

Nigeria's Population Ageing: A Health Crisis in the Making

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Oyewole, Mariam Ayo

Ahmadu Bello University, Zaria, Nigeria

Ayub, Akeem Olalekan

Federal University Gusau, Zamfara State, Nigeria

Iliya, Rahamatu Shamsiyyah

Ahmadu Bello University, Zaria, Nigeria

Abstract

Being old comes with a lot of health crises that inhibit an aged person from adequately living a comfortable life as desired. However, advancement in medicine and technology is expected to make life comfortable for every human, particularly the ageing population. This paper relies on secondary data sourced from the internet to measure the health crises facing the ageing population. Evidence from the works of scholars showed that Nigeria has a very high, consistent, and rapid growth rate of the older population with serious health, social, economic and political implications. Findings revealed that old people without adequate care are often confronted with physical and psychological crises that eventually compound their socioeconomic and political lives. It is affirmed in this paper that maintaining a healthy state in old age is hampered by the onset of mental diseases, neurological disorders, drug use disorders and other health crises (diabetes, hearing loss and osteoarthritis). It is concluded that old age is crisis-driven and devastating to individuals and society. Thus, the paper recommends adequate medical and social support tailored to the specific need of individuals. Additionally, access to medical care should be tailored to the physical activity, occupation, education, and communication of the aged.

Keywords

Ageing population, demographic profile, health crisis, mental health, physiological health

Introduction

The globe is on the verge of a demographic milestone due to an increase in the ageing population and life expectancy caused by improved healthcare technology. The United Nations (2010) projected that individuals over 65

Corresponding author:

Mariam Ayo Oyewole, Department of Sociology, Ahmadu Bello University, Zaria, Nigeria
Email: mariamoyewole1@gmail.com

would outnumber children under five due to falling birth rates and increasing life expectancy. The United Nations (2019) estimated that there were more than 700 million people aged 65 years or older globally, and this was projected to double by 2050. In other words, one in six individuals in the world would be 65 or older by 2050, up from 6% in 1990. Over the next three decades, the global number of older persons is projected to more than double, reaching over 1.5 billion persons in 2050. All regions will see an increase in the size of their older population between 2019 and 2050.5 The largest increase (+312 million persons) is projected to occur in Eastern and South-Eastern Asia, growing from 261 million in 2019 to 573 million persons aged 65 years or over in 2050.

The number of older persons is expected to grow fastest in Northern Africa and Western Asia from 29 million in 2019 to 96 million in 2050 (+226 per cent). The second fastest rise in the number of older persons is foreseen in sub-Saharan Africa (+218 per cent), with an expected growth from 32 million in 2019 to 101 million in 2050. In contrast, the projected increase is relatively small in Australia and New Zealand (+84 per cent) and Europe and Northern America (+48 per cent), regions where the population is already significantly older than in other parts of the world (United Nations, 2019).

In Nigeria, the number of older people increasing from 8,741,292 in 2013 to 9,622,056 in 2016 has shown that the world's old population is expanding, especially in developing countries like Nigeria (National Bureau of Statistics, 2018). Accordingly, in less developed nations, more than 80% of the world's ageing population is expected to live from 2010 to 2025. In the developing world, the older population will grow from 65% in 2010 to 80% by 2050. This means the number will increase to 16% of the world's population (1.5 billion) by 2050. As globalization connects many nations, such consequences affect older people's health and well-being (World Health Organisation, 2021).

Every country globally is witnessing an increase in the size and proportion of older people. The World Health Organisation (2021) reported that even though ageing is often linked with decreasing capacities, medical advances had delayed the transition from chronic disease to impairment and reduced disability severity. This advancement has given older people the right to live a dignified life and engage in social activities within the restrictions of ageing-related health issues. It is no doubt that incredible transformations occur in communities where young, energetic, and vigorous people predominate. However, when older people are more numerous, considerable problems arise, particularly in guaranteeing sufficient living circumstances such as health, nutrition, and housing, over the prolonged life span.

According to the United Nations Population Fund (2012), Nigeria as Africa's most populous black nation has a very high and rapid growth rate of the older population, which may have significant economic implications

including a policy challenge for governments at all levels. Population ageing is a human success story, a reason to celebrate public health, medical improvements, and economic and social progress over illnesses, injuries, and early deaths that have limited life spans throughout history (United Nations, 2019). Accordingly, old age is viewed as a blessing in Africa because older adults contribute meaningfully to their communities, they are considered as the council of elders, keepers of traditional values, upholders of history, custom, and cultural values, and arbitrators of disputes and resolvers of communal problems. However, celebrating the success story has been difficult due to old-age health issues including non-communicable illnesses and urinary tract infections, that are related to physical and psychological changes (Mudiare, 2013).

Old age has created health crises that squarely not rest on only the aged but also the family members as well as the governments. Despite the provisions in the 1999 Constitution, Section 14. 2(b), stating that; “The security and welfare of its people shall be the primary purpose of the government”, many poor older adults are yet to see its impact. Similarly, the Section 16, sub-section 2(d), also promises “That suitable and adequate shelter and suitable and adequate food, a reasonable national minimum living wage, old age care and pensions and unemployment, sick benefits and welfare of the disabled are provided for all citizens”, although it has not had a significant impact on the poor aged population (The Federal Republic of Nigeria, 1999). Efforts have been made by the Nigeria Federal Executive Council to ratify the National Policy on Ageing for Older Persons in 2021 to adequately address insecurity, independence, and disabilities, among others, associated with old age (Agency Report, 2019). However, the ratification is yet to address the health challenges faced by the elderly in the country.

The Federal Ministry of Health also attempted to establish six regional geriatric centres in tertiary hospitals to improve older adults’ health, planned to meet the health and social requirements and developmental difficulties of the aged in the country (Agency Report, 2019). This project shows that Nigeria’s elderly face health challenges that require a strategic approach to promote healthy ageing. Again, the Nigerian President, Muhammad Buhari, had approved the allocation of one per cent of the Consolidated Revenue Fund to deliver healthcare to the vulnerable population, mainly children, women and the elderly (Agency Report, 2019). Accordingly, 50 per cent of the fund would go to the NHIS to procure health services and insurance for vulnerable groups and 45 per cent to the National Primary Health Care Development Agency for the training of the healthcare workforce and procurement of consumables for day-to-day activities of the primary health care centres, while 5 per cent is for health emergencies at the Federal Ministry of Health. Despite all these efforts, health crises are peculiar to the ageing population

With an ageing population, Nigeria may become old before it grows rich, especially if there is insufficient security, health, and social care for the elderly

during an economic meltdown. The number of older people in some nations will strain public infrastructure, especially health institutions (World Health Organisation, 2017). The health of the elderly is vital and needs constant attention for not only longer life expectancy but also the quality of life. An argument has been put forward that ageing results in biological decline such as impaired sight and hearing, reduced organ functionality and loss of mobility or autonomy that sets in social fall, withdrawal from professional life and society, and neglect and abuse (WHO, 2017). These crises expose them to social death before their biological death. Since ageing is a human physiological reality, scientists and professionals must study it and propose timely and appropriate responses on individual, social, and global levels. Therefore, the paper aims to identify various ways old age has impacted elderly persons, mainly focusing on physiological and psychological crises.

Methodology

Comprehensive recently published scholarly works were reviewed by the authors to identify journal articles and books dealing with mental well-being, health, health crisis, physiological challenges, the ageing population, old age and older adults to identify various ways old age has impacted elderly persons. Also, research articles, case reports, report updates and other web pages were reviewed to examine the concepts of 'ageing population' and 'health crisis'. This approach was used to determine the physiological and psychological crises faced by the ageing population in Nigeria. The database of WHO was accessed to determine the state of the ageing population in Nigeria to arrive at a logical conclusion. Google advanced search was used to search the internet using several combinations of words and phrases such as health, physiology, psychology, impact, ageing population and Nigeria. The data extracted were thematically analysed and presented in narrative forms. The data were discussed in this review and recommendations were made based on identified gaps in efforts toward achieving optimal health among the ageing population in Nigeria. This research did not involve human participants and the analyses were undertaken with publicly available secondary data; hence no ethics approval was required.

Conceptual Clarification

Population Ageing

Population ageing is defined as an increase in a population's median age as a result of declining fertility rates and rising life expectancy (Bloom & Luca, 2016). Accordingly, population ageing is a shift in the distribution of a

country's population towards older ages, which is typically reflected in an increase in the population's mean and median ages, a decrease in the proportion of the population made up of children, and an increase in the proportion of the population made up of the elderly. Population ageing is widespread throughout the world and is most advanced in the most developed countries, but it is growing faster in less developed regions, implying that older people will become increasingly concentrated in the world's less developed regions (United Nations, 2019). Accordingly, population ageing has slowed significantly in Europe and will have the greatest future impact in Asia, especially since Asia is in stage five of the demographic transition model (very low birth rate and low death rate). The world's population is ageing as a result of continued fertility declines and increased life expectancy. This demographic shift has increased the number and proportion of people over the age of 60, making older people rapidly outnumber younger people.

Most countries have a rising life expectancy and an ageing population, which were first observed in developed countries but are now seen in almost all developing countries. The elderly population is currently at its peak in human history (World Health Organization, 2021). According to the United Nations (2019), the rate of population ageing in the twenty-first century will outpace that of the previous century. Accordingly, the number of people aged 60 and up has more than tripled since 1950, reaching 600 million in 2000 and surpassing 700 million in 2006. The combined senior and geriatric populations are expected to reach 2.1 billion by 2050 (United Nations Population Fund, UNFPA, 2012). Accordingly, countries differ significantly in terms of the degree and rate of ageing, and the UN anticipates that populations that began ageing later will have less time to adapt to its consequences.

Population ageing is caused by two potentially related demographic effects: rising longevity and declining fertility. Increased longevity raises the average age of the population by increasing the number of people who survive into old age. A decrease in fertility reduces the number of babies, and as the effect persists, the number of younger people in general decreases. Of the two forces, declining fertility is now responsible for the majority of the global ageing population (Bloom & Luca, 2016). More specifically, the large decline in overall fertility rates over the last half-century is primarily to blame for the world's most developed countries' population ageing. Because many developing countries are experiencing faster fertility transitions, their populations will age faster than those of the developed world.

The population's ageing rate is expected to accelerate over the next three decades; however, few countries know whether their elderly population is spending extra years of life in good or poor health (World Health Organization, 2021). A "compression of morbidity" would imply less disability in old age, whereas an expansion would mean more poor health with increased longevity. This is critical information for governments if life expectancy continues to rise indefinitely. Population ageing is expected to be one of the most prominent

global demographic trends of the twenty-first century, as a direct result of the ongoing global fertility transition (decline) and mortality decline among people of older ages (World Health Organization, 2021). Many industrialised countries are experiencing rapid population ageing, but developing countries, where fertility declines began relatively early, are also experiencing rapid increases in the proportion of elderly people. This trend is expected to continue, affecting the entire world. The unprecedented phenomenon of population ageing brings with it sweeping changes in population needs and capacities, with potentially significant implications for employment, savings, consumption, economic growth, asset values, and fiscal balance (United Nations, 2019).

Health Crisis

Health is not merely the absence of disease or infirmity; rather, it is a state that encompasses complete mental, physical, and social well-being (World Health Organization, 2017). This definition promoted for the first time that in addition to physical and mental health, social welfare is an integral component of overall health. This was done because health is closely linked to the social environment as well as living and working conditions. This definition was also the first to promote that social welfare is an integral component of overall health. "Crisis," on the other hand, refers to "the point in the course of a disease at which a decisive change occurs, leading either to recovery or to death" in the context of health care. Therefore, a health crisis is a challenging situation or a complex health system that affects humans, particularly the ageing population. In most cases, health crises have a significant impact not only on the overall health of the community but also on the economy and the number of lives lost. They could be the result of a disease brought on by outdated industrial processes or ineffective policy (Brownstein, 2009). In many cases, the degree of its severity is determined by the number of elderly people who are afflicted across its geographical range, or by the disease or death caused by the pathogenic process from which it derives (Gravitz, 2011).

A serious, sudden, unusual, or unexpected situation that is caused by a widespread health risk factor that leads to disease in a large number of individuals within a population is referred to as a health crisis. Health is seen as everything, a high priority, a life process, a way of life, or a philosophy by older adults. The ability to do something independently, the absence of symptoms or the management of symptoms, acceptance and adjustment with optimism, connectedness with others, and sufficient levels of energy are how older adults define their state of health. As a consequence of this, several serious health crises emerge as people enter their later years. These crises

could pertain to the social realm, the economic sphere, the physical world, or the human mind.

The term “health crisis” refers to a disease, medical condition, or environmental condition that places an elderly population at an increased risk of contracting a disease or suffering from a medical condition. It is difficult for elderly people to change their unhealthy behaviours and the personal circumstances that frequently lead to chronic conditions as a result of the health crises that they are experiencing, which poses serious challenges to healthcare providers as well as to the elderly people themselves and their carers. Because of fee-for-service systems, which are episode-driven payment models that reimburse hospitals, physicians, and other care professionals for the services they perform, ageing is a crisis-driven condition that comes with a lot of health crises. It is essential to emphasise that the greying of populations in less developed countries is associated with an increased risk of experiencing more health crises.

Profile of Nigeria

The raw information of the human population from which statistics are created is referred to as a demographic profile, statistically expressing socioeconomic information such as employment, education, income, marriage rates, birth and death rates, and so on. The demographic profile has three main variables including birth rate, death rate, and age composition of the population (Inyikem, 2022). This demographic data can be easily and efficiently gathered from censuses, surveys, and administrative records. Nigeria is Africa’s most populous country and the world’s seventh most populous country (WHO, 2021). The most recent population and housing census was in 2006, and since then, projections have been based on population growth rates. Nigeria’s current population growth rate is 2.58 per cent (Inyikem, 2022).

The broad base of the Nigeria 2020 population pyramid shows a large proportion of young people in comparison to the working-age population. However, in comparison to previous decades, the base is beginning to narrow at the youngest ages, implying a decrease in the fertility rate. This is expected to fall from 5.7 in 2008 to 5.5 in 2013, and then to 5.3 in 2018 (National Bureau of Statistics, 2018). Furthermore, United Nations projections based on assumptions of continued moderate fertility decline from 5.3 to 4.9 children per woman by 2030 and further to 3.7 by 2050 indicate an increasing number of other age categories, including older people. The pattern of fertility decline is determined by the stage of demographic transition and some outcomes of Nigerian family planning programmes. Life expectancy, which is increasing in Nigeria, contributes to the growth or decline of the human population.

Women and men over the age of 60 are both considered older in Nigeria. In 2022, the population of older people in Nigeria was more than 10 million, up from less than 10 million in 2021 (Inyikem, 2022). Accordingly, Nigeria has a large young population, with 54.7 per cent of males and 51.1 per cent of

females under the age of 20. And 7.3 per cent of all males and 7.0 per cent of all females are 60+, i.e., approximately 7.15% of the total population is 60+, compared to 4.47% projected by the National Population Commission for the same year 2019. Older people are a vulnerable group all over the world. In recent years, the Nigerian government and its development partners have sought to develop social protection instruments to address the country's high rates of poverty and vulnerability, which has resulted in the creation of various programmes and policies categorised as "Social Protection." With a declining fertility rate, increasing life expectancy, and a declining population growth rate, Nigeria's elderly population is expected to grow.

While Africa currently has the lowest proportion of adults aged 60 and over in its population among all world regions, the total number of older Africans is expected to triple between 2020 and 2050. Nigeria, Africa's largest economy and the most populous country, has the highest number of older people on the continent and the 19th highest globally, with the population of Nigerians 65 and older expected to nearly triple by 2050. (Mbam *et al.*, 2022). However, the rise in older Nigerians is taking place against a backdrop of extreme poverty, unresolved development issues, socioeconomic inequality, the HIV/AIDS epidemic, and a decline in traditional care and support for older adults. (Mbam *et al.*, 2022). Furthermore, the lack of a functioning national ageing policy, as well as safety net services and programs, presents a unique challenge to older Nigerians and their families.

Physiological Health Crises Confronting the Ageing Population

Peil *et al.* (2019) found in their research that the most common physiological health issues linked with old age include loss of eyesight, arthritis, and loss of strength in the muscles. The World Health Organisation (2021) reported that as people become older, they are more likely to have hearing loss, cataracts and refractive errors, back and neck discomfort and osteoarthritis, chronic obstructive pulmonary disease, and diabetes. As individuals become older, they have a greater chance of being diagnosed with many illnesses simultaneously. In addition, old age is distinguished by the development of several complex health conditions, which are referred to as geriatric syndromes. Frailty, urine incontinence, falls, pressure ulcers, and delirium may all be contributors to the development of these conditions, typically the result of several underlying causes (Peil *et al.*, 2019). Delirium, a state of sudden confusion or medical emergency similar to chest pain, affects a significant number of elderly patients who are treated in emergency rooms or admitted to hospitals.

Chronic illnesses, such as diabetes, arthritis, and heart disease, disproportionately impact older persons. This is especially true in the United States, where 80% of Medicare beneficiaries have at least one chronic disease, and over 70% have two or more chronic conditions (Centres for Disease Control and Prevention [CDCP], 2016). Accordingly, chronic illnesses such as heart disease, cancer, chronic lower respiratory disorders, stroke, Alzheimer's disease, and diabetes are more likely to appear old. They are the leading causes of mortality in older persons. Chronic conditions can restrict a person's ability to participate in day-to-day activities, lead to a loss of independence, and result in the requirement for institutional care in-home caregivers or other long-term support services. Chronic diseases also increase the likelihood of a person requiring medical assistance.

Another physiological issue that is associated with ageing is osteoporosis (thinning bones) which has contributed to decreased mobility and the possibility of disability in older people, particularly if they experience a fall that results in a fracture or if the vertebral bodies collapse (CDCP, 2021; Peil *et al.*, 2019). Osteoporosis is a disorder that affects people over 50, making their bones more brittle and susceptible to breaking. In addition, diabetes is a condition that is often linked with ageing; nevertheless, it is possible to diagnose and treat diabetes at an earlier stage with the use of simple blood tests that measure blood sugar levels (Peil *et al.*, 2019). When individuals become aware of the fact that they are at risk for developing diabetes as soon as possible, they may start the process of making adjustments that will help them better manage the condition and improve their long-term health outlook.

It has been estimated that one in every four older people will suffer a fall every year. Consequently, every 11 seconds, an older person will be sent to the emergency department, and every 19 minutes, an older person will pass away (CDCP, 2016). As a result, falls are the most significant cause of fatal and nonfatal injuries among older individuals. Falls may result in broken hips, brain damage, and even death. Injuries sustained from a fall result in hospitalization for older individuals five times more often than an injury sustained from any other cause. The conclusion that may be drawn is that a nation or community that has an excessively high rate of falls among its elderly population is likely to face direct expenses in the form of increased expenditures on treatment as well as the cost of Medicaid and Medicare. The fear of falling may cause older persons to reduce their activity, leading to an increased risk of falling, worsening their physical condition, despair, and social isolation. According to the WHO (2017), ageing, characterized by shrinking bones, and loss of muscle strength and flexibility, is a contributing factor in falls experienced by the elderly. They can potentially make older people more prone to losing their balance, sustaining a bruise, or breaking a bone.

Elderly persons have unique challenges regarding oral health, an essential component of holistic health and well-being. Dye *et al.* (2015) discovered that more than forty per cent of older people have not been to the dentist in the past

year, and approximately nineteen per cent of them do not have any natural teeth. Of those who have teeth, about nineteen per cent have tooth decay that has not been treated, and over seventy per cent have periodontal disease. As a result, poor oral health may severely influence a person's ability to eat well and adequately manage chronic illnesses. Teeth and gums that are in good health are vital not just for maintaining a beautiful smile and making eating more accessible but also for people's general health and welfare. CDCP (2021) established that 25 per cent of persons over the age of 65 do not have any of their original teeth. As individuals become older, their mouths grow drier, making it more challenging to avoid cavities. This inadequate oral health care, including irregular and infrequent dental check-ups, worsens oral health and overall health. Cavities and other forms of tooth decay may make it challenging to eat healthily, lower one's self-esteem and contribute to other disorders that affect one's health. Dry mouth, gum disease, and mouth cancer are the three oral health problems most often linked to older persons (WHO, 2017; CDCP, 2021). Dental treatment might be complex for older adults because they lose their dental insurance when they retire or because of economic constraints.

Chronic illnesses originating from cardiovascular diseases, malignancies, respiratory diseases, arthritis, and other infectious diseases, as well as chronic malnutrition, anaemia, osteoporosis, and hearing and sight issues, are some of the physiological challenges that are typically displayed throughout old age (Odaman & Ibiezugbe, 2014; Fonta *et al.*, 2017). In general, the causes of chronic diseases are numerous, ranging from genetic predisposition and bad lifestyle choices to poor social and economic situations; all of these factors have a detrimental influence on the health of aged people (Fonta *et al.*, 2017). According to Vann and Bass (2016), arthritis is probably the most common condition people over 65 years deal with, and it can discourage older people from being active. According to the CDCP (2021), arthritis affects approximately 49.7 per cent of all adults over 65. This condition can cause pain and a decline in quality of life for some older people.

In addition, the CDCP (2016) reported that heart disease is still the leading cause of death among adults aged 65 and older, accounting for 489,722 deaths in 2014. Accordingly, heart disease is a form of chronic lung disease that affects 37 per cent of men and 26 per cent of women aged 65 and older. When people get older, they are more likely to live with risk factors like high blood pressure and high cholesterol, increasing the likelihood that they will suffer a stroke or develop heart disease. According to Vann and Bass (2016), cancer is the second leading cause of death among people over 65. However, cancer is treatable if detected early through screenings such as colonoscopies (colon examination using a colonoscope), mammograms (an x-ray picture of the

breasts used to screen breast cancer) and skin checks. Although having a chronic respiratory disease increases the health risks among the elderly, making them more vulnerable to pneumonia and other infections (Vann & Bass, 2016). Chronic lower respiratory diseases, such as chronic obstructive pulmonary disease (COPD), are the third most common cause of death among people aged 65 and older (CDCP, 2021; Vann & Bass, 2016).

According to Kernisan (2021), aged people are more likely to suffer from urine incontinence. This condition makes it difficult for them to maintain control of their bladder and worsens as they age. Both men and women may be affected by this condition; however, the underlying reasons may be distinct for each gender, such as an enlarged prostate in males. It is common for older people to feel embarrassed about it, which may lead them to limit their social or physical activities, and it has been connected to feelings of despair. Urinary incontinence may be a contributing factor to a variety of disorders, including depression, social isolation, and falling. According to Kernisan (2021), more than fifty per cent of all persons aged 65 and older report having uncomfortable pain at least once per month, often in several locations throughout the body. Pain that does not go away is associated with less social and physical activity, despair, and worse self-care practices. Pain is a symptom that might indicate the presence of a new health issue that requires attention or an ongoing health issue that is not being appropriately treated.

Polypharmacy (taking multiple medications) is prevalent in the elderly population. It is a concern primarily because individuals become more at risk for experiencing adverse side effects or interactions from their medications as they age. The CPCP (2021) estimates that medication-related issues send 177,000 older people over 65 to the emergency department each year. Polypharmacy is a hardship for more senior people not just because it may be expensive to purchase prescribed drugs but also because it can be a great discomfort to take medications at many different times every day. It is more difficult for patients to take their drugs as directed when given many medications. This may worsen chronic diseases or lead to an incorrectly administered medical treatment since physicians might not know that patients cannot take all their prescriptions as advised. According to Widdig *et al.* (2022), most older people suffer from at least one kind of chronic illness or another, including heart disease, stroke, cancer, and diabetes, which are responsible for the bulk of fatalities that occur each year.

The chance of developing cardiovascular disease, diabetes, cancer, and other chronic illnesses that affect the quality of life is significantly increased in older people who are obese (Widdig *et al.*, 2022). The more the numbers on the scale, the greater the likelihood that a disease may develop. There is an obesity rate of 36.2 per cent of men and 40.7 per cent of women in the age group of 65-74-year-old individuals (CDCP, 2021). This indicates that the individual's body mass index equals or exceeds 30. Additionally, it may suggest that older adult is not as mobile or active as they were in the past.

Although they are not chronic conditions, influenza and pneumonia are among the top eight causes of death in people over 65 (Kernisan, 2021). These infections are inextricably linked to ageing and cannot be separated. Elderly persons are at a greater risk of contracting these diseases and have a reduced capacity to mount an effective defence against them. It has also been observed that shingles afflict a significant number of older people. This condition, which often manifests on just one side of the body, begins with excruciating pain or tingling and then progresses into an itchy rash that may also include blisters. In older people, one of the most prevalent concerns is weight loss. The natural decline in one's sense of taste that accompanies advancing age may be responsible for weight loss or an indication of a more severe underlying medical condition. Regardless of why someone loses weight, it might result in various health issues such as decreased strength, increased risk of falling, and bone abnormalities (Dokpesi, 2017; Kernisan, 2021).

According to the CDCP (2021), an adverse drug event (ADE, or harm caused by medicine) impacts several older people and results in emergency room visits nearly 450,000 times each year among 65 years and older, which is more than twice as often as it occurs among younger people. However, most of these hospitalizations are due to only a few medicines that should be managed closely to minimize difficulties. The likelihood of hospitalization after an emergency visit for older individuals is roughly seven times higher than that for younger people. Some examples of these drugs are blood thinners such as warfarin (external icon), medications for diabetes such as insulin (external icon), seizure medications such as phenytoin (external icon), and opioid analgesics. According to the CDCP (2021), adverse medication events are responsible for around 1.3 million emergency department visits yearly. Approximately 350,000 older people are hospitalized annually following a trip to the emergency department for a medication-related adverse reaction. It is common for individuals to increase the number of medications they take as they become older, and there is a possibility that the risk of adverse events may rise as more people take more drugs.

Mental Health Crises Confronting the Ageing Population

Old age contributes to the manifestations of physical issues that the elderly face, which may also lead to the embodiments of psychological challenges experienced by the elderly. According to the WHO (2017), depression, a psychiatric problem connected with old age, has caused significant pain and hampered older people's ability to function normally. Accordingly, unipolar depression affects 7% of the overall population of older people and is responsible for 5.7% of the Years Lived with Disability (YLDs) among the

elderly. A mental illness affects more than 15 per cent of persons over 60 (WHO, 2021). Accordingly, seven per cent of the old population is affected by depression, making it one of the most prevalent mental disorders seen in the elderly population.

In primary care settings, depression is not only underdiagnosed but also undertreated. Because symptoms often co-occur with other issues that older people experience, they are frequently ignored or not addressed. Adults who are older and have signs of depression have lower levels of functioning compared to older people who have chronic medical illnesses such as lung disease, high blood pressure, or diabetes. The perception of ill health, the consumption of health care services, and the expenditures of these services all rise when a person is depressed. Additionally, depression reduces immunity and weakens a person's capacity to fight diseases (WHO, 2021). According to the findings of the CDCP (2016), one in every four older people experiences a behavioural health problem such as depression, anxiety, or substance abuse. These problems can make treating other medical conditions more difficult, reduce the quality of life, increase the use of health care services, and lead to death at an earlier age.

According to the WHO (2017), anxiety disorders impact 3.8% of older people, drug use issues affect over 1%, and almost a fifth of fatalities from self-harm occur among individuals aged 60 or older. Problems related to substance misuse in elderly individuals are often disregarded or incorrectly diagnosed. As a result, the suicide rate for older persons aged 60 and older was close to 11,000, and the suicide rate for males aged 85 and older was about four times greater than the rate for people of all ages. Even while suicidal thoughts and sadness are not a natural part of becoming older and may be handled, drinking too much alcohol probably has a role in the events that lead to them. Dementia and depression are the mental and neurological conditions that strike the elderly at a rate of around 5% and 7% of the world's older population, respectively. These conditions are the most frequent among the elderly (WHO, 2017).

Dementia, the decline or loss of certain cognitive processes, is the mental disorder that affects older people the most often (WHO, 2021). Memory loss, changes in thought processes and behaviour, and an impaired capacity to carry out routine tasks are all symptoms of dementia. This illness is either long-lasting or progressively degenerative in its course. Even while it is not a natural aspect of becoming older, it mostly strikes individuals in their later years. It is estimated that 50 million individuals throughout the globe are living with dementia, with over 60 per cent of these residing in nations with low incomes (WHO, 2017). It is anticipated that the overall number of individuals living with dementia will rise to 82 million in 2030 and 152 million in 2050. Alzheimer's disease is the most prevalent type of dementia. Five million Americans over 65 are estimated to be affected by the illness. On the other hand, dementia may be brought on by a variety of disorders and diseases that

affect the body on a chronic basis, such as drug misuse, diabetes, hypertension, depression, HIV, and smoking (WHO, 2017).

In addition, as individuals become older, they are at an increased risk of experiencing many illnesses simultaneously. Over 20% of adults aged 60 and over suffer from a mental or neurological disorder (excluding headache disorders), and mental and neurological disorders are responsible for 6.6% of all disabilities (disability-adjusted life years - DALYs) among people aged 60 and older (WHO, 2017). Headache disorders are not included in this statistic. These conditions affect adults 65 and older at a rate of 17.4% of Years Lived with Disability (YLDs). Ibitoye *et al.* (2015) found that as people get older, there is a tendency for the body's mechanisms and organs to get older, which can result in frailty in later life. However, a lot of older people might not be happy about it. This implies that the psychological challenges faced by the elderly become more severe as they get older. According to the CDCP (2021) findings, their memories become less valuable as people become older. Consequently, worries about memory often negatively impact older persons and their families since they expose the elderly to significant losses in their cognitive skills. Many older people usually avoid getting their memory problems assessed out of the fear that they could have Alzheimer's disease or another kind of dementia.

At any stage in one's life, various risk factors may contribute to difficulties with mental health. However, older persons are more likely to suffer the kind of stresses common to all people, as well as the types of stresses that are more frequent in later life, such as a significant continuous loss of capabilities and a reduction in functional ability (WHO, 2017). For instance, elderly persons may need some long-term care because they have restricted mobility due to chronic pain, frailty, or other health conditions. In addition, those who are older have a higher risk of experiencing adverse life events, such as losing a loved one or seeing a decline in their socioeconomic level as a result of retirement. Older people subjected to these stresses may develop feelings of alienation, loneliness, or psychological distress, conditions for which they may require long-term care. The state of one's mental health can have repercussions on one's physical health and vice versa. For instance, older persons who suffer from physical health concerns such as heart disease are more likely to suffer from depression than those in good health. Therefore, untreated depression in a person who is older and has heart disease might severely impact the outcome of the condition.

Older individuals are particularly susceptible to all forms of abuse, including physical, verbal, psychological, financial, and sexual abuse; abandonment; neglect; and significant losses of dignity and respect. There is some evidence that one in every six elderly adults suffers from some elder

abuse (WHO, 2017). Abusive behaviour against older people may result not only in physical injuries but also in severe and, in some cases, long-lasting psychological effects, such as anxiety and sadness. There is a significant difference in older people's economic life patterns in urban and rural areas of Nigeria. Older people in metropolitan Nigeria have good physical and psychological functioning yet are required to retire because they have reached retirement age (Atumah & Ekele, 2019). They are subject to sudden decreases in their income, and since they believe they can work, they may experience diminished self-worth or even sadness. However, many older people in rural Nigeria do not have formal employment. As a result, they continue to participate in mental and manual labour with little remuneration for as long as their physical strength allows them to do so. The older population in rural areas is more likely to suffer from stress problems and physical weariness, in addition to having no access to retirement benefits.

Conclusion and Recommendations

This paper concludes that older people, their families and societies stand to benefit from longer life span because of the opportunities it presents. Additional years allow the opportunity to engage in novel pursuits, such as continuing one's education, beginning a new line of work, or rediscovering a long-forgotten interest. Elderly persons also make significant contributions to their families and communities in a variety of ways. However, the amount of these possibilities and contributions is significantly contingent on a single factor: one's state of health. Evidence shows that the percentage of life in good health has stayed about the same, which means that the extra years are spent in bad health. Suppose individuals can enjoy these additional years of life in good health and live in a supportive environment. In that case, there will be minimal difference in their capacity to accomplish the things they value between their abilities when they were young and when they become old. The consequences for older persons and society are more negative if the extra years are characterized by decreases in physical and mental capabilities, ultimately impacting their socioeconomic lives.

It is possible to conclude that as people age, physical health crises worsen psychological health problems and vice versa. The fact is that older persons continue to make significant contributions to the community in the roles of family members, volunteers, and active participants in the workforce, among other roles, depending on the context. Maintaining a healthy mental state is essential to perform certain social functions to the best of one's ability. These functions are susceptible to being hindered by old age in the form of the development of mental disorders, neurological disorders, or substance use problems in addition to other health conditions (diabetes, hearing loss and osteoarthritis).

To properly care for older people, it is not enough to provide them with food and medicine; instead, it is necessary to provide them with physiological,

psychological and social support tailored to their specific medical condition, as well as the amount of assistance and care they need. For the elderly population to have the opportunity to benefit from an enhanced quality of life, they have a specific demand that must be fulfilled. Access to medical care geared toward the elderly, physical activity, employment, education, and communication are other vital areas that must be addressed. It is impossible to separate the lost strength, fragility, emotional instability, and presence of chronic illnesses induced by ageing from the health challenges that the elderly experience. Because they are dependent, older people can be taken advantage of by their caregivers and their children, who may want them to die so they can move on with their lives and get rid of the financial burden of their parents' old age. Healthy teeth and gums are essential not just for a pretty smile and easy eating but also for the overall well-being of the elderly. Thus, dental check-ups should be regularly maintained to control or avoid oral problems.

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