MANAGEMENT AND COUNSELLING OF THE AGED: NIGERIA AS A CASE STUDY

Monilola Dasola OYETADE Ph.D.
monioyetade2013@gmail.com
Department of Guidance and Counselling
Lead City University, Ibadan, Oyo State

Abstract

This study examined the concept of ageing, related issues in ageing and therapies that counsellors can adopt in managing the senescence and related complications. This study is exploratory and qualitative in nature, and was based on information gathered from an expert working in a geriatric centre. Various issues associated with global ageing population stems from attributes and beliefs that growing old could be accompanied by loss of competence, intellectual deterioration and discrimination. The increase in life expectancy worldwide due to some improvements in health facilities and low mortality rate among others, accounts for the increase in the population of the Aged. Many elderly people in Nigeria experience abuse, psychosocial issues, health problems and disability. Similarly, the burden of these problems rest on the society and this could be demanding in the area of economic growth, patterns of work, retirement and family dependency, to mention a few. Therefore, the place of counselling cannot be overemphasized if the elderly in the society will continue to enjoy quality and active life. It is therefore recommended, that Nigerian government should come up with a functional national policy that will include counselling services in all elderly institutions which will be managed by Professional counsellors.

Keywords: Management, Counselling, Aged, Nigeria.

Introduction

The concept of ageing is natural which could be determined by genetic and environmental factors. The fact that one is old in age does not remove the person's virility and capability. Although, some others could be older than their age due to some challenges of life, health conditions or disability. Therefore, an individual age according to different patterns of life. In another context, gender dimension may be associated with the process of ageing, that is, girls maturing faster than boys and women living longer than men. According to a World Health Organisation (WHO) data report, the Global life expectancy at birth in 2016 for a female was 74.2 years, while for males, it was 69.8 years (61.2 years in the WHO African Region and 77.5 years in the WHO European Region), leaving the gap in life expectancy between the sexes at 4.4 years in 2016. There are varied reasons for this disparity which include majorly, but not limited to genetical/biological makeup, environment, behavior, lifestyle, etc. For example, young teens may feel older than they really are, when they engage in some behaviours typical of late teens and young adults. Ultimately, a person can mature faster or older than his or her real age depending on his experience, biological and personality make up.

The United Nations has agreed that 65 years and above may be usually denoted as old age (WHO, 2016). However, the World Health Organization (WHO) has set 55 years as the beginning of old age in Africa due to the fact that developing world defines old age in relation to new roles, loss of previous role (e.g. retirement) or inability to contribute actively in the society, and not by years (WHO, 2012). In 2002, the second World Assembly on ageing was held in Madrid, Spain, resulting in the Madrid plan, an international coordinated effort to create comprehensive social policies to address the needs of the worldwide aging population (United Nations,2002). The plan identifies three themes to guide international policy on ageing:

1. Publicly acknowledging the global challenges caused by the global opportunities created by a rising global population;
2. Empowering the elderly;
3. Linking international policies on ageing to international policies on development (Zelenev, 2008).

Although, the Madrid plan has not yet been successful in achieving all its aims but has increasingly created awareness on the various issues associated with the global ageing population.

In addition, it succeeded in raising international consciousness to factors influencing the vulnerability of older generation (social exclusion, prejudice, and discrimination, lack of social-legal protection) overlap with other developmental issues (basic human rights, empowerment, and participation). In recognition of this fact, the United Nations officially marked World Elderly Abuse Awareness Day on 15th of June, 2012. Despite this concerted effort, it is not uncommon to find an elderly being victimized because of their frailty (Ageism). Hence, ageism could be directed towards people of any age group which can be both positive and negative depending on society's disposition towards age and ageing.

In an Oregon State study, it was reported that the society devalues 'old age' in numerous ways, especially in the US and the African society is also not an exception. Almost, every stereotype associate with being elderly is somehow negative, these include; wrinkled, grumpy, crotched, absent-minded, forgetful, fragile, feeble, stuck in the past, or burden on society to mention a few. In actual fact, this perception is odd and does not represent the reality about the elderly. For example, Dr. Michael De Bakery, inventor of artificial heart, performed his final surgery at age 90 and concentrated on his laboratory work till he died at 98 (Bernard,2012).

The aged in the Nigerian society also experience abuse, neglect, poverty and could even be ostracized at times by family members, mainly because they are perceived as burdens due to their frailty and downward slope of economic indices. As a result of economic difficulties, unemployment, civilization among other factors, it is becoming increasingly difficult for children and family members to take care of the elderly (Cadmus, 2020; Mudiare, 2013; Sijuade, 2008). Generally, most of these elderlies embattle physical, social and mental health problems.

Generally, there is the opinion that elderly, living with disabilities need to be completely catered to and treated as children. This assumption though, could strip them of their sense of independence and at times their self-esteem.

Growing Trends in Ageing

The worldwide population of the aged in 2012 was estimated at 7 billion; 562 million (8.0 percent) of those were aged 65 and above. In 2015, this estimate of older population increased by 55 million, increasing their average percentage to about 8.5 percent (U.S Census Bureau, 2015). It was reported that one (1) in eleven (11) persons in 2019 were over 65 years of age (9%), and further estimated that one (1) in six (6) persons in the world will be over age 65 by 2050, resulting in 16% increase. Similarly, by 2050, one in four persons living in Europe and North America could be aged 65 or over. In 2018, it was observed that persons aged 65 and above outnumbered children under five years of age globally. It was also projected that age 80 and over would triple from 143 million in 2019 to 426 million in 2050 (World Population Prospects, 2019).

In Sub-Saharan Africa, the population of aged 60 and over will nearly double from over 34 million in 2005 to over 67 million in 2030. The estimation of aged 60 and above in developing countries is 63% and this percentage will increase to 73% in the next 25years (Velkoff, Kowal, 2006). Nigeria's elderly, like any other country in sub-Saharan Africa is also increasing rapidly. The aged 65 years and above accounted for 3.1% or 5.9 million of the total population, which represent an increase of 600,000 within 5years between 2012 and 2017(National Council on Ageing, 2016). The Current demographic projections states that, Nigeria elderly's population aged 65 and above will double in the year 2020 (United Nations Population Division,2015).

However, globally, migration pattern and other contingencies that are not considered, can influence these projections (For example, at the wake of year 2020, COVID-19 emerged and the elderly population were badly affected, many of which died as a result of low immunity and health complications). Also, factors such as; decline in fertility rates and increases in life expectancy could influence the projections of the aging population.

Compounding these factors highlighted, may be the raised retirement age in many countries. America increased its retirement age from age 65 to 67 in 1983; Italy has proposed to increase theirs from age 66 to 67 for men and 63 to 67 for women by 2021; Denmark from age 65 to 67 by 2022, after which there will be an annual increase of the retirement ages. In Nigeria, the Federal Government increased the retirement age of academic staff in professorial cadre from age 65 to 70 in Nigerian Universities in 2012, 60 to 65 for Polytechnic and College of Education lecturers. However, the official retirement age in public sector in Nigeria remains 60 years or 35 years of service.

An Overview of Elderly Experience in Nigeria

Active ageing includes, maintenance of good health and wellbeing, participation in social activities, management of stress, enabling environment, and overall security or

absolute protection which enhance ultimate health and psychological well-being. Unfortunately, there is no adequate medical care, no counselling centres/clinics, no active policy on the care and welfare of the elderly in Nigeria. In 1989, Nigerian government developed the national social development policy which aimed at providing a framework for protecting elderly persons from moral and material neglect and providing necessary assistance. The policy on ground is only on paper. A handful geriatric centres and old people homes available in Nigeria are overwhelmed due to lack of financial support.

In the course of this study, during the oral interview, Dr. Olufemi Olowookere, the Director of Tony Anenih Geriatric Centre at the University College Hospital, Oyo State, Nigeria revealed that the centre was established in November,2012. According to him, there was no Geriatric Centre like this in Nigeria prior to this time and close to 20,000 aged had benefitted from the centre since inception. The centre is not a 'home' but it offers three facilities for the care of the aged. Firstly, it serves as an acute centre for quick intervention for the elderly presented with Multi- morbidity (many medical conditions), secondly, it operates as a 'mini hospital' for the aged so it is a 'one stop – shop'(all the assessments, drugs and everything needed are provided at the place with the exception of X- ray, medical admission and other few facilities which cannot be provided at a go).

Any aged requiring medical admission stays there for a short while and is later transferred to Sir Keshington Adebutu Geriatric Centre for 'intermediate care'(rehabilitation centre) where they would be trained on 'basic activities of daily life(training on self-care i.e. bathing, eating, dressing, etc.). Thirdly, long care facility service which is liken to a 'home' is provided. Olowookere stressed further that the centre is planning to train 'formal careers' (health safety incorporated) because what they have on ground now is 'informal careers' and majority of them are family members.

However, there is no provision for a counselling centre yet. This should raise a concern because a geriatric centre like this, is expected to have a counselling department, equipped with counselling gadgets as well as have professional counsellors on ground. The reason being that some of the psycho-social problems faced by the elderly might not require medication but psychotherapy. It is also noteworthy that the elderly has been paying for their treatment at the centre. Although, recently the Federal Government of Nigeria under the leadership of President Buhari subsidized this treatment for pensioners. The workers paid #15,000 yearly insurance to the government coffers in order to get adequate treatment, while others who are not Federal/State government workers are offered limited medical services through 'social unit' due to financial constraints. This could be very challenging for them because most of them are not able to access adequate care.

In Nigeria, it is not uncommon to see the elderly people roam about the streets begging for alms so that they can survive, some of them are led by young boys and girls called Almajiris. Most times, they go to social gatherings begging for money, food and also pack the leftover food eaten by guests. In addition, majority of them are faced with poverty, poor health conditions, mental break down and disabilities. The aged are not only victimized by the society, but also their family members. They are being tagged as

'witches' and psychopathic patients. Therefore, nobody wants to move near them or take good care of them.

The national centre for elder abuse stated that one in seven cases of abuse is physical. Although, the statistics of elderly abused are unknown in Nigeria, but there are evidences of such cases reported by some studies. Akpan and Umobong (2013) conducted a research in Akwa Ibom state with 300 male and female participants. They found there was a high prevalence of elderly abuse. Around 46.7% of the elderly sampled complained of medical neglect and bed sores. 47% experienced some form of physical abuse, 44.7% lack visitation, 49% experienced uncomfortable living condition and 35% are faced with theft. Conversely, an Enugu State study by Asogwa and Igbokwe (2010), discovered a low prevalence of physical abuse (7.8%) and a moderate prevalence of inadequate food. Ola and Olalekan (2012) in their study, reported that men were abused in form of abandonment, which could be as a result of low education, health conditions and loneliness in their 80s. One of the reasons for men abandonment/loneliness could be as a result of the death of their spouses and those that their wives are still alive, probably, may be in their children's homes helping in child rearing, leaving their husbands unattended to.

Therefore, there is urgent need for Counselling intervention in the care of the elderly in Nigeria.

Theories of Ageing

A number of theories have been proposed in an attempt to explain the process of Ageing and these include; Biological Theories of Ageing, Psychosocial Theories of Ageing, Disengagement Theories of Ageing, Continuity Theories of Ageing to mention few. There are many theories about the mechanisms of age-related changes, of ageing, and they often contradict one another.

Biological Ageing Theory

Most people or organism will undergo the process of Ageing. Age-related deterioration is affecting an ever-growing number of people. Modern biological theories of ageing in humans currently fall into two main categories:

Programmed and damage or error theories (non-programmed Ageing theory).

The Programmed Theories

Ageing follows a biological timetable (regulated by changes in gene expression that affect the systems responsible for maintenance, repair and defense responses). Various genetic mechanisms have been postulated to account for ageing phenomena and the determination of life span, and these view ageing as "programed" and caused by accumulation of genetic damage.

Many events during growth, development and reproduction are regulated by "signals" from nerve or hormone-secreting glands. Various "clock" theories of ageing have suggested that ageing changes can be controlled by some kinds of pacemaker whose

main function is to direct the timetable of development until sexual maturity and reproductive activity are achieved. Endocrine theory states biological clocks act through hormones to control the pace of ageing. Immunological theory argues that the immune system is programmed in such a way that it declines over time, and can lead to an increased vulnerability to infectious disease and thus ageing and death.

Programmed senescence can accelerate the buildup of damage or decrease the capacity for repair. For example, Mutations in mitochondrial DNA can affect longevity. The primary function of Mitochondria is respiration, which promotes energy production. Mitochondria breaks down organic compounds into water and carbon dioxide to release energy in the form of adenosine triphosphate (ATP).

The damage or error theories emphasized environmental assaults to living organisms that induce cumulative damage at various levels as the cause of ageing (Jin, 2010). These two categories of theory according to Goldsmith (2014) are also referred to as non-programmed ageing theories based on evolutionary concepts (where ageing is considered the result of an organism's inability to really combat natural deteriorative processes). And programmed ageing theories consider ageing to be the result of a biological mechanism or programme that mainly causes or allows deterioration and death.

The Damaged or Error Theory

1. Wear and tear theory, propounds that vital parts in our cells and tissues wear out as a result of ageing. That is, the DNA that makes up our genes sustains repeated damage form toxins, radiation and ultraviolet lights. Although, according to them, our bodies have capacity to repair the DNA damage, but not all of those repairs are accurate or complete.
2. Cross-linking theory, postulates that accumulation of cross-linked proteins and DNA damages cells and tissues, thereby, slowing down bodily processes and cause ageing to occur. For example; cross-linking of the skin protein, collagen has been shown to be at least partly responsible for wrinkling and other age-related changes in the skin. Likewise, cross-linking of proteins in the lens of the eye is also believed to contribute to age-related "cataract" formation.
3. Rate of living theory supports the theory that the greater an organism's rate of oxygen basal, metabolism, the shorter its lifespan.
4. Free radicals' theory, developed by Denham Harman MD in 1956, proposes that superoxide and other free radicals cause damage to the macromolecular components of the cell, giving rise to accumulated damage causing cells, and eventually organs, to stop functioning. It is known that diet, lifestyle, drugs, for an example, tobacco and alcohol, radiation etc., are all accelerators of free radical production within the body.

Sociological Theories of Ageing

These theories discuss how the changing role, relationships, and status impact the older individuals to adapt. These theories, among others, are:

Disengagement, Activity and Continuity Theories.

Disengagement Theory

This theory views ageing as a process of gradual withdrawal between society and the older adult. This mutual withdrawal or disengagement is natural and universally accepted as one grows old, although, cultural wise there may be variations. This gradual withdrawal preserves social equilibrium and promotes self-reflection for elderly who are freed from societal roles.

Activity Theory

Activity theory describes the psychosocial ageing process and emphasize the importance of ongoing social activity. The theory maintaining that the old person should have a positive self-image and develop new interests, recreational roles and relationships to replace those that are diminished or lost in late life. Hence, an older person should continue a middle-aged lifestyle, as much as possible. In the same vein, the society should avoid injustice of ageism.

Continuity Theory

This theory opines that personality, values, morals, preferences, role activity and basic patterns of behaviour are consistent throughout lifespan, regardless of life changes. The theory views latter part life as a continuation of the earlier part of life, a contemporary of the entire life cycle. For example, an extrovert at 25 years of age will most likely be a social butterfly at the age of 70, whereas, a laconic, reserved or succinct young person will probably remain reclusive as he ages. In the light of this, personality traits often become more entrenched with age.

The concepts of ageing, therefore, are studied as regards to their relation to other aspects of human life. It encourages the young ones to understand that their current behaviours are laying the foundation for their future life.

Common Social and Health Issues of the Aged

The problems of social and health of the aged are numerous and cannot be glossed over by the aged and the society at large. And these problems could be compounded where there is no family, societal or government support.

The following among others are the social problems the Aged battle with:

1. Financial stress or constraints- The inability to work (retirement) and earned a reasonable income threatens the meaningful life of the aged. Financial problems or constraints affect the daily functional activities of the aged negatively.

2. Nutrition or Diet- due to economic or biological reasons that is, lack of money and resources, loss of appetite, chronic illness necessitating specific or special diets.
3. Lack of geriatric welfare- lack of proper residence arrangement (especially when they do not have their personal house) and welfare pose problems to the elderly.
4. Retirement- abundance of free time after retirement and inability to explore new opportunities could be a problem. Irregular pension payment or non-payment of gratuity and pension added to the problem.
5. Substance use- the elderly may engage in substance abuse (alcohol, smoking, etc.) as a defense mechanism to cope with challenges experienced in their later years.
6. Aged Perception about Self and Others' reaction: most of the aged feel that old age affect their day-to day life. And some of them, feel neglected by their family members.
7. Depression: The psychosocial issues, such as, death of a loved one, failure to meet meaningful life goals and health related complications among others may result in depression for them. These problems make them unhappy, anxious, most especially, those without strong support system. Untreated depression poses serious risks for older adults, including illness, alcohol or substance abuse or drug abuse, a higher mortality rate, and even suicide. It is therefore important to watch for warning signs and seek professional help once this is recognized.
8. Anxiety: according to research, this may affect twice as many older adults as depression. Erick Lenze in WebMD Health News says that generalized anxiety disorder (GAD) is more common in the elderly, affecting 7% of seniors, than depression, which affects about 3% of seniors. Hence, psychotherapy may be a better first choice in treating the disorder than medication because of side effects.

Medical challenges of the Aged

The health conditions, most of the times, are not being prepared for by the elderly because some do happen suddenly in the early years of ageing. According to the National Council on Aging (2016) about 80 percent of seniors have at least one chronic disease and nearly 70 percent have at least two. Heart diseases, strokes and cancers are amongst the most common and costly chronic health conditions causing two-thirds of death every year of the aged. Others include; pneumonia, Accident, Arthritis, Blindness, Hypochondriasis, Sexual dysfunction, Hypertension, Diabetes mellitus, Sensory impairments, oral health (19% of elderly no longer have any natural teeth), mobility problem and mental health problem(s), out of which some can lead to disability.

Dementia and Old Age

Dementia is a decline in memory (short and long term) and other mental abilities severe enough to interfere with basic tasks such as driving, household chores, personal care like bathing, dressing, and feeding (often called Activities of Daily Living, ADL).

The most common forms of dementia are "senile" and "presenile" (dementia of Alzheimer disease developing before age 65). They are associated with pathological changes in the brain that accompany ageing. As many as 7% of adults aged 60 and older suffer from dementia.

Dementia is responsible for problems with memory, language, decision-making mood change, such as increased irritability, depression, anxiety, changes in personality and behaviour. An individual suffering from this disorder can misplace keys, forgets name or the name of someone very close, forget phone number, unable to learn new information, forget they have eaten and in some severe cases forget where the toilet is and urinate on the floor.

Mild strokes, anoxia, degenerative disorders such as Parkinson's disease, alcohol toxicity, head injuries/brain trauma, multiple sclerosis, central nervous system infections and immune disorders, could be responsible for dementia. Therefore, it is imperative to counsel the family members and the care givers on this development because many at times there could be a misgiving that the elderly is doing this purposefully to stress whosoever is taking care of them.

Counselling and Management Therapy for the Elderly

Ageing is a gradual process. The biological ageing theories consider ageing to be the result of a biological mechanism or programme that mainly cause decline in the bodily functions and death. Also, wear and tear theory propound that vital parts in our cells and tissues wear out as a result of ageing. Although, according to them, our bodies have capacity to repair the bodily damage but not totally. In addition, free radical's theory proposes that superoxide and other free radicals cause damage to the macromolecular components of the cells causing damaging cells and cause organs eventually to stop functioning. A critical assessment of these theories show that ageing is not a disease, but they are bound to happen with time, even death. Therefore, there is need for counselling to alleviate the fears of the aged, family members and care givers on the challenges confronting old Age whether physical (disability), health and psychosocial.

The management goal is to maintain the elderly's quality of life, maximize their daily functional activities, ensure safety environment and promote social engagement. The activity theory stressed the importance of ongoing social activity (for example, developing new interest, recreational roles and new relationship to replace the lost ones). Thus, the elderly can be encouraged to still be involved in social activities and avoid sedentary life. Empower them in making their personal decisions and encourage them on further clinical management (going for daily routine checkups, following doctor's instructions and use of their medications under close monitoring). The counsellor can also administer the standardized assessments scales developed to assess functional impairments. The assessment tools are based on Activities on Daily Living Scales (ADLs) and Instrumental Activities of Daily Living (IADL). ADLs are on the essential elements of self-care (bathing, dressing, toileting, transfers, Grooming and feeding)

Inability to independently perform even one of these activities may indicate a need for supportive services.

Similarly, IADL is associated with independently living in the community and provision of a basis for considering the type of services necessary in maintaining independence (i.e. using the telephone, driving and transportation, housekeeping, laundry and handling own finance). The counsellor can combine other strategies (Talk therapy like Cognitive Behavioural Therapy (CBT), Interpersonal Therapy (IT), etc.) with some counselling skills like active listening (establishing of rapport, establishing of trust, bridging differences, disclosure, body language usage) among others. In addition, the counsellor can also help the client by using active listening. The words that some of them need could be small rewards like 'Tell me more', I'm with you', etc. this would help them to experience some sense of belonging and to express their feelings. This builds their self-esteem and help to assume responsibility rather than being defensive. The elderly may also be referred to other professionals depending on their challenges and the counsellor is required to do proper follow-up.

Conclusion

Ageing is inevitable and this is supported by literature reviewed and aged theories. The fact that ageing is fraught with health and psychosocial implications cannot be contested. Therefore, counselling as a repertoire of interventions is highly needed in the management of the aged. The family members and caregivers should be guided by the counsellors. They should actively manage stress that accompanies old age in order to reduce the risks of negative social and health consequences. The caregivers should also help to facilitate daily successful activities by simplifying tasks and routines, break larger tasks into small steps, especially when dealing with elderly living with dementia and disability. The counsellor can train them on how to use some of the counselling skills. Above all, it was gathered from the study that there is an urgent need for counselling clinics in all our elderly institutions.

Therefore, it is recommended that;

I. Ageing should be embraced with vitality and positive thinking by all members in the society, because growing old is not a disease or an end, but a pathway to end well.
II. The Federal Government is encouraged to include counselling services in the national policy for the aged.
III. Faith-based counselling can also be encouraged since an average Nigerian is religiously inclined. It produces sound mind and confidence to freely express their fears when they interact with a counsellor who can encourage and pray with them.
IV. Adequate sensitization and enlightenment on the services rendered by the Geriatric centres should be made known to people considering the low number (2000) of the aged who have benefitted in the last eight years of its establishment, out of 5.9millions.

V. Further, the elderly institutions (Geriatric centres, old people homes, etc.) should have counselling centres/clinics for holistic treatment and management of the aged.

VI. In-depth research studies on ageing by the counselling psychologists is advocated. Also, there is paucity of psychological tests on ageing especially the local ones that can be useful for assessment before commencing on treatment plan.

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