Infrastructural Deficiencies and Wellness of Older Persons in Rural Areas of Imo State, Nigeria

Ejehu, O.N. (Ph.D)
Department of Adult Education
Faculty of Education
University of Lagos
Email: ojiugo_ejehu@yahoo.com
08023206056

ABSTRACT

There is a growing interest in factors that promote healthy aging in contemporary times. This is borne out of the fact that people live longer now due to breakthroughs in medical sciences. There are six dimensions to wellness covered in this study. These include: physical, emotional, spiritual, intellectual, occupational and social dimensions. This study reported that in Imo State as in most parts of Nigeria, the majority of older persons live in rural areas where there is a lack of infrastructural facilities such as potable water, good roads, hospitals, electricity and leisure centres among others. The study surveyed the level of infrastructural facilities that were available to older persons in rural areas which could enhance their wellness. Two hundred older persons (aged sixty-five and above) were selected using the multi-stage sampling procedure. Descriptive survey design was used; questionnaire and in-depth interview were used for the data collection. Data collected were analyzed using descriptive and inferential statistics. The result showed a significant relationship between deficiencies in infrastructural facilities and wellness of older persons in rural areas. Based on the findings, it was recommended among others that Nigerian government should provide infrastructural facilities that would promote the wellness of rural dwelling older persons in Imo State.

Keywords: Wellness, Older Persons, Rural Areas, Infrastructure, Successful Aging.

Aims Research Journal Reference Format:

INTRODUCTION

In most developing nations, older persons live in the rural areas and a lot of reasons have been given for this phenomenon. Many young adults leave the rural areas for the cities in search of greener pastures while many older persons who have left the workforce in the urban areas often return to the rural areas to enjoy the remaining part of their lives. The peaceful and serene environment offered by the rural areas make the return of older persons to urban areas (especially those who have lived the most part of their lives in the urban areas) difficult (Ejehu, 2015). Another reason for the increase in the population of older persons in the rural areas is low fertility rates. According to UN (2009), the population of older persons in rural areas of Africa, Asia and Latin America is expected to double by 2025. Mostly in sub-Saharan Africa, the proportion of older persons in rural areas is at least twice as high as that in urban areas.

In line with the foregoing, one would have expected developing nations to focus on providing infrastructural facilities that would enhance the wellness of older persons (especially those in the rural areas) physically, emotionally, spiritually, intellectually, occupationally and socially, more so as older persons are of great value in traditional societies. Older persons who maintain good health status and who take responsibility for their own health offer positive contribution to their communities thereby proving that old age need not be a burden on the society’s health system.
In addition, it is expected that older persons should be involved in activities that would keep them functioning and relevant to their communities as it used to be in the olden days (Jegede, 2003; Oladapo, 2002). The concept of successful ageing according to Foottit (2009) suggested that older persons age successfully if they prevent disease and disability, maintain high cognitive and physical functioning and remain actively engaged with life. In the context of this study, one is looking at the role of specialist hospitals, recreational centres, libraries, potable water, electricity, good roads, and modern gadgets for farming among others in promoting wellness among older persons in rural areas. According to Strauss (1980), these facilities go a long way in determining how older persons interact with the environment which invariably promotes their wellness in all ramifications.

Kochera and Bright (2006) reported that most rural communities do not provide facilities that take care of the need for older persons to function optimally and still remain socially connected. Poor social amenities hinder communication, leading to social isolation among poor rural dwellers most of whom have limited access to media and news outlets. For older farmers who form the majority of rural dwellers, lack of modern technology for farming affect the quality and volume of farm produce and invariably their financial status (Ajayi and Babalola, 2009) as well as the ability to pay for medical care. Again, the isolation of rural farmers due to poor infrastructural facilities hinders integration with the cities and established markets (Ejehu, 2015). Many older persons are therefore forced to become economic appendages to their adult children who may not have the means to render financial assistance to their parents.

Old age is a period in one’s life when one needs assistance in order to cope with activities of daily living (such as washing, cooking, shopping and the like) because of the inevitable decline in the body organs (Moody, 2000). In recognition of the need for adequate care for older persons, families in African traditional societies consider care for older persons a collective responsibility (Oluwabamide, 2005). Older persons occupied high positions in their various communities; in actual fact, they were responsible for the transmission of values and skills that enabled the society to survive. The extended family system which was the norm in traditional African societies ensured that older persons were provided for in the areas of health, nutrition, warmth and finance among others. The wellness of older persons was a top priority among family members. In fact, people looked forward to old age knowing fully well that family members would protect their interest. In this type of setting, there was no need for old people’s home because family members were alive to their responsibility of caring for older persons in their midst. In modern times, the situation has changed as adult children prefer to live in the cities rather than rural areas; consequently, the emotional wellness of older persons is under threat (Ejehu, 2015).

This study focused mainly on the relationship between infrastructural deficiencies and wellness of older persons in rural areas. With regards to the physical dimension of wellness, there is a general decline in health as people get older. According to Obashoro (2010) and Moody, (2000), the human body experiences a decline due to ageing; the sensory organs, the bones and other parts of the human body undergo a process of inevitable change. This makes older persons depend on people around them (especially family), for care giving (Adeniyi and Oladejo, 2012). Thus, in most advanced countries, government and philanthropic organizations provide facilities such as free medical services for the senior citizens and those whose family members could not care for have access to day care centres or old people’s home (Kochera and Bright, 2006).
On the other hand, in developing nations, healthcare for older persons, especially those in rural areas, leaves much to be desired. For example, the National Bureau of Statistics (2010) reported that most rural areas in Nigeria do not have health centres within five kilometers from the centre of their communities. Apart from that, many older persons are not able to pay for medical services in rural areas; they therefore, resort to self-medication or consult traditional doctors (Ejehu, 2015).

For emotional, spiritual, intellectual and social wellness of older persons to be achieved certain facilities should be made available for them. They need facilities that would keep them active as well as encourage their integration into the mainstream of the community. For example, older persons need recreation centres for the promotion of social wellness, libraries for expansion of knowledge, skills and mental stimulation, while adequate care giving will enhance their emotional wellness; this is in tandem with the activity theory of ageing on which this study is anchored.

Occupational wellness has to do with personal satisfaction and enrichment in a person’s life through work (Kang and Russ, 2009). The majority of older persons in rural areas are subsistence farmers (Ajayi and Babalola, 2009). They still use traditional tools for farming and are not adequately informed about facilities that could be available for them to enhance productivity (Madu, 2002). Consequently, the level of poverty among older persons in rural areas is quite high (United Nations, 2005), therefore, their occupational wellness leaves much to be desired.

**Statement of the Problem**

Maintaining an active lifestyle is often associated with better health in old age. For this reason, it is very important to scrutinize how rural communities are structured and how healthcare and other social service systems respond to the needs of older persons among them. Availability of facilities such as hospitals, transportation, libraries, modern technology for farming, and recreational centres among others are generally believed to enhance the wellness of older persons. Conversely, the absence of these facilities is bound to impinge on their wellness. The rural areas in Imo State as in other parts of Nigeria lack social amenities (already mentioned above) which are taken for granted in developed nations. The problem is compounded by the social isolation often faced by older persons in rural areas due to the restructuring of the family in modern times. The study therefore examined the relationship between infrastructural deficiencies and wellness of older persons in rural areas of Imo State, Nigeria.

**THEORETICAL FRAMEWORK**

This study adopted the Activity Theory of Ageing (Burgess, 1960) in discussing infrastructural deficiencies and the wellness of older persons in rural areas of Imo State, Nigeria. This theory attempts to explain factors that are responsible for successful adaptation and ageing in later life. Older persons, who are actively involved in meaningful social and economic activities, tend to have a sense of fulfillment in life. In essence, the theory links continued activity with wellness in later life. The theory also assumes that in order to adjust to life in old age new activities are created by older persons to substitute for role losses experienced in the course of time. According to Atchley, Amanda and Barusch (2004), activities can be a source of personal identity, personal development, sensory experience, prestige or status, new experience, peace and quiet, fun and joy, feelings of accomplishment or something to look forward to. Activities can create opportunities for making money, rendering service to the community, socializing with others or finding escape. The relevance of activity theory to this study is that it attempts to explain the importance of providing avenues or facilities that encourage older persons (irrespective of their location) to be involved in various activities, be they economic, social or religious for the promotion of their wellness.

**Purpose of the Study**

The main purpose of this study was to examine infrastructural deficiencies and wellness of older persons in rural areas of Imo State, Nigeria.
Specifically, the study sought to:
1. Determine whether infrastructural deficiencies have any relationship on the wellness need of older persons in rural areas.
2. Assess whether existing infrastructure meets the wellness needs of older persons in rural areas.

Research Questions
The study was guided by the following questions:
1. What is the relationship between infrastructural deficiency and the wellness of older persons in rural areas?
2. To what extent does existing infrastructure meet the wellness needs of older persons in rural areas?

Significance of the Study
Currently, little is known about factors that could either promote or hinder the wellness of older persons in rural areas. The study would therefore expand the scope of existing knowledge on the wellness of older persons in rural areas. Secondly, the study would reveal the extent of deficiencies of infrastructural facilities for older persons' wellness in rural areas. Thirdly, data from the study would enable policymakers and other stakeholders provide infrastructural facilities for the improvement of wellness of older persons in rural areas.

RESEARCH METHODOLOGY
The study adopted a descriptive research (survey) design and the population consisted of older persons living in selected rural areas in Imo State. Two hundred older persons- aged sixty-five (65) years and above were selected from 10 rural communities using the multi-stage random sampling procedure. Respondents consisted of both male and female older persons who have retired from the organized public and private sectors and those involved in subsistence activities such as farmers. A self-structured questionnaire and in-depth interview served as the research instruments. The data collected were analyzed using the descriptive and inferential statistics.

Table 1: Health Status of Older Persons in Rural Communities of Imo State

<table>
<thead>
<tr>
<th>S/N</th>
<th>Statements</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I have a lot of physical energy.</td>
<td>16 (8.1%)</td>
<td>41 (20.5%)</td>
<td>101 (50.3%)</td>
<td>42 (21.1%)</td>
</tr>
<tr>
<td>2</td>
<td>I can see, hear and speak without difficulty.</td>
<td>29 (14.6%)</td>
<td>67 (33.6%)</td>
<td>82 (40.7%)</td>
<td>22 (11.1%)</td>
</tr>
<tr>
<td>3</td>
<td>My health restricts me from looking after myself and my home.</td>
<td>8 (4.0%)</td>
<td>62 (31.2%)</td>
<td>83 (42.0%)</td>
<td>45 (22.8%)</td>
</tr>
<tr>
<td>4</td>
<td>I am healthy enough to get up and move about.</td>
<td>18 (9.1%)</td>
<td>60 (30.0%)</td>
<td>83 (41.8%)</td>
<td>38 (19.1%)</td>
</tr>
<tr>
<td>5</td>
<td>I have been consistently taking medications</td>
<td>51 (25.5%)</td>
<td>120 (59.4%)</td>
<td>24 (12.0%)</td>
<td>6 (3.0%)</td>
</tr>
</tbody>
</table>
The data in Table 1 indicates that a minority of older persons 57(28.6%) agreed that they have a lot of physical energy, while the majority 143(71.4%) disagreed with the statement. With regards to ability of older persons to speak and hear without difficulty, 96 (48.2%) respondents agreed that they could see, hear and speak without difficulty, as against a higher proportion 104(51.8%) that differed in their opinion. Also, 70 (35.2%) respondents reported that their health restrict them from looking after themselves and their homes, while 128(64.8%) disagreed with the statement. Among the respondents, 78(39.1%) admitted that they were healthy enough to get up and move about, 121 (60.9%) differed in their opinion. Finally, 171(84.9%) respondents admitted that they have been consistently taking medications to sustain their health, while 30(15.0%) respondents disagreed with the statement. From the above responses, one may deduce that older persons in rural communities are not enjoying optimal health.

Table 2: Older Persons and Access to Infrastructural Facilities

<table>
<thead>
<tr>
<th>S/\N</th>
<th>Statements</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Electricity supply is available in the community for older persons' use.</td>
<td>41(20.5%)</td>
<td>16(8.1%)</td>
<td>42(21.1%)</td>
<td>101(50.3%)</td>
</tr>
<tr>
<td>2</td>
<td>There are good recreational centers for older persons in the community.</td>
<td>12(6.2%)</td>
<td>20(10.4%)</td>
<td>86(44.1%)</td>
<td>76(39.3%)</td>
</tr>
<tr>
<td>3</td>
<td>My main source of drinking water and domestic use is the stream.</td>
<td>8(4.0%)</td>
<td>62(31.2%)</td>
<td>83(42.0%)</td>
<td>45(22.8%)</td>
</tr>
<tr>
<td>4</td>
<td>Poor access roads affect the movement of older persons.</td>
<td>18(9.1%)</td>
<td>60(30.0%)</td>
<td>83(41.8%)</td>
<td>38(19.1%)</td>
</tr>
<tr>
<td>5</td>
<td>There is large number of health facilities in my community.</td>
<td>51(25.5%)</td>
<td>120(59.4%)</td>
<td>24(12.0%)</td>
<td>6(3.0%)</td>
</tr>
</tbody>
</table>

The data in Table 2 indicates that 57(28.6%) respondents agreed that electricity supply was available for older persons' use in the rural communities, while the majority 143(71.4%) disagreed with the statement. With regards to the provision of recreational facilities for older persons in the rural communities, only 32 (16.6%) respondents admitted that there were recreational facilities, compared to a higher proportion 162(83.4%) who had a different view. Furthermore, the majority 70 (35.2%) respondents depend on rivers or streams for their daily needs, while 128 (64.8%) respondents disagreed with the statement. Again, 78 (39.1%) respondents agreed that poor access roads affect their movement as against 121 (60.9%) who had a different view. Finally, 171 (84.9%) respondents disagreed that their communities had enough health facilities for older persons, while only 30(15%) respondents agreed with the statement.
With regards to the in-depth interview, twenty respondents (ten male and ten female) were asked to comment on their health, specifically whether they thought their health had degenerated significantly in recent years. The analysis of their replies and other issues that came up during discussion showed that older persons’ view on health and health-related issues were based on their ability to perform activities, rather than from a medical perspective of disease. Deterioration in health was related to inability to remember things and mobility among others. Some however, reported that they were on medication for old age-related diseases such as arthritis, diabetes and high blood pressure. Closely related to the above were questions on availability of social amenities for their use. Almost all the respondents complained of inadequate medical facilities, poor access to transportation, lack of recreational facilities and irregular electricity supply among others. The majority of respondents however, participated in social and religious activities and also maintained close relationship with people in their communities. This added a boost to their emotional, spiritual and social wellness.

DISCUSSION OF FINDINGS

Health Status of Older Persons in Rural Areas
Findings show a decline in the health status of older persons in the rural areas. Table 1 shows the various aspects of decline in the health of rural dwelling older persons. This is not strange considering the age of the respondents. According to Obashoro (2010); Rosenthal (2007); Moody (2000), older persons experience physical decline as a sign of ageing. Most of the respondents however, were on different medications for some old age-related diseases such as arthritis, diabetes, and high blood pressure among others.

Although medical facilities were some distance from their homes, yet they took advantage of the few that were in their communities. Improved health status of older persons in some areas could be linked with breakthroughs in medical sciences; most diseases such as influenza and small pox which prevented people from reaching old age have been wiped out (Moody, 2000). This agrees with findings from the in-depth interview where older persons who had diabetes, arthritis and high blood pressure said they were being treated at the health centres. Quite a number of the respondents complained of long distance to the medical centres, and of not being able to afford the cost of medication. This result lends credence to the position of Egenti (2005) who reported the inadequacy of health facilities in the rural areas.

Access to Infrastructural facilities for Older Persons in Rural Areas
Result shows that power supply and other basic amenities were inadequate; many communities fetch water from the streams. Respondents complained of poor access roads to their villages which limited transportation to wherever they wished to go. This is in agreement with studies which reported the poor state of roads in the rural areas (Egenti, 2005; Okankhuele, 2013). The study also shows that there are no recreational facilities for older persons in the rural areas; there are no libraries for the use of educated older persons as well. Studies such as Amaike (2008), Abdullah (2009), reported the precarious living conditions of older persons in rural areas due to deficiencies in infrastructural facilities. Nigerian and Imo State governments however, have made effort to provide social amenities in the rural areas as a way of bridging the gap between rural and urban areas, for example, Primary Healthcare, Community Banks, Rural Electrification and Rural Road Construction Projects (Egenti, 2005).
CONCLUSION

Older persons who are in the majority in rural areas face a lot of challenges as a result of deficiencies in infrastructural facilities. Older persons who maintain high levels of wellness are bound to contribute positively to their society. Provision of adequate infrastructural facilities especially in the area of health would ensure optimal performance of daily activities by older persons. There are limited opportunities for older persons to engage in activities that would promote their wellness in all ramifications.

RECOMMENDATIONS

In view of the findings obtained from this study and the conclusions reached, the following recommendations are hereby made:

- In the rural areas, issues relating to the total wellness of older persons need to be addressed.
- Specialist hospitals that cater for the health needs of older persons should be built. Activities that promote wellness in older persons could be developed by Adult Education Extension workers for the use community leaders and others interested in the welfare of older persons.
- Older persons in rural areas need recreational facilities as well as libraries for their social and intellectual wellness. Furthermore, Agricultural Extension Programmes could be used to promote modern trends in farming thereby making agriculture a more rewarding occupation among rural dwelling older persons.

REFERENCES


