

# Agony of the Elderly: A Case Study of Yenagoa Metropolis of Bayelsa State, Nigeria

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DOI: <https://doi.org/10.5281/zenodo.10609728>

Published Date: 02-February-2024

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**Abstract:** There are usually challenges that come with aging which is why attention should be paid to the elderly. Unfortunately, there seems not to be institutionalized support systems for the elderly in many climes especially in developing countries. This research therefore investigated the degree of agony faced by the elderly in Bayelsa State using Yenagoa metropolis as a case study. The study adopted a descriptive survey method with primary data collection instruments which were tested and retested and validated with Cronbach's reliability test that showed an outcome of 82.8%. The study comprised a 355 sample size determined by using Cochran's Formula. Out of the 355 respondents, the researchers were able to retrieve answered questionnaires from 342. Simple percentage method of data analysis was employed with the aid of SPSS version 23. Findings from the study revealed that, on physical agony 47.1% had walking impairment due to osteoarthritis, 10.8% had visual impairment, 6.1% had hearing impairment, 15.2% had diabetes, while 20.8% had BP. On cognitive agony, 32.7% had dementia –short term memory loss. On emotional agony, 32.1% had emotional agony - depression, while on financial agony, 52.3% were considered poor. It is thus inferred that the elderly are going through pains in various degrees. The study recommends social life support programmes for elderly inclusive of affordable healthcare facilities for them by the government.

**Keywords:** Agony, Elderly, physical agony, emotional agony, financial agony and cognitive agony.

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## I. INTRODUCTION

Agony is a state of extended severe or intense pains or discomfort of the body or mind [1]. The agony can be in the form of intense physical, mental, emotional and financial pains or despair. It can also implies physical, cognitive (mental), emotional and financial pains.

Agony in the context of this research has a nexus with the elderly, which implies old people, although the word does not have a generally accepted definition. The World Health Organization defined elderly as those persons whose ages are 65 years and above, while the United Nations conceived it to be persons above 60 years and above [2], [3]. The Nigerian National Population Commission and the National Bureau of Statistics referred to the word "elderly" to mean individuals over 60 years [4], [5].

Thus, in this research, agony of the elderly means the grief, torment, pains, suffering whether of physical, cognitive, financial and emotional varieties or challenges being undergone by old people with or without solution. Chronic pain is a common health problem among the elderly and this is twice that of the younger people. The pain is estimated at 45 - 85% in the elderly [6].

Medically, aging results from the impact of the accumulation of a wide variety of molecular and cellular damage over time. This leads to the gradual decrease in the physical and mental capacity of individuals, exposing him or her to disease vulnerability, function decline and finally death of the individual [7]. The liver of the older adults are frequently smaller and have less blood flow resulting in a decrease in the number of functioning hepatocytes for detoxification and this makes them vulnerable to certain chronic diseases [6].

Old age is inevitable for all and sundry; everyone must undergo this transition. It is a phase of life that is more complex and complicated, and it is associated with lots of pains or problems or challenges or frustrations or despair. For instance, an active and energetic person suddenly becomes prey to old age and losses vitality and strength. Old people live in a world of their own which could be lonely and unwanted, and may be, relying on the thoughts and experiences of their past to keep them company.

Globally as at 2000, the aging population was estimated to be 962 million with a growing rate of about 3% which was projected to rise by 22% in 2050 [8]. In Sub-Saharan Africa, aged people were in 2015, estimated at 46 million with a projection of 147 million in 2050 [7]. In Nigeria, the aging population – 60 years and above, is constantly on the increase. This was projected by the Nigeria Bureau of Statistics with an increase 4.61% in 2020, 4.73% in 2021 and 4.78% in 2022 [5]. This transition awaits everyone and serves as threat to the society; it accompanies lots of challenging situations such as ill-health, socioeconomic situation and death.

Benefits of hindsight has suggested that old age is characterized by illnesses or physical and mental deterioration, poverty and economically unproductive life stemming from the 19<sup>th</sup> century till now. Thus, the older population suffer chronic diseases, comorbidities, cardiovascular diseases, endocrine/metabolic diseases, disease of the musculoskeletal system, nervous disorder, dental and collar diseases, diseases of genitourinary system, mental health problems, and physical injuries due to falls [9].

According to the World Health Organization and the United Nations, 37% of the older population in the World has visual impairment, 92% of the elderly have at least one chronic disease such as heart disease, stroke, cancer, and diabetes; 38% of people at age 85–89 years have frail (weakness, slowness, exhaustion and weight loss) [2], [3]. In the 2019 Annual Report published by the National Pensions Commission in Nigeria, it was stated that out of a total of 9,370,131 older persons in Nigeria, 2,752,799 (29.38%) have been identified as poor and vulnerable [10].

Owing from the above characterization, aging or old age seems to have a gloomy picture and this implies degeneration of the physical body and decline of the molecular and cellular structure thereby leading to severe health issues. While there are physical agonies from body degeneration, cognitive agony implies mental deterioration, which is commonly associated with old people. Old people are susceptible to dementia (ability to forget easily).

There are also emotional agonies which imply feeling of loneliness, psychotic depression, personality changes, mood swings and aggression, as well as isolation in the form of limited active social engagement. On the other hand are financial agonies of low or no income due to the inability to be actively involved in most economic activities resulting to high level of dependency or economic hardship among the aging population.

In a stratified survey study on poverty among the elderly in Yenagoa, Bayelsa State, data were collected from 400 respondents. Logistic regression was employed to analyze the data. The result revealed that older persons are 1.7 times likely to be poor due to low education; 1.1 times likely to be poor due to non-involvement in productive economic activities and 1.0 times likely to be poor due to lack of steady source of income or low pension income [11]. Another study in Nigeria revealed that old people are challenged by poverty, economic and security, abuses and health challenges inclusive of HIV pandemic [12]. The challenges of retirees and older persons in Nigeria using a qualitative data from journals, texts, bulletins, newspaper and personal interviews revealed that there are three main challenges of elderly and these are ill-health, poverty and financial burden [13].

On the psychosocial health challenges of the elderly in Nigeria, study revealed that changes in family dynamics, increase demand for healthcare services, increase economic stress, and decrease functional independence are the factors that affect the elderly [8]. Further, another study investigated aging and health and compare the rural and the urban aged health status in Bayelsa State. 216 sampled sizes were drawn from both rural and urban centres of the State. The study employed questionnaires as the primary source of data collection with Z-test for hypotheses testing. The study confirmed that the aged in rural areas suffer poorer health condition than the aged in the urban centres in Bayelsa State.

A study conducted in the United States of America showed that the average walking speed for the age group 85 - 89 years is 1.1m/s for men and 0.8m/s for women. After 90 years the mean walking speed decreased to 0.9m/s for men and 0.8m/s for women. 75% disability and 25% bathing difficulty of the older persons like 85 years and above were reported. Again,

30% - 40% of older persons had 70 falls each year. 38% of people aged 85–89 were frail, experiencing weakness, slowness, exhaustion and weight loss [15].

The literatures reviewed above, mostly focused on the population of the old people and identified their challenges in terms of health and poverty only. But this paper filled the knowledge gap by looking at agony of the elderly in terms of physical, cognitive, emotional and financial challenges or the pains that the older population are undergoing in Bayelsa State with Yenagoa metropolis as a case study.

## II. MATERIALS AND METHODS

This study investigated the degree of physical, cognitive, emotional and financial agony of the elderly population in Bayelsa State using Yenagoa as a case study. The study adopted a descriptive survey method with primary data collection instruments which were tested and retested and validated with Cronbach's reliability test that showed an outcome of 82.8%. A sample size of 355 respondents was determined for the study using Cochran's Formula.

Stratified sampling technique was adapted to the respondents by grouping them into strata as per geographical location of 20 communities. A simple random sampling technique was applied to each stratum. Questionnaires for the study were administered to the respondents. The questionnaire was divided into four (5) sections. Section 'A' contained the socio-demographic data of the respondents; Section 'B' - questions on physical agony, Section 'C' - questions on cognitive agony; Section 'D' - emotional agony; while Section 'E' - contained questions on financial agony. The responses from the questionnaire were crafted on a "Yes and No" rating scale: Yes = 1, No = 0. Out of 355 questionnaires administered, 342 were retrieved and used for the analysis, indicating a QRR of 96%.

Data were analyzed using simple percentage method with the aid of SPSS version 23 and presented in tables. Findings revealed that, on physical agony - 161 (47.1%) had walking impairment due to osteoarthritis, 37 (10.8%) had visual impairment, 21 (6.1%) had hearing impairment, 52 (15.2%) had diabetes, while 71 (20.8%) had BP. On cognitive agony, 112 (32.7%) had dementia – short term memory loss. On emotional agony, 110 (32.1%) had emotional agony - depression, while on financial agony, 179 (52.3%) were considered poor. It is thus inferred that the elderly are going through pains as per the predictors in this research in various degrees. The study recommends social life support programmes for the elderly inclusive of affordable healthcare facilities for them by the government.

## III. ETHICAL CONSIDERATION

The participants were informed about the research and its objectives. They were assured of confidentiality during and after the study; and were assured that any information they provide would be used only for the research purpose. They consented.

## IV. RESULTS

TABLE I: DEMOGRAPHIC CHARACTERISTICS

Sex:	Frequency	Percentage (%)
Male	132	38.67
Female	210	61.4
<b>Total</b>	<b>342</b>	<b>100</b>
<b>Age:</b>	-	-
60 - 70	230	67.3
71 – 80	98	28.7
81 - 90	10	2.9
91 and above	4	1.2
<b>Total</b>	<b>342</b>	<b>100</b>
<b>Occupation Status:</b>	-	-
Idling	80	23.4
Farming	92	26.9
Retired	84	24.6
Business	86	25.1
<b>Total</b>	<b>342</b>	<b>100</b>
<b>Educational Status:</b>	-	-
No formal education	52	15.2

Primary	136	39.8
Secondary	80	23.4
Tertiary	74	21.6
<b>Total</b>	<b>342</b>	<b>100</b>

Source: Researchers' SPSS Computation, 2023.

From Table I, 342 respondents participated in the study with **Male** = 132(38.67%) and **Female** = 210(61.4%). On **Age**, 60–70 years = 230(67.3%); 71–80 years = 98(28.7%); 81–90 years = 10(2.9%) while 4(1.2%) were within the age bracket 91 and above. It is observed that ages 60-70 years ranked highest.

**Occupational status** reported Idling = 80(23.4%); Farming = 92(26.9%); Retired = 84(24.6%); and Business = 86(25.1%). Farming had the highest number of observation in the study. On **Educational Status**, No formal education = 52(15.2%); Primary = 136(39.8%); Secondary = 80(23.4%); and Tertiary = 74(21.6%). Highest number of respondents had primary education.

**TABLE II: PREDICTORS**

<b>Physical Agony:</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Walking Impairment due to Osteoarthritis	161	47.1
Visual Impairment	37	10.8
Hearing Impairment	21	6.1
Diabetes	52	15.2
Hypertension (BP)	71	20.8
<b>Total</b>	<b>342</b>	<b>100</b>
<b>Cognitive Agony:</b>	-	-
Dementia (Ability to forget easily)	112	32.7
Without dementia	230	67.3
<b>Total</b>	<b>342</b>	<b>100</b>
<b>Emotional Agony:</b>	-	-
Depression	90	26.3
Isolation	20	5.9
No Depression or Isolation	232	67.8
<b>Total</b>	<b>342</b>	<b>100</b>
<b>Financial Agony:</b>	-	-
Low Income	<b>99</b>	<b>28.9</b>
No Income Source	<b>80</b>	<b>23.4</b>
Have Income Source	<b>163</b>	<b>47.7</b>
<b>Total</b>	<b>342</b>	<b>100</b>

Source: Researcher's SPSS Computation, 2023

Table II's interpretation revealed that **Physical Agony** - Walking impairment due to osteoarthritis reported 161(47.1%); Visual impairment = 37(10.8%); Hearing impairment = 21(6.1%); Suffering from diabetes = 52(15.2%); and Suffering from BP = 71(20.8%). For **Cognitive Agony** - Degree of dementia reported 112(32.7%) while the rest of the respondents without dementia were 230(67.3%). On **Emotional Agony** - Depression reported 90(26.3%); Isolation = 20(5.9%); No depression or isolation = 232(67.8%), and for **Financial Agony** - Low income reported 99(28.9%); No income source = 80(23.4%); while Have income source reported 163(47.7%).

## V. DISCUSSION OF FINDINGS

Physical agony of the elderly is a degeneration of the normal physical body that lead to decline of walking speed, falls, disability and frailts, as well as the deterioration of the physical health of the older persons. Finding from the study revealed that 47.1% of the respondents had walking impairment due to osteoarthritis and were in serious joint pains; 10.8% had visual impairment and could no longer see objects clearly; 6.1% had hearing impairment with 15.2% suffering from diabetes. The study also found that 20.8% of the respondents were suffering from BP. The finding is supported by previous findings that old age come with lots of chronic health challenges and that people within this category are vulnerable [6].

This study revealed that 32.7% of the respondents were suffering from dementia which is a condition of short term memory loss or inability to remember or recall things easily due to the poor processing speed of the brain. Cognitive agony of the elderly is a mild short term memory loss, that is, slow processing speed of the brain. The finding underscores old people to be in a much more vulnerable situation than younger people who are still bubbling with the capacity of their brain to process information in a much faster pace. This finding is underscored by a previous study which found that the aged are much more likely to come down with physical and mental health diseases [9], [16].

This study found that old people are prone to a lot of negative emotional effects such as depression and/or isolation. These conditions often place them to feel useless, helpless and socially isolated; they therefore find themselves living at the mercy of others. In this study, a combined 32.1% of the respondents were found to be in such conditions. Emotional agony can lead to poor health and serve as a trigger to physical and mental ill-health such as depression, dementia, heart diseases and other disease conditions which are common with the elderly as found in previous studies [6], [9].

Financial agony is the inability of the older population to generate sufficient income to meet their financial obligations. The study found that 28.9% of the elderly within age 60 – 70 had low income and 28.4% had no source of income. This means they could not be in a position to be able to pay their bills. In sum, a total of 52.3% of the respondents were poor and vulnerable. This finding is rooted in previous studies which found that many aged people were financially handicapped or economically not empowered [10], [11], [17], [18].

## VI. CONCLUSION AND RECOMMENDATIONS

From our data analysis, there is sufficient statistical evidence to infer elderly people are more vulnerable to many untoward conditions and that old age comes with lot of challenges. Specifically, conclusion can be drawn that four areas such as physical, cognitive, emotional and financial agonies appear to be inimical to the happiness and wellbeing of the elderly in our society especially in the study area of this research which is Yenagoa metropolis of Bayelsa State, Nigeria. It is not out of place to state that old people are mostly challenged by poverty, economic hardship, abuse and all manner of ill-health conditions.

Having the above in mind, the researchers hereby recommend:

- Government should provide social life support programmes such as free or affordable healthcare facilities for the older population.
- Government should provide free organic pills that have no side effects for the elderly to enable them manage their dementia.
- Children of the elderly and other concerned citizens should make out time to visit the elderly periodically as a way of helping them to manage isolation and depression.
- As aging is inevitable, every young person should try to invest towards a happy old age experience.

**Conflict of Interest:** None

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