PERCEIVED NEEDS FOR HEALTH EDUCATION PROGRAM FOR THE ELDERLY PEOPLE IN BIDA LOCAL GOVERNMENT AREA, NIGER STATE

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Abstract

Healthy ageing is one of the most important goals of any nation. The ageing population constitute a great percentage of the population which must not be undermined in the healthcare delivery system. The study examined the needs for health education program for elderly people in Bida Local Government Area, Niger State, Nigeria. The objectives of the study were to examine; (i) the needs for health insurance scheme for the aged and (ii) the need for establishment of old peoples' home for the aged people in Bida, Niger State. A descriptive research design of survey type was used. Four hundred (400) respondents formed the sample for the study. The samples were selected across households in the four selected wards in Bida Local Government Area using multi-stage sampling technique. A researcher developed questionnaire tagged "QPNHEDP, validated by three Jurors and tested for reliability using test re-test which yielded a correlation coefficient of 0.73r was used for the study. Data was collected by the researcher with the help of three trained research assistants. Chi-square was used to analyse the hypotheses for the study at 0.05 alpha level of significance. Findings revealed that elderly people in Bida saw the need for their inclusion in the health insurance scheme as important and there is need for the establishment of old peoples' home. The researcher recommended that local government authorities should include elderly people, regardless of their occupation in the health insurance scheme in order to promote healthful living and prompt medical care for various ailments.

Keywords: *Health, Health Education, Elderly people, Health Promotion, Health insurance Scheme*

Introduction

The importance of health promotion for elderly people for countries faced with limited resources and the unprecedented growth of their elderly populations cannot be overemphasized. An example of such country is Nigeria where statistics show that the percentage of people between the age of 55-64 years was 3.9% (male 3,393,631; female 3,571,301) while those within the age of 65 years and over have a percentage of 3.1% (male 2,621,845; female 2,861,826) (CIA World Factbook, 2014). The life expectancy at birth of male is 51.63 years while that of female was 53.66 years (CIA World Factbook, 2014). In the absence of adequate health education programme for the aged, this statistic seems to

show a potential threat to the health of the ageing population, especially those who are below 65 years. This is because, it is presumed that there will be a higher life expectancy for Nigerians in years to come.

There has been an increasing need for various health education programs that will combat the various physical, social and psychological health problems faced by the aged people. The concept of wellness is applicable to every individual from younger adults to older ones. Majority of health care providers are of the opinion that activities pertaining to preventive measures, health and wellness maintenance will not be helpful to elderly people due to their age. This is not true; these concepts should not be viewed as specifically relevant to only the younger individuals (Reicherter & Greene, 2005; Tabloski, 2010). Elderly people should likewise be given social and geriatric care after retirement, especially at the time when they seem to have been forgotten by even their own children and other family members.

A large part of the world's population is ageing while the pattern of common diseases including acute illnesses and chronic diseases has continued to change. Adoption of a healthy lifestyle and maintenance of health could delay or prevent serious defects which could arise from most of these diseases (Tabloski, 2010). Actually, wellness and disease prevention education have been found to be effective in providing lifelong behavioural change in elderly people. The elderly population has the highest risk for major diseases and defects, their education should be handled carefully and efficiently by healthcare providers and health educators should. Many benefits could be derived from such education, regarding protective and wellness behaviour among elderly people (Reicherter & Greene, 2005; Tabloski, 2010).

Even with the dire need for health education programs for the aged, Ajomale (2009) indicated that many African countries including Nigeria have not enacted any policy on health insurance and welfare of elderly people. In Nigeria, the policy has remained in draft for over a decade. In the coming years, the ageing population and the life expectancy rates in Nigeria are expected to increase with significant social and economic consequences to both the citizens and government of Nigeria in years to come. Notably, the old age dependency ratio is currently low but is expected to increase in the coming years., this is an indicator of a potential future problem (Tabloski, 2010).

Health education as a concept has a direct link with health promotion in clinical and educational fields. Even though there has been an increasing interest in prevention of injuries and diseases from 1980 (Leung, Chi & Lui, 2006). However, promotion of health of the ageing population has however been neglected. Health education increases individuals' knowledge of health and health care in addition to making them informed about the various health care choices available for use. Engaging in physical activities and consumption of healthy food among older adults make them become more active, delay visitation to nursing homes and improve their self-satisfaction and quality of life (Leung, Chi & Lui, 2006). Many international health agencies have emphasised the importance of health education for promotion of health and supporting the health care needs of the ageing population (Rana,

Kabir, Lundborg & Wahlin, 2010). Some of the major challenges that health education should focus to make life longer and fulfilling for the aged include the followings:

Changes in family structure: Caring for the aged relations is a culturally rooted and highly respected value, especially in Africa. However, due to economic problems, migration and influence of foreign culture, this beautiful culture is fading rapidly, especially in Nigeria. There has been an observable shift in function away from the traditional family, which seem to have had negative implications on the health of the aged people in the country (Rana, Kabir, Lundborg & Wahlin, 2010). A well-planned and implemented health education program should cater for this deficiency in the relationship between the elderly people and their relatives. The family should be included in every stage of implementation so as to be educated on the need to be closer and pay special attention to their aged relatives (Rana, Kabir, Lundborg & Wahlin, 2010).

Care provision for older people: One of the hindrances to provision of care for the aged in Nigeria is the attitude of government and political leaders in Nigeria, who belief that family has the sole responsibility of caring for the aged. Most of the policies enacted in Nigeria focus mainly on women, younger people, and children. They failed to realize that aged people are best catered for in the old peoples' home where they will receive assistance from social workers and be given continuous health education. Alaka, (2016) posited that there is an increasing need for old people's home in the country. Of course, due to changing lifestyles, people are becoming too busy to even take good care of themselves, let alone their elderly ones, as a result, the elderly people are left to suffer. Although few and grossly inadequate, there are well known old peoples' homes and care-givers in Nigeria, especially in metropolitan cities of Lagos, Ibadan, Port Harcourt, Calabar and Abuja. There is paucity of information on such development in Bida Local Government Area of Niger State. The researcher is of the opinion that if elderly peoples' home is established in the study area, the suffering of the aged population would be reduced to a barest minimum.

Health Insurance Scheme: The goal of health insurance is to assist the elderly people to have access to quality health services at an affordable cost. Numerous studies have revealed devastating consequences of lack of insurance for the elderly population (Heeringa & Conner 2015). Baker, Sudano and Albert, (2012) found in a study on the impact of health insurance on physical health that respondents who were uninsured or lost their insurance coverage over a 2–4-year period, reported greater health declines than those who were under insurance coverage. McWilliams, Zaslavsky, Meara and Ayanian (2014) likewise found that lack of insurance for elderly people significantly increased mortality. Considering the fact that in Nigeria, old people are not included in the national health insurance scheme, there is a risk for increased mortality and morbidity of the ageing population in the country. Hence, there is a need for the inclusion of this important part of the population because, they are prone to injuries, physical limitations and low economic status.

Statement of the Problem

There appears to be an obvious imbalance in the health status of youths and the aged in Niger State, Nigeria. The elderly people are seen as people who do not need special health

programmes to cater for their health, finances, and well-being. This category of people, experiences a lot of pain physically, emotionally, socially and even mentally. However, Niger State is yet to have a policy to accommodate the needs of the elderly, including the health insurance policy. The health insurance policy is so weak that it can only accommodate people working for the government and when they retire from work, they do not have access to it again. Most of the time, they just grow old in their various homes and suffer with little or no support from families, individuals, and even the government. The only policy made for the aged is the National Pension Scheme, which is often poorly handled. If left unattended to, this may lead to many health issues among the aged including stroke, hypertension, heart attacks, injuries, other non-communicable diseases and even death. In view of this, the researcher examined the perceived needs for health education program for the elderly among elderly people in Bida Local Government Area of Niger State.

Research Hypotheses

The following research hypotheses were raised to guide the study:

1) There will be no significant need for health insurance scheme for the elderly as perceived by elderly people in Bida Local Government Area of Niger State.
2) There will be no significant need for old peoples' home as perceived by elderly people in Bida Local Government Area of Niger State

Methodology

The study was a descriptive research of survey type. This design was deemed appropriate for the study because, it allowed the researcher to seek the opinion of selected sample of respondents and make an inference on the entire population. The population for this study comprised all identified elderly people in Bida Local Government Area of Niger State. According to National Population Commission, (2016) Bida is the second largest city in Niger State with a population projection of 260,700. The aged population projection of Bida Local Government Area is about 10,260 which constitutes about 3.94% of the total population. It is located South-West of Minna, the capital of Niger State, on latitude 9.08°N and longitude 6.01°E and it is a dry, arid town. The major occupations of the people in the area are fishing, farming and craft. Bida has fourteen (14) wards, however, only four wards were randomly selected for the study. These include; Chaniyan, Bariki, Masaba and Wadata wards.

A multi stage sampling technique was used to select respondents for the study. At the first stage, a simple random sampling of fish bowl was used to select four out of the twelve wards in Bida. Out of these four wards, a systematic sampling was used to select every 10th household in each ward. While a purposive sampling technique was used to select elderly people, who were 60 years and above and are mentally fit to answer the questions raised for this study. According to the Research Advisor, (2006), for a population of 100,000 and above, a sample of 384 is sufficient to represent the entire population at a level of confidence of 95% and a margin error of 5%. The researcher therefore selected four

hundred (400) respondents which was deemed adequate to be used for the study. The research instrument used for this study was a researcher structured questionnaire tagged "Questionnaire on Perceived Needs for Health Education Programs for Elderly People. Five experts validated the research instrument. A test-retest method of reliability was used to ascertain the reliability of the instrument. Twenty copies of the instrument was administered on twenty respondents in Gbako Local Government Area of Niger State, at two weeks interval. The results were correlated using Pearson Product Moment Correlation, a coefficient of 0.76 r was derived which was considered high enough to show that the instrument was reliable.

Data was collected by the researcher with the help of three trained research assistants. The researcher and trained research assistants went from household to household to select elderly people who fall within the specifications of the sample needed for the study. Four hundred (400) questionnaires were distributed and all were retrieved immediately after the administration. The content of the instrument was clearly explained to the respondents in Nupe Language to those who do not understand English. Data collected were sorted, coded and analyzed using simple percentages for demographic data while a non-parametric of Chi-square was used to test the hypotheses for the study at 0.05 alpha level of significance.

Results

Test of Hypotheses

Ho1: There will be no significant need for health insurance scheme for the elderly as perceived by elderly people in Bida Local Government Area of Niger State.

Table 1: Chi square analysis on responses on the need for health insurance scheme for the elderly people in Bida Local Government Area of Niger State.

S/N	Items	SA	A	D	SD	Calculated chi square	Df	Critical value	Decision
1	Health insurance scheme should not be meant only for people who are in active service	232	120	10	39				
2	There is need for a health insurance to cater for the health need of the aged population.	180	171	25	24				
3	Aged people who did not work with the government should also be included in the health insurance scheme	162	171	50	17	346.5	9	16.9	Rejected
4.	Provision of health insurance scheme for the aged population will assist them in tackling age related diseases	179	161	30	30				

SA- Strongly Agree, A- Agree, D- Disagree, SD- Strongly Disagree

Table 1 revealed that the calculated chi square value of 346.5 at a degree of freedom of 9 is greater than the critical value of 16.9 at 0.05 alpha level of significance. Therefore, the null hypothesis which states that there will be no significant the need for health insurance scheme for the elderly people as perceived by elderly people in Bida Local Government Area of Niger State is rejected. This implies that health insurance scheme should not be for the civil servants who are in active service alone.

H_o2: There will be no significant need for old people's home as perceived by elderly people in Bida Local Government Area of Niger State.

Table 2: Chi square analysis on responses on the need for old people's home for the elderly people in Bida Local Government Area of Niger State

S/N	Items	SA	A	D	SD	Calculated chi square	Df	Critical value	Decision
1	There is need to establish old peoples' home which will cater for the need of the aged population in our communities	163	150	64	18				
2	Old peoples' home will be a place to ensure optimal well-being of the ageing population	180	154	45	21				
3	When old people live in a well-established old people's home, they will see and interact with their mates and this will give them social and emotional stability	160	175	41	24	311.2	9	16.9	Rejected
4.	At the old peoples' home, elderly people will be given continuous health education which will enable them to prevent falls, injury and diseases	190	139	38	33				

SA- Strongly Agree, A- Agree, D- Disagree, SD- Strongly Disagree

Table 2 shows that the calculated chi square value of 311.2 at a degree of freedom of 9 is greater than the critical value of 16.9. Therefore, the null hypothesis which states that there will be no significant need for old people's home as perceived by elderly people in Bida Local Government Area of Niger State is hereby rejected. This implies that there is need to establish old people's home which will cater for the need of the ageing population.

Discussion of Findings

Hypothesis one which stated that there will be no significant need for health insurance scheme for the elderly as perceived by elderly people in Bida Local Government Area of Niger State was rejected. This was because the calculated chi square value of 346.5 at a degree of freedom(df) of 9 is greater than the critical value of 16.9 at 0.05 alpha level of significance. This implies that health insurance scheme should not be for the civil servants who are in active service alone. The elderly people in Bida Local Government Area significantly perceived the need for health insurance scheme to include the ageing population. They believe that the elderly people should be considered in the scheme because, it will make them to have access to health services at affordable cost and improve their health status. This finding is supported by Baker, Sudano and Albert, (2012) who found in a study on the impact of health insurance on physical health that respondents who were uninsured or lost their insurance coverage over a 2–4-year period, reported greater health declines than those who were under insurance coverage

Findings of Hypothesis 2 revealed that the calculated chi square value of 311.2 at a degree of freedom of 9 was greater than the critical value of 16.9. Therefore, the null hypothesis which states that there will be no significant need for old people's home as perceived by elderly people in Bida Local Government Area of Niger State is hereby rejected. This implies that there is need to establish old people's home which will cater for the need of the ageing population and when old people see and interact with their mates, their social and mental health is boosted. This was not different from the position of Alaka, (2016) posited that there is an increasing need for old people's home in the country. Of course, due to changing lifestyles, people are becoming too busy to even take good care of themselves, let alone their elderly ones, as a result, the elderly people are left to suffer.

Conclusion

Based on the findings of this study the following conclusions were made:

1. There is significant need for the inclusion of the elderly people in Bida Local Government Area into the Community health insurance scheme.
2. There is significant need for the Local Government Authorities to establish old peoples' homes in Bida Local Government Area of Niger State in order to assist the aged population.

Recommendations

Based on the findings of the study, the researcher recommended that:

1. The Local Government authorities should include the elderly people, regardless of their occupation in the community health insurance scheme in order to promote healthful living, improve access to healthcare and promote prompt medical care for various ailments among elderly people.
2. The Local Government Authorities, Non-Governmental Organizations (NGOs), religious organizations, social clubs and private individuals should work together to establish old peoples' homes where elderly people will be given adequate health,

social and psychological support to assist them in the ageing process and in dealing with their numerous health problems.

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