carried out by Lopata, (2009) on care and support of the elderly in Nigeria. She identified that more than half of her studied sample were cared for by their children, sons and daughters-in-laws and other extended family members, particularly the women. The major reason for the low

status of the elderly in our societies particularly Nigeria was that the respect, love care, economic and social security accorded to the elderly persons within the context of extended family system was no longer obtained. This result was equally not in support of the view of Gore, (2005) who identified that 80-90% of the care of the elderly is provided informally by family members. The finding of this study also disagreed with Peil, (2007) who identified in his study on social status of the elderly that visits to these elderly by their children and close relations serves as occasion for the provision of material help and it is also important for social and psychological support derived from the maintenance of kinship ties.

The study disagree generally with the view expressed by Hamilton, (2006) who revealed that old people in Nigeria generally live and receive care and support at their homes or at the residence of their children or homes of their relatives unlike in developed countries like USA where they receive care mostly at the nursing homes or private day care for the aged. According to him when children take the responsibilities of caring for their elderly family members they tend to know them better and love them more dearly.

The result of this study equally revealed that that more than half of the elderly studied cope adequately with lack of social contact and interaction. This finding agreed with the result of the study done by Henry, (2008), he, found out that many older adults remain active and engaged with families, communities and the social

world around them. The finding was not in line with studies carried out by (Stabby & Lyles, 2009) on the challenges faced by the elderly population in Gboko Communities of Benue State, they identified that the majority of the aged persons experienced psychosocial challenges resulting from loss of social contacts and interaction, financial dependence, cognitive disorders among others. This finding disagrees with the result of the study carried out by Anionwu (2008) on social contacts among rural dwelling elderly. He identified that 55% of the elderly studied lack social contact and interactions. This finding was not in line with Maldox, (2007). He found that the aging persons and the society mutually disengage from each other. He noted that at old age individual begins to have less interaction with others and engage less frequently in social roles and social systems leading to their inevitable withdrawal from their environment and society in general and engaged in more introspective self-focused activities. This was because as people aged, they tend to decrease their activity level, seek more passive role and engage less frequently with others. This is normal, inevitable and personally satisfying for them.

Conclusions from the Findings.

This study had been able to examine psychosocial challenges of the elderly in the studied community. Based on the findings, the following conclusions were made:

- More than half, 51% of the respondents could cope with mental challenges of communication while 47% could cope with decision making in the family.
- Emotionally, 55.8% could cope adequately with challenges of loneliness and isolation while half of the respondents 50% could cope with loss of role function, loss of self-esteem and self-worth.
- In the aspect of social challenges, 53% of them experienced minimal love, care and respect from their family members and other relations.
- More than half of them were socially challenged in the area of role functions, family relationships and care. However, in the area of social contacts and interactions, majority of them they could adequately cope.

Implication of findings to nursing practice

The findings from this study have shown that psychosocial challenges are prevalent in the community of study. This should not be overlooked due to its serious consequences which eventually lead to untimely death or serious health implications among this vulnerable group of the population.

However in order to avert this problem, nurses especially the community health nurses should educate the elderly in the rural areas about on these challenges to ensure their psychosocial wellbeing and graceful aging, help them to form support groups so as to share their experiences and problems. Civic and recreational centers should be provided for them and they should be encouraged to participate in group living activities which will help them cope with their challenges. The caregivers should also be educated on these problems and how best to care for these elderly and their challenges.

Limitations of the study

The major limitation encountered during the study was lack of co-operation of the respondents during the field work. Some refused to participate in the study, some of the respondents declined being interviewed.

It was very tasking conducting interview for the illiterate group of the respondents.

Recommendations

- Increasing the awareness of the public on the needs of the elderly with emphasis on the traditional roles of and responsibilities of the family in the care of elderly.
- Civic/recreational centers should be provided for the elderly to help them to gather together to discuss their challenges and other issues affecting

them and by so doing, they are able to cope with the challenges of aging process.

- Qualitative and Quantitative intergenerational research should be carried out on psychosocial challenges of the elderly in both rural and urban areas so as to identify most appropriate and effective policy approaches to addressing the issues relating to the elderly.
- Encouraging community based support networks to the elderly for instance, ensuring that they get their pension and gratuity, provision of physical needs such as feeding, finance, good living arrangements among others.
- Workshops, seminars and symposium should be organized in the rural areas on psychosocial challenges of the elderly so as to educate families, care givers and the community on how best to take care of the elderly and their challenges.

Summary of the study

The main purpose of the study was to examine the psychosocial challenges of the elderly in Ibagwa-aka community in Igbo-eze south local government area of Enugu state. The specific objectives were to: (i) identify the mental challenges of the elderly in Ibagwa-aka community, (ii) identify the emotional challenges of the elderly in the community studied and (iii) identify the social challenges of the elderly in the area studied. The study answered 12 research questions based on

the objectives of the study. Relevant literatures were reviewed and psychosocial theory was used to anchor the study. A cross sectional descriptive survey design was employed in the study. Instrument for data collection was self-developed questionnaire. Data was analyzed using descriptive statistics such as frequencies, percentages, means and standard deviations.

The major findings of this study revealed that majority of the respondents were not mentally and emotionally challenged. More than half of them were socially challenged; Conclusions were drawn, suggestion for further study and recommendations were made.

Suggestions for Further Study

The following suggestions for further study are made based on the findings of the study.

- Similar study should be carried out in other communities in other local government areas in South East Zone to compare the findings of this study.
- A comparative study of psychosocial challenges of the elderly should be carried out in urban areas.
- Qualitative and quantitative intergenerational research should be carried out on the psychosocial challenges of the elderly in both rural and urban areas so as to identify most appropriate and effective policy approaches to addressing the issues relating to the elderly.

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APPENDIX I

A table representing population of each villages and the population of elderly (male and female) in each village.

Villages	Population Size	Percentage Population of the Elderly	Population of Elderly (Male and Female)
Achara	1,500	$\frac{5 \times 1,500}{100}$	75
Amebo	2,200	$\frac{5 \times 2,200}{100}$	110
Ezema	1,800	$\frac{5 \times 1,800}{100}$	90
Ndada	2000	$\frac{5 \times 2000}{100}$	100
Total	7,500		375 elderly

APPENDIX II

QUESTIONNAIRE GUIDE

Department of Nursing Sciences,
Faculty of Health Science and Science
Technology,
University of Nigeria, Enugu Campus.

Dear Respondent,

I am a postgraduate student of Department of Nursing Sciences, University of Nigeria, and Enugu Campus. I am carrying out a study to identify the psychosocial challenges of the elderly persons in Ibagwa-Aka Community. You are requested to respond to the questionnaire as it relates to you. All information given shall be treated with complete confidentiality.

Thank you.

SECTION A

DEMOGRAPHIC DATA

Tick (ç) in appropriate space box provided.

1. What is your sex?

- (a) Male ()
- (b) Female ()

2. How old are you?

- (a) 60-64 years ()
- (b) 65-69 years ()
- (c) 70-75 years ()
- (d) 75 years and above ()

3. What is your marital status?

- (a) Married ()
- (b) Never Married ()
- (c) Widowed ()
- (d) Separated ()
- (e) Divorced ()

4. What is your education level?

- (a) Primary Education()
- (b) Secondary Education()
- (c) Tertiary ()
- (d) No formal education ()

5. What type of work do you do now?

- (a) Trading ()
- (b) Security ()
- (c) Gardener / farming ()
- (d) Retired ()

6. Is your spouse alive?

- (a) Yes ()
- (b) No ()

7. How many children do have?

- (a) 1-2 ()
- (b) 3-4 ()
- (c) 5-6 ()

(d) 7 and above ()

SECTION B

OBJECTIVE ONE:

The under listed are some of the challenges that bother the elderly persons.

Indicate to which extent you are bothered by any of these challenges by ticking

(ç) in the space below the response options.

OBJECTIVE ONE:

S/No	Items	Quite much 4	Much 3	Very Little 2	Not at all 1
1	How much are you able to articulate and respond to issues around you?				
2	How much are you able to take decisions regarding your family?				
3	How much are you able to communicate freely with others?				
4	How much are you understood by others during communicating?				

OBJECTIVE TWO

	Items	Quite Much 4	Much 3	Very Little 2	Not At All 1
5	To what extent do you bother about challenges of aging process?				
6	To what extent do you feel being lonely and isolated?				
7	To what extent do you bother about loss of role functions, loss of self-worth, self- esteem and loss significant others?				
8	To what extent are you able to cope with the various losses mentioned above?				

OBJECTIVE THREE

	Items	Quite Much 4	Much 3	Very Little 2	Not at all 1
9	How much are you satisfied with the roles you now play in your family and community?				
10	How much are you satisfied with your relationship with family members and other relations?				
11	How much are you satisfied with your sons, daughters and other relatives love, care and respects for you?				
12	How are you bothered about lack of social contacts and interactions?				

APPENDIX VI

NTUGHARI AJUJU N' OLU IGBO

**ISIOKNU: AKA MGBA NDI AGADI NO N IBAGWA-AKA, DI N'OLPINU
EDINCHI IME OBODO IGBO EZE NA STATE EMGU
NA- AGABI GA N'EBO O GBASARA MMEKORITA
MMADU NA IBE HA.**

**IHE NDIA E DEPUTARA BU UFODU AKA MGBA NA-ECHEERE NDI
AGADI.**

**Gosiputaetu aka mgbaobulanandiasiemetutagi site n'kanyekara (✓)
n'ohereya ha so;**

	Nnukwu	digioberekari	bere	Nofu
	4	3	2	1
1.Ked et isiamataihendina- emenagburugburugi?				
2. I na-enwemkpebinokwugbasaraezi no ulo. gi?				
3. Ginandi z a na- akparitaotaukanke ma?				
4. Kedu tuisiamataihe a na- ekwumbeginandi z na-akparitauka?				

**USORỌ NKE ABUỌ: AKA MGBA NDI AGADI NA-AGABIGA
N'CHICHE HA**

	Nnukwu 4	digluoberekari 3	bere 2	Næfu 1
5. Kedueta n du bibindusiemetutagi?				
6. Kedueta siemetutagi ma inor naanigi?				
7. Kedueta siemetutagi ma burunammaduakpapugi ma buledaagianya?				
8. I na-akwudosiike ma burunaakpachapuginakkyku.				

	Nnukwu 4	digluoberekani 3	bere 2	Nøfu 1
9. Kedukandiezinulonandi bod gisienyegiafo juju?				
10. Mmekorita di etitigi n ezinulogi nø ikwunaibendi z naemeka nugizuooke?				
11. Keduuumugi nøikwu nøibegi, nandiosielekotagianya ,asopuru ma na-				

egosigiihunanya?				
12. Kedukaosiemetutagi ma o burunagindimmaduanaghiemekoritankeoma?				