

COUNSELLING NEEDS OF ELDERLY PERSONS IN IMO STATE, NIGERIA

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ABSTRACT

The gradual increase in age makes the elderly susceptible to situations which needed to be allayed. This study investigated counselling needs of elderly persons in Imo State, Nigeria. Descriptive survey: simple random, proportional and purposive sampling methods were used to select the study sample. The instrument entitled "Counselling Needs of Elderly Persons Questionnaire" was used to collect data. Validity of the instrument was ensured, reliability was established with a coefficient of 0.73. Data was analysed using mean and Analysis of Variance at 0.05 alpha level. The findings showed that counselling is required for elderly persons while there was no significant difference in their counselling needs based on age and gender. The study recommended that counselling outlet be accessible and well-furnished to cater for the needs of elderly persons.

Keywords: *Ageing, Elderly persons, Counselling needs, Counselling Intervention*



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INTRODUCTION

Ageing is the gradual transformation of individual in appearance, behaviour and social roles. It is described as the reduction and deterioration of functions at cellular, tissue and organ levels. It is characterized with loss of body mass, strength and reduced agility. According to Jayanthi, Joshua and Ranganathan (2010), ageing increases the vulnerability of an individual to factors leading to death. The elderly are confronted with numerous age-related physical, psychological and social changes that challenge their well-being and capacity to live happily. The physical changes referred to the factors that manifest during ageing and these changes become more apparent as age increases. For instance, greying and wrinkling of hair are clear evidences.

Farage, Miller, Elsner and Maibach (2013) noted that the advancement in age reduces the significant functions of the skin; makes the skin vulnerable to infections and diseases. Joint and muscle osteoarthritis are also not exempted from the physical changes. Although, it affects individuals of all ages; the occurrence increases with age. Osteoarthritis causes disability in old age (Loeser, 2010) and sometimes leads to supported mobility. Studies related to elderly persons identified some key issues. For instance, Sidik (2004) reported that the presence of chronic illness among the elderly was high. They also encounter musculoskeletal and neurological problems. Lena (2009) indicated that elderly persons had health problems such as osteoarthritis, cataract and skin problems.

The psychological problems in elderly appear in different dimensions; which may include memory loss, depression and anxiety. Bhattacharyya (2017) remarked that advancement in age is significantly related to health problems such as to experience psychological problems. There are certain changes that occur in cognitive functioning as a result of advanced age. Crystallized and fluid intelligence are often used to explain patterns of cognitive change that occur over the lifespan. Crystallized intelligence refers to the ability to retrieve and use information that has been acquired throughout a lifetime. It involves skills, abilities and knowledge that are learned, practiced through experience and education (Harada, Natelson & Triebel, 2013). This form of intelligence remains stable and does not decline with age. Fluid intelligence is the ability to think and reason abstractly, capacity to reason logically and solve new problems. It involves the ability to use logic, identify patterns and to manipulate the environment. Fluid intelligence is affected by ageing as it usually declines with age.

Dementia is the most common mental health which mainly affects the elderly and is characterized by cognitive impairment (Logiudice & Watson, 2014; Laurin, Verreault, Lindsay, Macpherson & Rockwood, 2001). Dementia is a syndrome in which there is deterioration in memory, thinking, and ability to perform everyday activities. It is one of the major causes of disability and dependency among the elderly. Logiudice and Watson (2014); Seetlani et al. (2016) opined that the most common types are Alzheimer's disease and Vascular dementia. Engagement in social activities is reduced as age progresses in the same manner that Charles and Carstensen (2010); Bukov, Maas and Lampert (2002) reported that social participation of elderly persons changes with age. A number of role transitions and losses increases the vulnerability of elderly persons: retirement, loss of spouse, social isolation, loneliness, financial constraint, depression, abuse and neglect, dealing with changes in health conditions, and irregular contact with relatives, are among the situations/events that elderly persons are exposed to.

The experience of loneliness and isolation could be as a result of living alone, lack of or reduced connections with family members which results in an inability to participate in social activities,

reduced economic capability among others. Loneliness impairs well-being of elderly; triggers cognitive decline and results to early institutionalization. Gironda and Lubben (2003); Goll, Charlesworth, Scior and Stott (2015) viewed loneliness as not being satisfied with inadequate social relationships. Courtin and Knapp (2017) stated that socially isolated elderly person stands the risk of poor health, reduced well-being and increased mortality. While depression, the occurrence of which increases with age, is the state of feeling low in mood and loss of interest in pleasurable activities (Awunor et al, 2018).

Depression in old age creates many problems; reduces the quality of life and makes the elderly depend on others (Oliveira, Gomes & Oliveira 2006). It can arise as a result of loss of spouse, financial crisis and retirement. Retirement could be beneficial or detrimental to the health of elderly persons depending on how the individual perceives it. The differences in perception could be as a result of availability of retirement allowances, adequate support systems, and readiness of society to accept the elderly among other factors. Loss of spouse can be devastating in old age; it's a life shattering event that made the bereaved to suffer a lasting grief. The greatest problem in widowhood is emotional as the spouse feels the loss because the role of a spouse is lost, social life changes and companionship is diminished. According to Hashim, Eng, Tohit and Wahab (2013); Ghesquiere, Shear and Duan (2013), bereavement in old age can result into depression. The result of the study by D'epinay, Cavalli and Spini (2003) showed that death of loved one in old age is associated with depressive symptoms. Monk, Pfoff, Zarotney (2013) also added that bereavement in old age is attributed with depression and sleeplessness.

Abuse of elderly individual increases mortality rate, reduces functional capacity, causes psychological decline and sometimes hospitalisation (Dong, 2005). Most often, elderly abuse is presented in form of physical assault, neglect, emotional abuse, sexual abuse and many others. The study of Shahbo, Bharathi and Daoala (2014) revealed that among the elderly, disrespect, verbal abuse, economic exploitation are the forms of abuse they experience. It is worth mentioning that financial constraint in old age is injurious. Financial constraint is a major stressor that hinders the well-being of the elderly. Agrigoroaei, Lee-Attardo and Lachman (2017) opined that elderly persons who experience much financial stress look older than their actual age. In a similar vein, Chiao, Weng and Botticello (2011) remarked that elderly persons with financial strain recorded poor well-being. These aforementioned age-related changes may mean a need for counselling in order to allow the elderly acquire skills to adjust and cope with the deficiencies.

Counselling helps the elderly to share the past and present problems in a confidential environment. It also assists in coming to terms with their losses as it is needed by the elderly to adjust to new situations. Counselling gives the elderly persons a great sense of acceptance to have a better quality of life. It gives them the opportunity to explore ways of coping effectively. It is a helping approach that explains the emotional, professional relationship, and intellectual experience of people that helps individuals to accomplish mental health, wellness, and career goals.

Pelling, Bowers and Armstrong (2007) described counselling as the elements that have concern for people's well-being. Rainsford (2002) stated that counselling is concerned with addressing and resolving specific problems, making decisions, coping with crises and working through conflicts. Okobiah and Okorodudu (2006) defined counselling as a process whereby a trained professional in the helping relationship assists the troubled person through series of interactions to understand himself, develop better insights about his problems so that the problems can be resolved. Levant (2004) opined that counselling is particularly beneficial to people facing emotional and psychological

concerns. McLeod (2001) asserted that counselling is intended to bring about change in the domains of psychological and behavioural functioning. It is an essential intervention that meets the challenges of elderly people such as loneliness, isolation, retirement, grief and bereavement, depression, anxiety, health problems and disability (Rainsford, 2002). Counselling intervention include individual counselling, group counselling, and narrative therapy. These counselling services provide a safe and supportive environment where the elderly person can express issues of concern and maintain his/her independence.

Despite the importance of the individual type of counselling, which involves the interaction between a counsellor and a client; group counselling has been identified as a suitable remedy for some of the psychosocial problems encountered by the elderly (Myers & Harper, 2004). Group counselling is a form of therapy where individuals with similar issues come together with a professional therapist. Group counselling helps elderly persons to be aware that their problem is not peculiar. A group usually consists of six to eight members where they listen to one another and express thoughts and feelings. Group counselling gives an individual the opportunity to increase self-understanding, try out new ways of doing things and learn more effective ways of coping with problems. It provides a safe and supportive environment where the elderly can express issues of concern. The elderly may use this medium to share thoughts about their daily activities, ponder about the past and reflect on the future. In the opinion of Robert, Garry and Kelvin (2013), group counselling helps the elderly in the area of socialization and involvement which would help to reduce the feelings of isolation and loneliness. Group counselling for the elderly needs to be brief and time-limited. It should include activities that are preventive and rehabilitative for the elderly persons' challenges. Group counselling helps the elderly to have a more satisfying and meaningful life and encourages supportive sharing and social interaction which help replace losses or work contacts.

Narrative therapy is another counselling intervention for elderly persons. This intervention involves storytelling (Kanofsy & Leib, 2003). The basic assumption of narrative therapy is based on the idea that the elderly construct his own realities through social experiences (Kanofsy & Leib, 2003). According to Richert (2003), narrative therapy (storytelling) is facilitated by the counsellor; utilizing basic counselling skills such as paraphrasing, reflecting, restating among others. The counsellor facilitates a story that provides the elderly with the opportunity to understand their situation through the meaning captured in the story. Narrative therapy gives opportunity for the elderly through storytelling to know the impact the story has on their life and the general sense of self. Narrative therapy gives the elderly the opportunity to explore past memories that contribute to the elderly person's sense of self.

It is pertinent to note that the disengagement theory formulated by Cumming and Henry (1961) is related to this study. The theory contends that ageing is an inexorable, mutual withdrawal. This implies that, as people age, they gradually pull-out from social participation and responsibilities (Cumming & Henry, 1961). This explains that as people age, it is natural and satisfactory for elderly to withdraw from the society. The withdrawal is a natural, acceptable and universal process that accompanies growing old. Disengagement ensures the orderly operation of the society by removing aged people from productive roles and allowing the young with skills and abilities to replace the aged. The disengagement theory is beneficial to the elderly persons because it provides liberation from duties and roles that the elderly are no longer capable of fulfilling and also relieves the elderly from the pressures faced in the society. The theory is applicable to elderly persons in all cultures; although there might be variations. The theory benefits the society as it makes it possible for the society to function well after the death of the old ones.

Disengagement theory was later critiqued due to its failure to recognise the diversity among the aged population. While some elderly people may want to disengage and be relieved of social responsibilities, many others desire to remain socially active. The critique emanated from the activity theory developed by Havighurst (1961). The theory opined that being engaged in social activities determines the quality of life in old age. It further explained that limited social interaction, loss of roles and activities in old age leads to low self-esteem and diminished life satisfaction. Apparently, the two theories are valid and supported by researchers. Nestor (2017) argued that the two theories are relevant. The extent of validity of one over the other depends largely on the availability of economic and social factors.

RESEARCH QUESTION

1. What are the counselling needs of elderly persons in Imo State, Nigeria?

RESEARCH HYPOTHESIS

1. There is no significant difference in the counselling needs of elderly persons in Imo State based on age and gender.

METHODOLOGY

This study is descriptive-survey type and was carried out in Imo State, one of the 36 states in Nigeria. Imo state is located in the South-East geopolitical zone. The state has 27 local government areas with Owerri as its capital. The sample for the study comprised literate elderly persons; who are 60 years and above. Simple random sampling technique was employed to select 9 local government areas which is one-third of the total local government areas in the state. The selected local government areas are: Isu, Obowo, Ideato North, Okigwe, Oru East, Mbaitoli, Ikeduru, Nwangele and Oguta. The proportional sampling method was adopted to select respondents in the aforementioned local government areas since the local government areas are not evenly populated. The purposive sampling technique was used to select the respondents that participated in the study.

A researcher-designed instrument entitled "Counselling Needs of Elderly Persons Questionnaire" was used to elicit data. The questionnaire was divided into two sections comprising A and B. Section A elicited information on demographic data of respondents while section B comprised 20 structured items on counselling needs of elderly persons. The section B was patterned on four-point scale of Strongly Agree (4 points), Agree (3 points), Disagree (2 points) and Strongly Disagree (1 point). The cut-off point was 2.50. Content validation was adopted for the questionnaire and it was validated by experts in the department of Counsellor Education, Faculty of Education, University of Ilorin. In order to ensure that the instrument was reliable, the test-retest reliability procedure was followed. The questionnaire was administered on selected elderly persons (60 years and above) in Abia State (another state in Nigeria which also belongs to South-East geo-political zone), after an interval of four weeks, the same instrument was administered on the same respondents. The data collected from the two administrations were correlated using Pearson's Product Moment Correlation. The result yielded a reliability coefficient of 0.73.

The researcher got ethical approval from university of Ilorin Ethical Review Committee to carry out this study. The researcher sought the consent of the respondents and they were assured that all information collected was confidential and would be used for research purpose only. Two research

assistants who were specifically briefed on the methods of administration and retrieval of questionnaire to ease the procedure of the data collection were employed. A total of 1613 questionnaire was administered while 1578 were correctly filled, returned and analysed. Data analysis was based on mean at 2.50 benchmark and two-way Analysis of Variance at 0.05 level of significance.

RESULTS

Research Question: What are the counselling needs of elderly persons in Imo State, Nigeria?

Table 1

Mean and Rank Order Analysis of Respondents on Counselling Needs of Elderly Persons in Imo state, Nigeria

Item no	As an elderly person, I need assistance to:	Mean	Rank
9	regulate diet and nutrition	3.09	1 st
1	adjust to declining physical strength	3.07	2 nd
6	adjust to health challenges	3.07	2 nd
8	maintain satisfactory living	3.00	4 th
2	adapt to changes in social roles	2.96	5 th
3	manage limited finances	2.94	6 th
5	maintain personal grooming	2.86	7 th
14	handle family issues	2.83	8 th
7	adjust to loss of significant person (spouse, relatives, friends) through death	2.82	9 th
15	adjust to retirement challenges	2.80	10 th
10	establish relationship with people of same age	2.78	11 th
11	cope with depression	2.71	11 th
19	be referred to social and civil organizations	2.70	13 th
20	make crucial decisions	2.68	14 th
12	cope with feelings of loneliness	2.65	14 th
17	manage excess leisure time	2.64	16 th
18	cope with isolation	2.63	17 th
13	overcome neglect	2.62	18 th
16	cope with disabilities	2.58	19 th
4	prepare for death	2.53	20 th

Table 1 shows the mean and rank order analysis of counselling needs of elderly persons in Imo State, Nigeria. The result on the table indicated that all the items were ranked above 2.50 cut-off point which means that respondents agreed that the items are counselling needs of elderly persons.

Hypothesis:

There is no significant difference in the counselling needs of elderly person in Imo State, Nigeria on the basis of age and gender.

Table 2
2-way Analysis of Variance showing differences in the Counselling Needs of Elderly Persons in Imo State Based on Age and Gender

Source	Type II Sum of Squares	df	Mean Squares	Cal. F	Crit. F	Sig.
Corrected Model	1978.809 ^a	5	395.762	2.592		.024
Intercept	4942561.848	1	4942561.848	32368.744		.000
Age	179.592	2	89.796	.588	3.00	.556
Gender	418.933	1	418.933	2.744	3.84	.098
Age * Gender	1372.543	2	686.271	4.494*	3.00	.011
Error	240037.343	1572	152.696			
Total	5184578.000	1578				
Corrected Total	242016.152	1577				

a. R Squared = .008 (Adjusted R Squared = .005) *Sig. at $p < 0.05$

Table 2 presents a 2-way ANOVA result on elderly persons' counselling needs based on age and gender. The table shows that the calculated F-value (0.58) for age is less than the critical F-value of 3.00 ($p = 0.556$), while the calculated F-value (2.74) for gender is less than the critical F-value of 3.84 ($p = 0.098$), at degrees of freedom (df) of (2, 1572) and (1, 1572) respectively; hence, the hypotheses based on age and gender were not rejected.

DISCUSSION

The mean and rank order analysis indicated that elderly persons in Imo State needed counselling. Elderly persons needed counselling to regulate diet and nutrition, adjust to declining physical strength, adjust to health challenges, adapt to changes in social roles, manage limited finances, cope with depression, cope with feelings of loneliness, cope with isolation, cope with disabilities among others. This finding was in consonance with Mathew (2011) who found that majority of elderly persons required counselling because of depression, grief and adjustment issues. Mathew noted that majority of the elderly persons felt supported through counselling. Thus, this implied that counselling improves way of life; it enables elderly persons to have a sense of support and value. Counselling provides relief to individual that is disturbed and provides alternative ways of handling situations. It creates a conducive and affordable means of enjoying life optimally.

The hypothesis showed that there was no significant difference in the counselling needs of elderly persons based on age. This implied that all elderly persons in Imo State irrespective of their ages have similar counselling needs. The finding of this study concurred with the findings of Tayo-Olajubutu (2014) who found that participants remarked that all categories of people needed counselling to change their perceptions about ageing. The reason for this finding is that counselling has been found to be effective for elderly persons. Counselling is therapeutic and has been proved to be preferred to medication as a result of risk of side effects in the elderly persons.

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It was further shown that there was no significant difference in the counselling needs of elderly persons on the basis of gender. This implied that both male and female elderly persons have similar counselling needs. The finding of this study contradicted the findings of Manthei and Nourse (2012) who reported that female clients sought for counselling than males. This could mean that male and female elderly persons in Imo State were experiencing some challenges that necessitated the need for counselling since it aims at providing opportunity for male and female to live in a way that is more satisfying and resourceful.

RECOMMENDATIONS

There is need to establish geriatric counselling outlets in the community. These counselling outlets should be accessible and well-furnished to cater for the needs of elderly persons. Occasional enlightenment program should be organized to sensitize the elderly on the importance of seeking counselling. Elderly persons should be encouraged to visit counsellors regularly. Counsellors should listen, accept and treat elderly persons with utmost care. Counsellors should be well prepared to accommodate wide varieties of counselling needs of elderly persons. Since there are several needs of counselling, it is recommended that counsellors should take a holistic approach when working with elderly persons. That is, counsellors should help the elderly persons in a complete or total way of living rather than dealing with specifics.

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