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Problems of the Aged in Nigeria: The Issue of Housing and Health Care in Calabar, Cross River State, Nigeria

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Abstract:
The issue of the aged particularly in Nigeria has become a major concern to the government in particular and society in recent years. But little or no policies have been put in place to reduce the burden on this people (aged). The study sought to investigate into the healthcare and housing, issues of the aged, and examine the various policies meant to support their wellbeing in Calabar Metropolis. Purposive sampling technique was adopted for the selection of the study area while accidental was used in locating the respondents. Interview guide and questionnaire were used for the collection of data from the respondents. The statistical package for the social sciences (SPSS, 2007 version) was then used for the analysis of the data. Seventy-eight percent of the aged either live in rented or family house. About 58 percent of the aged suffer from a multiple or more than one illness while 24 percent had bodily/joint pains. Beside pension scheme which is documented in the National Aged Policy and largely skewed towards those in the formal employment, this paper revealed that there was no other policy directly made to support the aged. Institutions such the Social Welfare and other NGOs also have no clear and direct policy towards supporting all aged. This paper however recommended that; a fund be put in place called 'aged fund' which would seek to ensure the aged wellbeing. The age at which one qualifies for a free or subsidized premium payment of the national health insurance scheme should be reduced to 65 years. Long term housing policy be established to ensure that every worker have his/her own house before reaching the retirement age.

Keywords: *Aged, Healthcare and Housing*

1. Introduction

The issues of housing and health care of the aged has become a major challenge in the world as a whole and Nigeria in particular. According to Tanyi, Andre, &Mbah (2018), the fast-growing number of older adults during the last few decades has impacted significantly on the political, economic, and social functions of societies in both industrialized and developing regions and majority of these older adults are often faced particularly with the issues of healthcare and housing in Nigeria and Cross River State in particular. The aged in our Africa society function to satisfies different categories of needs of the society, this is the reason why in African culture the aged are respected and revered and their opinions are highly rated in the community. They are honored to the extent that their views are never questioned (Mboto, Akah&Ikeorji, 2018).

1.1. Statement of Problem

The major challenge facing most governments in Africa is the development of policies and training of officials capable of understanding and responding to the current social priorities and complex needs of an increasingly ageing population particularly in the areas of healthcare and housing. The aged, particularly the retired, mostly have unsustainable income and may depend on their pension benefits (if he/she was a contributor to the pensions scheme) to sustain his/herself financially and cater for his/her healthcare and housing. This paper however seeks to provide answers to the following questions; what is the housing situation of the older adult in Cross River State and what are their healthcare situations?

1.2. Objectives

The objective of this paper is to;

- Assess the housing situations of the older adult in Cross River State
- Assess their healthcare situations.

1.3. Scope of the Study

Geographically, the study is to be carried out in Calabar Metropolis. This is due to proximity and cost effectiveness and also for the fact that, it is cosmopolitan and gives diversity of ethnicity. Calabar Metropolis is selected in order to give the diversity of highly urban and relatively rural communities in relation to the care of the aged.

2. Literature Review and Theoretical Orientation

2.1. The Concept of Ageing and the Aged in Nigeria

According to Stuart-Hamilton (2006), the term 'ageing' is somewhat ambiguous and hence distinctions may be made between 'universal ageing' (age changes that all people share) and 'probabilistic ageing' (age changes that may happen to some, but not all people as they grow older, such as the onset of type two diabetes). Ageing in general has been explained, according to Bowen and Atwood (2004), as the accumulation of changes in an organization or object overtime. Ageing in human, on the other hand, could be explained or referred to as a multi-dimensional: physical, psychological and social change.

Nigeria, the country with the largest population in Africa over 200 million, has an elderly projected population growth rate of 3.2% (Population Reference Bureau 2012, 2017); a rate that has been estimated to double by 2050 (Mbah, 2016; Tanyi, et al, 2018). This trend calls for concern as it poses major economic, psychological, health, and social challenges to the Nigerian state. What really heightens the challenge is the absence of clear policy, or any functional social security service, for the elderly people in Nigeria (Tanyi, et al, 2018).

2.2. Housing/ Housing Arrangements

Housing has been defined by different people in different contexts to suit the condition of that environment. It can be seen in terms of shelter, that is, any enclosure with roof and this includes kiosk. However, for the purposes of adequate health and security, this study will adopt the definition of housing as a means of fulfilling physical needs by providing security and shelter from weather and climate. It fulfills psychological needs by providing a sense of personal space and privacy. It fulfills social needs by providing a gathering area and communal space for the human family, the basic unit of society. In many societies, it also fulfills economic needs by functioning as a center for commercial production (UN-Habitat, 1996).

Appropriately, the wish of every elderly person is to have retired to homes of their own and not in any form of residential care. However this has become a myth to majority of this group in Nigeria. Adequate housing is of importance to the elderly in many ways to keep them warmth, easy access to lavatory and other facilities, less stress in a future rearrangement of tenancy agreement as well as cost, conducive surroundings and above all desire/ability to live in the way they want in their own home (Schwab, 1989).

3. Types of Housing Arrangements

In Nigeria particularly in Calabar, the main types of housing arrangement familiar to the society include rented housing arrangement, owner occupier housing arrangement and homelessness/slum.

Owned Housing/Homeownership

Results from a study by NgoziOkonjo-Iweala (NOI) Polls in 2007 have shown that 51% of Nigerians currently live in rented accommodation, 40% of which are paying between N20,000 and N100,000 yearly (across Nigeria). Only 31% of Nigerians surveyed said they lived in their 'personal house' which they may have built, purchased or inherited. The results also indicate that 85% of people would consider mortgage financing as an option for home ownership. NOI Polls was founded by NgoziOkonjo-Iweala in 2007 through a partnership with her existing company, NOI Global Consulting and the Gallup Organization, US. Report indicated that about 67% of American households own their own homes. The report further assessed that, one of the most fundamental needs of the elderly nationwide is the need for safe and affordable housing linked to appropriate services. Again, Housing Our Elders report revealed that older Americans live in quality housing that is within their means and located in neighborhoods that they preferred (American Housing Survey, 1997).

3.1. Rented Housing

This is where a contractual agreement between a house owners referred to as landlord/landlady and an occupier also referred to as tenant for a sum of money referred to as advance payment for a specific period of time usually twelve months and sometimes renewable (Mboto, et al 2018). This sort of agreement is seen to be very burdensome among Nigerians especially the poor and the vulnerable including the aged. According to UN (2011) statistics, the urban population of Nigeria constituted 48 percent of the country's population in 2009. This indicates that 73.92 million Nigerians out of the estimated total population of 154 million people live in urban centers. And of this figure, 62.93 million (representing 85 percent) live in rented houses across the country. Statistics has also shown that in Calabar, as many as 57 percent of the population live in rented houses and this includes the aged population as well as those whose ages are close to the aged population (Mboto, et al 2010).

3.2. Homeless/Slum

In a recent presentation on 'overview of the housing finance sector in Nigeria', Roland Igbinoba, President of Pison Housing Company, noted that informal housing is most prevalent in the urban centers of the country, with more than 80 percent of the population living in settlements that are unplanned with poor living conditions. 'The informal urban settlements are visible in the Calabar metropolis and other major cities. Calabar South provides an example of this kind of settlement, with unhealthy conditions due to overcrowding and lacking adequate infrastructure. 'Housing in these settlements is built incrementally and completion of buildings can take as many as 10 years. The formal sector, which constitutes about 15% of the housing market, is insufficient to meet demand. Where supply exists, this is targeted at high-income earners, while houses categorized as low income are mainly outside the reach of low-income earners; as a result,

rents and house prices are high. This sector is predominantly a seller's market where rents are paid on average of two years in advance. The cheapest apartments for sale in the suburbs of Calabar cost about N2 million – N3 million, on the outskirts is around N5 million, while in the heart of Calabar itself the figure is close to N10 million (Mboto, 2018).

This implies that about 65 percent of the total housing needs are not met putting pressure on the few supplies and as Oladeji (2011 p. 32), put it 'homes in areas with healthy economies and growing populations tend to gain in value over time, whereas the value of houses in depressed regions with declining populations goes down'. This has made some of the Nigerian population homeless due to high demand over supply of housing.

3.3. Causes of Slum/Homelessness

Due to imbalances in the supply and demand of housing, it has resulted to what is regarded as illegal settlement or slum. The cumbersome nature of land acquisition procedures and weak enforcement of development control and standards or codes in the design and construction of houses; ineffective rural housing policy; and haphazard land development has contributed to this slum. Another major challenge relates to housing according to the document, is housing finance. This is reflected in inadequate finance to support the construction industry; high cost of mortgages; and low production of, and poor patronage of local building materials are some of the causes of homelessness and slum (Mboto et al 2010).

3.3.1. Health of the Aged

Elderly persons tend to be significant users of medical services, due to the need to monitor acute or chronic changes in physical, social and psychological function. In Nigeria, access to healthcare is severely limited both by paucity of health facilities and manpower and by out-of pocket payment arrangement (Animasahun et al, 2014). In fact, in Sub-Saharan Africa, barriers to healthcare faced by older people have included elevated medical costs related to transportation to the health center as well as disease management, minimal number of specialized centers for care, and lack of programmes to optimize culturally and age-sensitive care at federal health centers (Odaman&Ibiezugbe, 2014). Geriatric medical services are not prioritized in the Nigerian health system, which has been observed due to lengthy waiting time for healthcare appointments, low provider-patient ratio, and poor communication among elders and their healthcare providers, which may lead to unwillingness to utilize health services.

Health has been described by many instances and through different perspectives. The World Health Organization (2009 p. 77) defined health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'. Nursing theorist, Imogene King describes health as 'dynamic life experiences of a human being, which implies continuous adjustment to stressors in the internal and external environment through optimum use of one's resources to achieve maximum potential for daily living'. Her view associates health to a continuous process which needs to be considered. It is a matter of being in health and not to have health (King, 1981 p.20). The concept of health is important for nurses to help individuals achieve the goal of health. According to King (1981 p. 65), 'human beings function in a social system through interpersonal relationships in terms of their perceptions, which influence their life and health'. To have control over one's daily life is an essential aspect in one's wellbeing and no lesser in the life of the elderly; this allows for self-realization and development and hence, the loss of control may lead to poorer quality of life and thus further leads to lower immunity.

Theories of autogenesis, those who have a strong sense of coherence have adequate generalized resistance resources which have a stress buffering function. A strong sense of coherence assists people to perceive life as comprehensive, manageable and meaningful (Antonovsky, 1987). A study on the subjective wellbeing of active elderly persons, from the autogenic perspective indicated that strong sense of coherence creates or maintains a psychological integrity that has a positive effect on health (Weismann, 2008). A possible way to strengthen sense of coherence is to promote interventions strengthening autonomy (Suominen, 2008), a process where the elderly are able to influence and experience the purposefulness of their everyday life (Lindström, 2005). Physiologically, it is evidence that, a greater incidence of acute and chronic sickness among the elderly affect their mobility than with the other age groups like the youth. Tinker (1984) reported that, averagely about 65 percent of aged, 75 years or over suffered from chronic health problems compare with averagely about 54 percent of the aged between 65 years and 74 years. It therefore shows that the main causes of loss of mobility among the elderly were the chronic diseases (arthritic and rheumatic conditions followed by cardiac and pulmonary conditions). These conditions affect the mobility of the elderly and aggravate their dependence (Tinker 1984). Again, another significance of the growing number of older people is that, they make the highest demands on health and personal social services (Tinker, 1984). For example, those who are over 75 years make even greater demands; and those over 85 years 'particularly make heavy demands on the medical and social services'; meanwhile, according to the Daniel (2010), a greater proportion (over 88percent) of the Nigerian population are in the informal sector which includes food crop agriculture and petty trading whose incomes are relatively low with little or no savings as social security, making them poorer in their old age. Notwithstanding, almost all chronic illnesses are age related, as their incidence increases with age (Binstock and George, 2001). This makes the socio-economic cost of ageing very unbearable to the aged. It is suggested therefore that decrease in mortality in these elderly adults is not just explained by conditions in early life but also by their present status and conditions (Catalano, 2002; Zimmer, 2006).

4. Theoretical Framework

Social exchange theory is one of the major theoretical perspectives in the field of social psychology and sociology propounded by Humans, G. C in 1961. Humans posited that 'social behavior is rewarded or punished by the behavior of

another person'. Homans drew upon economics in developing his theory. In considering rewards he decided that some of the economic terms and conceptualizations did not apply as well to social behavior. He used the phrase 'value of a reward' to emphasize the notion that any given reward might have different value to different people. According to Dokpesi (2006), the central concept of social exchange theory is reciprocity; that is, repaying our interaction partners in the same token in which you have received. This theory assumes that, individuals weigh the outcomes of their social exchange against other possible exchanges. As outcomes of relationships fall below the level of perceived outcomes from other relationship alternatives, individuals may choose to leave present relationships or exchanges (Dokpesi, et al, 2014). Individual's behavior is a function of payoffs, whether the payoffs are provided by the nonhuman environment or by other humans (Cook & Rice, 2003; Dokpesi, et al, 2014).

However, the social exchange theory is best applied to this study because the elderly are members of a family which is the primary and social unit of interaction. In the family, there is husband-wife, parent-children, sibling-sibling, and parent-larger family and sibling-larger family interactions (Dokpesi, et al, 2014). Take cognizance that, the central concept of this theory is reciprocity, meaning that positive behavior at home reinforces subsequent positive behavior. Therefore, care at young age is expected to be reciprocated subsequently with care at old age in the relationship between elderly parent and children. Again, the aged contributed to the society through interaction at working age and the reciprocation by the society at old age is sacrosanct.

5. Methodology

The study adopted a mixed method research design which is a combination of both quantitative and qualitative survey. The study adopted the cross-sectional study design. The choice of this is justified because it affords the opportunity to decide what to find out, to identify the study population, to select the sample and to contact the respondents to obtain the required/relevant information (Kumar, 2005). Also it is adopted because it requires only one contact with the study population. The population of this study is the aged (60 years and above). For convenience, this study sampled 456 Aged respondents. While the purposive sampling technique was used in selecting 4 respondents each from Social welfare departments and Calabar Home for the Aged, and in each of the selected communities, 3 caregivers were selected using the accidental sampling technique which brings the total sample size to 482. The study adopted a combination of both primary and secondary sources of data. The data collection tools that were employed to conduct this research include direct observation, structured questionnaire and interview guide. Data were processed and analyzed based on the understanding of the key concepts of the study. Analysis of the data however was done using the statistical package for the social sciences (SPSS) version 22.

6. Results and Discussions

This presents analysis of the various issues that directly affect the wellbeing of the aged in Nigeria, particularly in Calabar Metropolis of Cross River State. This analysis discusses the socio-economic characteristics of the aged including the issues of their health and housing. It in addition discusses the role of caregivers as well as other institutions in the wellbeing of the aged.

Variable	Response	Frequency	Percentage %
Age of respondents	21-30 years	38	7.9
	31-40 years	69	14.3
	41-50 years	102	21.2
	51-60 years	155	32.2
	61 years and above	118	24.5
	Total	482	100
Sex of respondents	Male	222	46.1
	Female	260	53.9
	Total	482	100
Marital status	Single	10	2.1
	Married	182	37.8
	Widowed	196	40.7
	Divorced	58	12.0
	Separated	36	7.5
	Total	482	100
Educational attainment	No formal education	159	33.0
	Primary school	99	20.5
	Secondary school	208	43.2
	Tertiary school	16	3.3
	Total	482	100
Number in household	One-Five	256	53.1
	Six-Ten	136	28.2
	11 and above	90	18.7
	Total	482	100

Table 1: Socio-Demographic Characteristics of the Respondent Including the Frequency and Percentage of Their Responses
Source: Field Survey, July 2019

6.1. Characteristics of the Aged Respondents

A total of 482 respondents were sampled in six communities from two local governments of Cross River State. Two Hundred and Twenty Two of them were males and Two Hundred and Sixty were females respectively; this was based on proportional representation.

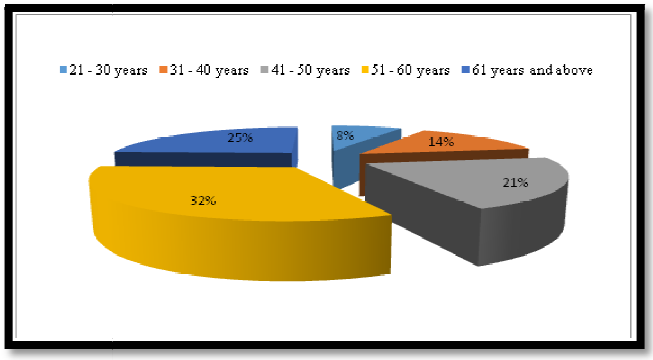

Figure 1: Age of Respondents
Source: Field Survey, July 2019

Figure 1 above shows the age category of the respondents. It revealed that greater percentage (averagely 57 percent) of the aged is found between the age cohort of 51 to 61 and above. Therefore any policy that seeks to exclude these age cohorts would cut off the greater percentage of the aged population.

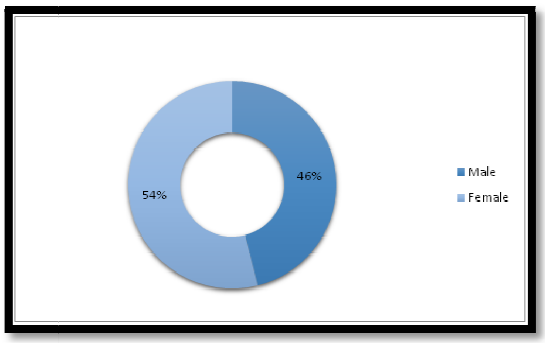

Figure 2: Sex of Respondents
Source: Field Survey, July 2019

Figure 2 above shows the sex of respondents. 222 respondents representing 46 percent were male while 260 respondents representing 54 percent were female.

6.2. Marital Status of the Aged Respondents

Emotional support as a form of social support generally comes from family and close friends and is the most commonly recognized form of social support. It includes empathy, concern, caring, love, and trust (House, 1981).Marriage as a union between two people; help create some form of social interaction which enhances the social life of the couple. People who are not married and live alone are less likely to receive social support than people who are married or cohabitate. This help to improve the health life of the aged, poor social support is associated with mental health problems, such as depression (Dalgard et al., 1995).

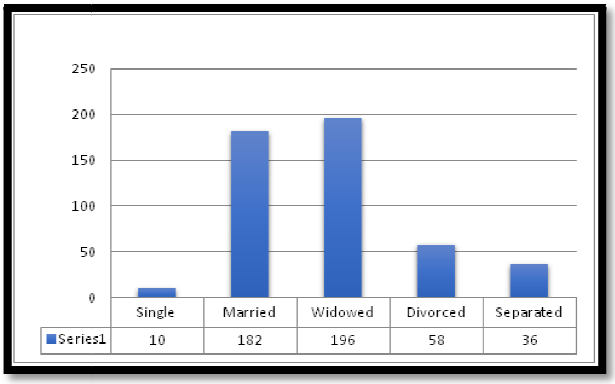

Figure 3: Marital Status of Respondents
Source: Field Survey, July 2019

From Figure 3, about 40.7percent of the aged are widowed, 37.8 percent are married, 12.0 percent have divorced and 7.5 percent have separated while the single respondents represent 2.1 percent. This shows that about 59.3 percent of the aged are either not living with their spouses or have no spouse and therefore may not enjoy enough social interaction. Only 40.7 percent are married or living with their spouse at old age. The implication therefore is that, the majority (59.3 percent) of the aged may lack emotional support which is received from spouses and this could affect their health life.

6.2.1. Educational Status/Level of Aged Respondents

Education allows an individual to gain access to better economic opportunities, earn a good salary and enhances his/her socio-economic conditions even after retirement. As ones income is higher, his/her standard of living relatively improves and all things being equal, he/she is able to save more to take care of his/her aged needs better than the one whose incomes are low and largely depends on that low income (NDPC, 2010).

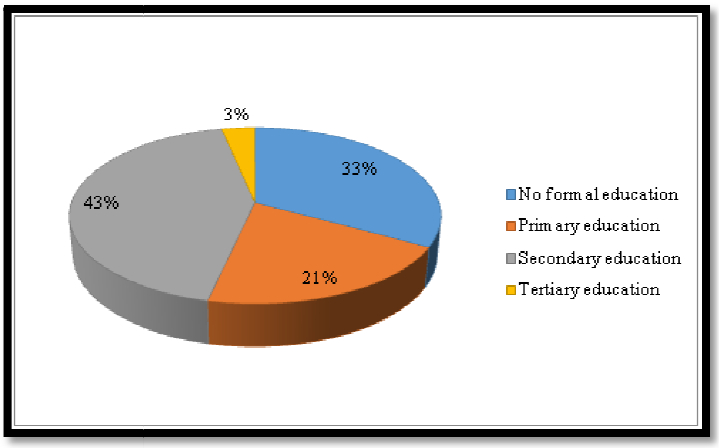

Figure4: Educational Attainment of Respondents
Source: Field Survey, July 2019

Figure 4 indicates that 33 percent of the aged have not had formal education before, 21 percent of them were revealed had primary education while 43 percent have had secondary education. On tertiary education however, just 3 percent of the respondents have. More aged in the Calabar Municipality communities had formal education for both the basic and secondary school levels than those in the Calabar South communities respectively. This implies that relatively, more aged people in the urban communities have better standard of living than those in the rural communities.

6.3. The Housing Situation of the Aged

According to WHO (2011), housing conditions are likely to affect people's health situation including the aged. Inadequate housing causes or contributes to other preventable diseases and injuries, including respiratory, nervous system and cardiovascular diseases and cancer. Poor design or construction of homes is the cause of most home accidents. In some European countries for instance, poor design kills more people than do road accidents. The use of proper building materials and construction could prevent indoor pollutants or mold which could cause asthma, allergies or respiratory diseases. This section therefore discusses the following, the kind of living arrangement, type of toilet facility used, place of accessing the toilet facility and source of water for consumption.

6.4. Kinds of Living Arrangements

The study revealed that, the aged population had the various options of accommodation; this includes renting, perching, owning and family housing.

Response	Frequency	Percentage %
Rented	189	39.2
Perching	90	18.7
Own house	110	22.8
Family house	90	18.7
Others	3	.6
Total	482	100.0

Table 2: Kind of Living Arrangement
Source: Field Survey, July 2019

The research indicated in Table 2 above that 18.7 percent of the respondents lived in their family house and those renting a house were 39.2 percent which is the highest living arrangement majorly in Calabar Municipality. Those owning a house, according to the studyrepresent 22.8 percent and majorly in Calabar South. This implies that majority of the aged who owned their houses are from the rural areas. Again, the study revealed that over 90 aged representing 18.7 percent are perching around without a living arrangement while 3 aged representing 0.6 percent don't even have a direction.

6.5. The Caregiver (Direct Social Care) of the Aged

According to this study, the caregivers play a vital role in the life of the aged population. They provide psychosocial and physiological assistance to the elderly such as engaging the aged in conversation to reduce their stress level which could otherwise aggravated their relatively poor health conditions. They again support the aged to move about easily with little difficulty. They also run the errands of these aged groups while others in addition to all that, help them to do their house chores and other necessary activities. The absence of these caregivers might not only create uncomfortable situation for the elderly but could also facilitate and accelerate their early pass-off into eternity.

Response	Frequency	Percentage %
Spouse	121	25.1
Children	184	38.2
Other relatives	97	20.1
Non-relatives	70	14.5
Others	10	2.1
Total	482	100.0

Table 3: The Caregiver (Direct Social Care) of the Aged: Who are you living with?
Source: Field Survey, July 2019

The study in Table 5 above revealed that, 38.2 percent of the aged population was staying with their children with 25.1 percent staying with their spouses. Indicating that, majority of the aged, relatively felt more comfortable and secured socially for living with either their spouses or children. However, 20.1 percent stayed with their grandchildren or other relatives while 14.5 percent stayed either alone or with a hired caregiver. The study also revealed that, 2.1 percent of aged stayed/cared for by other means. The study however exposed the fact that hired care-giving is not a common practice culturally as compare to the other one's discussed above. This does not promote development because it could negatively affect productivity of the care-givers.

6.7. Contractual Agreement with Caregivers

It could be deduced from the study that hiring or contracting caregivers to take care of the aged family members seemed not be a tradition or culture of the people in Calabar Metropolis. People prefer staying with their own aged family members or bringing their close family members to stay with them rather than hired caregivers without considering the consequences it might have on their job or their children's education.

Response	Frequency	Percentage %
Yes	102	21.2
No	380	78.8
Total	482	100.0

Table 4: Contractual Agreement with the Aged
Source: Field Survey, July 2019

It is shown from Table 4 that, as high as 78.8 percent did not accept having contractual agreement with their caregivers. Only 21.3 have some sort of contractual agreement with their caregivers. This implies that the people took care of their own aged family members and this has possibility of affecting their daily activities and in the long run affecting development.

6.8. The Healthcare Situation of the Aged

The ultimate goal of health is to ensure a healthy and productive population capable of contributing to socio-economic development and wealth creation in the country. For this reason the NHIS policy is being implemented which seeks to increase access to healthcare with a reduced cost and in addition exempted those in 70 years and above from premium payment (NDPC, 2006; 2010).This section therefore discusses the following, type of health facility mostly visited, reason for choosing that health care, means of payment, type of illness mostly reported, means of sustaining health and physical impairment of the aged.

6.9. Type of Health Facility Mostly Visited by the Aged

Many people have their reason for visiting a particular health facility especially where there are options to choose from.

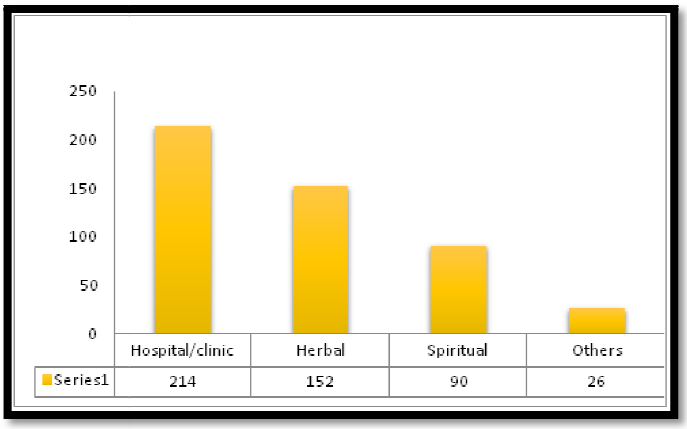

Figure 5: Type of Healthcare Mostly Seek
Source: Field Survey, July 2019

Figure 5 revealed that 44.4 percent of the aged used hospital/clinic, and 31.5 percent used herbal/traditional methods respectively. Those using other methods such as spiritual beliefs and or natural therapy/exercises were revealed and are represented at 24.1 percent. The study indicated further that they based their choice of various types of health facility on better service.

6.10. Reason for Choosing that Health Facility

Every individual of the aged had their own reason of choosing or selecting a particular health facility. One the respondents explained; *'I based my choice on better service which includes availability and access to quality medical officer, laboratory and medicine'*. He saw cost of accessing the medical services as very necessary. In human society, no matter what is done some people would still remain indifferent. In this wise, another respondent said; *'I have no specific reason or not sure of selecting the type of health facility, therefore i chose as and when it suits me'*.

6.11. Means of Paying for Health Care

Having rationally chosen a health facility, there is the need to meet the cost of accessing the services of that facility. The study indicated that, there are several means by which the people met the cost of service to their healthcare and these were either health insurance, individual own payment, a combination of the two or other means. However, it became necessary that, those with health insurance sometimes paid for certain services in addition to their health insurance. This was because not all the services including medications are covered by the insurance.

Means	Frequency	Percentage %
Own income	258	53.5
Health insurance	69	14.3
Combination of the two	92	19.1
Others	63	13.1
Total	482	100.0

Table 5: Means of Paying for Health Care
Source: Field Survey, July 2019

The study revealed in Table 5 above that, 258 aged representing 53.5 percent pay for their healthcare themselves, 14.3 percent of means of payment is done by health insurance while 19.1 percent pay for their healthcare using a combination of own income and health insurance. The study equally revealed that 13.1 percent used other means in paying for their healthcare. However, those with health insurance complained of using cash in addition to access healthcare. This is because, certain services and medications were not covered by the health insurance and this could be a motivating factor of the aged resulting to self-medication or unorthodox means of accessing healthcare.

6.12. Type of Illness Mostly Reported to Health Facility

Tinker in 1984 reported that the aged population is vulnerable/prone to illness and most of them usually have not less than one illness. The research revealed that averagely, 58 percent of the aged reported of more than one illness, they regularly reports bodily/joint pains which emanated from tiredness and weakness in the body as a result of old age. Some reported heart related diseases and some others were suffering from rheumatism and high blood pressure (BP). Diabetes and heart related diseases were also found to be relatively higher in Calabar South communities than Calabar Municipal. The reason however could not be readily explained and needs further investigation clinically.

6.13. Means of Sustaining Health

Besides seeking regular medical care, there were other means by which individuals sustained their health or better still, kept themselves healthy/fit.

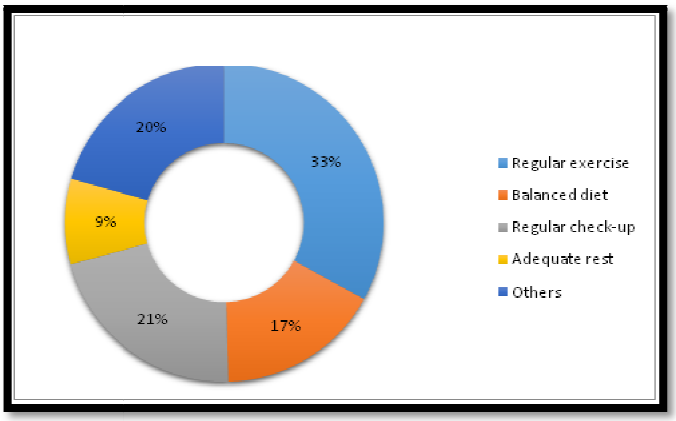

Figure 6: What Do You Do To Maintain Your Health?
Source: Field Survey, July 2019

The study revealed that as high as 21 percent of the aged averagely relied more on the use of drug/medical check up to maintain or sustain their health. It is highly significant that, an average of 33 percent of the aged population uses and believed that regular exercise is another way of sustaining their health. Some other respondents representing 20 percent engaged in brisk kind of activity like farming and others which involved walking, bending or squatting, throwing of hands and others even in their old age and this help keep them fit as much as possible. There was however, only few (9 percent) of the aged practicing adequate rest as a way of sustaining healthy conditions while 19 percent sustained their health through balance diet.

7. Summary of Findings, Recommendations and Conclusions

The findings of the study are based on the objectives of the research. This section therefore identifies issues concerning the social, housing and healthcare concerns of the aged and also how national policies have been directed towards achieving their wellbeing for national development. This has been listed under the various sub-headings for clarity.

7.1. Socio-Economic Characteristics

The study revealed that:

- About 54 percent of the aged either don't have formal education or just a primary education in Calabar Metropolis. This however affected their employment status and income levels.
- As high as 60.2 percent of the aged are without marital partners, 40.7 percent of them are widowed, 12 percent divorced and 7.5 percent separated.

7.2. The Housing Situation of the Aged

It was indicated by the study that:

- About 18.7 percent of the aged lived in the family house while 39.2 percent lived in rented housing and also 18.7 percent of the respondents perch around. This shows that, about 76.6 percent of the respondents do not own a house and therefore depended on other means for living and therefore has the tendency to interrupts their peace and security.
- Majority of the aged have relatively lower standard of living considering the kind of toilet facility they access and where it is accessed.

Water related disease is very minimal or non-existence in the study areas since majority of them has access to potable water. It is evidence that an average of 90.1 percent has access to potable water in the study area and therefore has the tendency of improving their health situation.

7.3. The Healthcare Situation of the Aged

Investigation revealed that:

- Self-medication seems to be a frequent habit among the aged as a result of regular bodily/joint pains and other sufferings some of them go through. This is due to unfriendly nature of the hospitals towards the aged and the routine nature of medication administered to them as well as the perceived ineffective operations of the national health insurance scheme for the aged.
- More of the aged suffered multiple illnesses; this might be as a result of old age which made them susceptible to illnesses. As one increases in age the immune system reduces in its effectiveness or sometimes the previous lifestyle affects the immune system to malfunction. It is evident in the study that, about 58 percent of them reported more than one illness to the health facility they chose.
- The aged also received some support from the caregivers. From the study it was revealed that the role of caregivers was very crucial in the wellbeing of the aged. They gave social and psychological support, financial support, healthcare support and some gave housing support all geared towards the wellbeing of the aged. They

emphasized the fact that, it becomes very necessary sometimes to abandon every activity or programme to lead the aged relative to seek medical care.

8. Recommendations

A fund should be created by the government and call it 'Aged Fund' to support the aged, who are prone or susceptible to health, social, financial and or other challenges that could make them miserable and or destitute. The general public, NGOs and other civil society groups should be encouraged by government to contribute to the fund as part of their social responsibilities to the society. When the people are aware that the taxes and other contributions towards this course would inure to their long term benefit, they would gladly commit themselves to it.

The government should establish a long term and generally accepted housing policy to support the people especially the aged to own a house while they were in their active working age. The already established associations/welfares, credit unions and other groupings could be used as a vehicle to realize this. Another is the affordable housing scheme though the prices seem to be expensive, the concept was laudable. To make it relatively affordable, local building materials should be employed. This would help reduce the housing deficit, increase access to housing and finally improve the wellbeing of the aged.

9. Conclusion

The study has revealed that, all the issues discussed such as healthcare and housing issues are very critical to the wellbeing of the aged. Therefore, if an appropriate and effective policies and programmes are directed towards them, they could become useful and beneficial to the society. The role of the aged as gatekeepers of culture and tradition as well as conflict resolution and also where people consults when critical decision is needed to be taken would be upheld in the face of societal indiscipline particularly among the youth would be enhanced. However, their exclusion in national development coupled with societal suspicion and name calling seem to have eroded this gain.

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