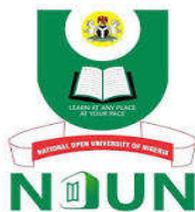


COURSE GUIDE

HED 438 AGEING AND DEATH EDUCATION

Course Team

Dr. (Mrs.) Lois Nnenna Omaka-Amari -
(Author)
Department of Human kinetics and Health
Education
Ebonyi State University Abakaliki, Ebonyi
State
Prof. Okonkwor, Oby. C.N – (Content
Editor)
Department of Human Kinetics and Health
Education Nnamdi
Azikiwe University Akwa, Nigeria.



NATIONAL OPEN UNIVERSITY OF NIGERIA

© 2021 by NOUN Press
National Open University of Nigeria
Headquarters
University Village
Plot 91, Cadastral Zone
NnamdiAzikiwe Expressway
Jabi, Abuja

Lagos Office
14/16 Ahmadu Bello Way
Victoria Island, Lagos

e-mail: centralinfo@nou.edu.ng

URL: www.nou.edu.ng

All rights reserved. No part of this book may be reproduced, in any form or by any means, without permission in writing from the publisher.

Printed 2021

ISBN:

CONTENTS

PAGE

Introduction.....	iv
Course Competencies.....	iv
Course Objectives.....	iv
Working through This Course.....	v
Study Units.....	v
References and Further Readings.....	vi
Presentation Schedule.....	xiv
Assessment.....	xiv
How to Get the Most from the Course.....	xiv

INTRODUCTION

HED 438-Ageing and Death Education is an important course requirement for all prospective health educators. The course has been programmed to provide vital knowledge regarding all aspect of ageing and how old people can be assisted to maintain good health within their limited abilities. This is particularly important since old people form significant proportion of our population and thus like other age groups require both curative and preventive health services. Going through this course serves as a training programme that will enhance better cognition of the characteristics, health challenges and lifestyle factors that could promote the health of old people. This course will also boost the ability of future health educators in the planning of worthwhile interventions for the promotion of old people's health and their care givers

People in most occasions find it very difficult to discuss how they will look or what they will experience when they grow old. This is because the issue of ageing is closely related to all forms of negativity such as weakness, helplessness, poverty, death etc. However, the unavoidable truth is that everybody must grow old someday and die. Although old age has unique numerous challenges, people can go through it in a graceful, healthier and joyful manner. This course focuses on all matters related to ageing and death with the general aim of helping you to have a true and positive understanding of the subject

COURSE COMPETENCIES

Ageing is inevitably an aspect of life. Every living individual must grow from infancy to old age. This means that as our population is increasing so is the number of the aged. The aged forms important part of the dependent population in every society. Most times they need support and care. Due to the uniqueness of ageing and its challenges, a good understanding of this course will help you develop positive mind-set and attitude towards ageing. It will also equip you with possible ways of reducing the negative aspects of the process with the aim of helping yourself and others to remain relatively healthy throughout ageing periods.

COURSE OBJECTIVES

By the end of this course you will be able to:

- Give a clear description of all concepts of Ageing and death
- Describe the physiological changes that take place during ageing

- Describe the processes of ageing and death
- Explain the concept of life expectancy
- Explain The physical, social and mental health problems associated with ageing
- Discuss in concrete terms factors that enhance healthy ageing
- Explain effective ways of communicating with the aged
- Discus issues regarding the process of dying and grief
- Discus health care utilization mechanisms in ageing

WORKING THROUGH THIS COURSE

This course is presented sequentially into two modules that are made up of specific units. The subheading and content of each unit addresses a particular objective of the course. This implies that each unit is meant to achieve a particular objective of the course. At the end of each unit there are also some proposed self-testing questions that will help you determine whether or not you have achieved the objective of a particular unit. There are also references and links per unit which when further consulted will enhance your knowledge of the course.

STUDY UNITS

Module 1

Unit 1	Concepts of Ageing
Unit 2	Normal/Primary Ageing
Unit 3	Premature/ Secondary Ageing
Unit 4	Theories of Ageing and
Unit 5	Misconceptions of Ageing

Module 2

Unit 1	Classification of Old Age
Unit 2	Physiological Processes of Ageing

Module 3

Unit 1	Life Expectancy
Unit 2	Health Challenges of Ageing
Unit 3.	Mental Health and Ageing
Unit 4	Healthy Ageing
Unit 5	Utilisation of Health Services in Old Age

Module 4

- Unit 1 Concepts of Dying and Death (meaning, types, grief, acceptance of death)
- Unit 2 Concepts of Death Education (meaning, importance, principle of death education)

REFERENCES/FURTHER READING

- Aiken, L. R. (1994). *“Dying and Bereaved.”* Boston: Allyn and Bacon
- American Federation for Ageing Research, (2016). “Theories of Ageing”. *Info Ageing Guides.* Retrieved 15/7/21 from https://www.afar.org/imported/AFAR_INFOAGING_GUIDE_THEORIES_OF_AGING_2016.pdf
- American Senior Community (2017). “The Top 10 Health Concerns for Seniors”. Retrieved 4/4/2021 from <https://www.asccare.com/health-concerns-for-seniors/>
- Amieva, H., Ouvrard, C., Giulioli, C., Meillon, C., Rullier, L., Dartigues, J. F. (2015). “Self- Reported Hearing Loss, Hearing Aids, and Cognitive Decline in Elderly Adults: A 25-Year Study”. *J Am Geriatr Soc.*, 63, 2099–104.10.1111/jgs.13649
- Anushree, T. (2018). “Common Diseases in Old Age Adults”. Retrieved 29/3/21 from <https://www.medlife.com/blog/common-diseases-old-age-adults/>
- Basaraba, S. (2020). “Common Age-Related Diseases and Conditions”. Retrieved 29/3/2021 from <https://www.verywellhealth.com/age-related-diseases-2223996>
- Bellpot, L. (2021). “Aging at Home: Five Stages of Ageing Process”. Retrieved 13/3/21 <https://liveinplacedesigns.com/aging-in-place-lifestyle/the-5-stages-of-aging-at-home/>
- Besdine, R. W. (2019). “Overview of Aging”. Retrieved 23/3/2021 from <https://www.msmanuals.com/home/older-people%E2%80%99s-health-issues/the-aging-body/overview-of-aging>
- Bjorksten, J., Tenhu, H. (1990). The Cross-linking Theory of Aging- Added Evidence. *Exp Gerontol*, 25:91
- BrainSparks (2016). “6 Common Myths and Misconceptions about Ageing”. Retrieved 27/3/2021 from

<https://www.brainsparks.com.au/6-common-myths-misconceptions-about-ageing/>

Breisch, S. L. (2001). "Elderly Patients Need Special Connection". *Am Acad Orthop Surg Bull.*, 49(1).

British Geriatrics Society (1997). *Standards of Medical Care for Older People. Expectations and Recommendations*. London: BGS.

Canadian Pediatric Society (2021). "How Culture Influences Health". Retrieved 4/3/2021 from <https://www.kidsnewtocanada.ca/culture/influence>

Cartwright, A.(1997). "The Role Of Hospitals in Caring for People in the Last Year of Their Lives". *Age Ageing*, 20: 271–274.

Centers for Disease Control and Prevention (2019). "Basics about COPD". Retrieved 4/4/2021 from <https://www.verywellhealth.com/age-related-diseases-2223996#citation-14>

Centers for Disease Control and Prevention (2019). "What is Osteoarthritis (OA)"? Retrieved 4/4/2021 from <https://www.verywellhealth.com/age-related-diseases-2223996#citation-14>

Center for disease control and prevention (2020). "Loneliness and Social Isolation Linked to Serious Health Conditions". Retrieved 29/3/2021 from <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>

Crossroads Hospice and Palliative Care (2021). "A Guide to Understanding End-of-life signs and Symptoms". Retrieved 29/3/2021 from <https://www.crossroadshospice.com/hospice-resources/end-of-life-signs>

Davidovic, M., Sevo, G., Svorcan, P., Milosevic, D. P., Despotovic, & N., Erceg, P. (2010). "Old Age as a Privilege of the Selfish Ones". *Aging and Disease*, 1:139–146

Davis A, & McMahon, C. M, Pichora-Fuller K. M, Russ, S, Lin F, Olusanya, B.O., Chadha,S. and Tremblay, K. L.(2016). "Aging and Hearing Health: The life-course Approach". *Gerontologist* 56, (Suppl 2): S256–67.10.1093/geront/gnw033

- Definitions.com (2021). "Definitions of Death". Retrieved 4/4/2021 from <https://www.definitions.net/definition/death>
- Denga, D.I & Udoh, P.B. (2005). *Grow Old Slowly and Gracefully*. Calabar: Rapid Educational Publishers Ltd.
- Dictionary.com (2021). "Death". Retrieved 4/3/2021 from <https://www.merriam-webster.com/dictionary/dying>
- Disabled World (2019). "Longevity: Extending Life Span Expectancy" Retrieved 15/3/21 from www.disabled-world.com
- Dying Matters (2021). "Signs that "Death is Near". Retrieved 1/4/2021 from <https://www.dyingmatters.org/page/signs-death-near>
- Ene, S.O. (2009). *Understanding Ageing, Dying and Death*. Enugu: Data Dynamics Nigeria Limited
- Encyclopedia.com (2019). "Death". Retrieved 6/4/2021 from <https://www.encyclopedia.com/social-sciences/encyclopedias-almanacs-transcripts-and-maps/death-education>
- Encyclopedia of Cross-Cultural School (2010). "Education". Retrieved 24/3/2021 from https://link.springer.com/referenceworkentry/10.1007%2F978-0-387-71799-9_124
- Etukudo, M.H. (2014). "Ant-Oxidants: Sacrificial Lamb of Free radicals". Paper Presented at The 29th Inaugural Lecture of university of Calabar. Calabar, Nigeria. University of Calabar Press.
- Evans, J. .R., Fletcher, A. E, Wormald, R..P., Ng, E..S., Stirling, S., Smeeth, L., et al. (2002). "Prevalence of Visual Impairment in People Aged 75 Years and Older in Britain: Results from the MRC Trial of Assessment and Management of Older People in the Community". *Br J Ophthalmol*, 86:795–800.10.1136/bjo.86.7.795
- Feifel, H. (1969). "Attitude Towards Death: Psychological Perspectives". *Journal of Consulting and Clinical psychology*, 33(3), 292-295
- Gerschman, R., Gilbert, D. L., Nye, S. W. Dwyer, P. &Fenn,W.O. (1954). "Oxygen Poisoning and X-Irradiation: a Mechanism in Common". *Science*. 119, 623–626

- Gordon, A. and Klass, D. (2007). "Goals for Death Education". *The School Counsellor*, 24 (5), 339- 349.
- Grollman, E.A. (2008). "Explaining Death to Children". *The Journal of School Health*, 48,336- 347
- Harithasan, D., Mukari, S. Z. S, Ishak, W.S, et al(2019). "The Impact of Sensory Impairment on Cognitive Performance, Quality of Life, Depression, and Loneliness among Older Adults". *Int J Geriatr Psychiatry* Doi: <https://doi.org/10.1002/gps.5237>
- Help Guide (2021). "Coping with Grief and Loss". Retrieved 4/4/2021 from <https://www.helpguide.org/articles/grief/coping-with-grief-and-loss.htm>
- Herr, J. & Weakland, J.H. (1979). *Counselling elders and families*. New York: Springer
- Jin, K. (2010). Modern Biological Theories of Ageing. *Aging Dis.*, 1(2), 72–74.
- Johnson Memorial Health(2015). "Physical Changes that Come with Aging" Retrieved 3/3/21 from <http://blog.johnsonmemorial.org/9-physical-changes-that-come-with-aging>
- Kara, R. (2006). "Aging". Retrieved 3/3/21 from <https://www.britannica.com/science/aging-life-process>
- Kastenbaum, R. (1995). *Deathbeds. Society and Human Experience (5th Edition)*. ton: Allyn and Bacon
- Kristen, B. (2016). "9 Factors that Affect Longevity". Retrieved 15/3/21 from <https://www.thinkadvisor.com/2016/05/27/9-factors-that-affect-longevity/>
- Kubler-Ross(1969). *On Death and Dying*. New York: Macmillian
- Kunlin, J. (2010). "Modern Biological Theories of Aging". *Ageing Dis*, 1(2)72-74. Retrieved 18/3/21 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2995895/>
- Macro Trends (2021). "Nigeria Life Expectancy 1950-2021". Retrieved 15/7/2021 from <https://www.macotrends.net>

- Manton, K.G. (2007). "Encyclopedia of Gerontology (second Edition)". Retrieved 16/3/21 from <https://www.sciencedirect.com/topics/biochemistry-genetics-and-molecular-biology/life-expectancy>
- Mark, S (2019). "Programmed Theories of Ageing". *Very Well*. Retrieved 18/3/21 from <https://www.verywellhealth.com/why-we-age-theories-and-effects-of-aging-2223922>
- Mark S. (2020). "How to Deal with Death and Dying as you Age". Retrieved 27/3/21 from <https://www.verywellmind.com/how-to-deal-with-death-and-dying-as-you-age-2223446>
- Mark, S,(2020). "Aging Types, Causes, and Prevention". Retrieved 3/3/21 from <https://www.verywellhealth.com/what-is-aging-2224347>
- McFarland, J.N. (2003). *Ageing Without Growing Old*. Florida: Siloan Press.
- Meagher, D. K., & Balk, D. E (2013). "The Essential Body of Knowledge for the Study of Death, Dying, and Bereavement". . *Association for Death Education and Counseling*, www.adec.org 2013
- Meryn, S. (1998). "Improving Doctor-Patient Communication: Not an Option but a Necessity". *BMJ*. 316(7149):1922.
- Ministry of Health Saudi Arabia (2020). "Elderly Health". Retrieved 3/3/21 from <https://www.mof.gov.sa/en/HealthAwareness/EducationalContent/Health-of-Older-Persons/Pages/What-Is-Aging.aspx>
- Morris, J.N. (1997). "Resist Old Age with Exercise". *World Health 50 Year*, (4) 6-7.
- Litwic, A., Edwards, M., Cooper, C., Dennison, E. (2012). "Geographic Differences In Fractures Among Women". *Women's Health (London)*. 2012;8(6):673–684.doi:10.2217/whe.12.54
- Logan C. (2021). "Life Expectancy for Countries". Retrieved 15/7/2021 from <https://www.infoplease.com/world/health-and-social-statistics/life-expectancy-countries>

- Lothian, K. (2001). "Maintaining the Dignity and Autonomy of Older people in the Healthcare setting". *BMJ*. 17, 322(7287): 668–670. doi: 10.1136/bmj.322.7287.668
- National Academies of Sciences, Engineering, and Medicine (2020). "Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System". Retrieved 8/4/2021 from <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>
- National Eye Institutes (2019). "Cataract Surgery". *National Institute of Health*. Retrieved 5/4/2021 from <https://www.verywellhealth.com/age-related-diseases-2223996#citation-16>
- National Institutes of Ageing (2017) "Osteoporosis". *National Institute of Health*. Retrieved 4/4/2021 from <https://www.verywellhealth.com/age-related-diseases-2223996#citation-16>
- National Institute of Diabetes and Digestive and Kidney Diseases (2016). "What is Diabetes?" Retrieved 5/4/2021 from <https://www.verywellhealth.com/age-related-diseases-2223996#citation-16>
- National Institutes of Health(2017). "Parkinson Disease". Retrieved 4/4/2021 from <https://www.verywellhealth.com/age-related-diseases-2223996>
- National Library of Medicine (2019). "Coronary Artery Disease". *MedlinePlus*. Retrieved 5/4/2021 from <https://www.verywellhealth.com/age-related-diseases-2223996#citation-16>
- Nursing and Care (2018). "11 Common Aging Health Issues". Retrieved 7/4/2021 from <https://www.aegisliving.com/resource-center/11-common-aging-health-issues/>
- Okonkwor, O. C.N.(2019). *Ageing without Getting old: A Secret Receipt*. Awka: Orient Daily press.
- Okonkwor, O. C.N. (2015). *The Secret of Ageing and Looking Younger*. Calabar: Purple Bird Media.

- Okonkwo, O. C.N. (2014). *Graceful ageing without sign of Old age*. In Helath/Fitness Corner With, Okonkwo, O. (ed) Fides, April, 27-3rd May pg.18
- O Cosmetics (2016). “Causes of Ageing”. Retrieved 17/3/21 from <https://www.ocosmedics.com/article/causes-of-aging>
- Office for National Statistics (2017). “What Affects an Area Health Life Expectancy?” Retrieved 16/3/21 from <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/articles/whataffectsanareashealthylifeexpectancy/2017-06-28>
- Olowookere, J. (2002). *Ageing and the Key to Longevity*. Ibadan: Divine Favour Press.
- Ortiz-Ospina, E. (2017). “Life Expectancy-What does this Actually Mean?” Retrieved 16/3/21 <https://ourworldindata.org/life-expectancy-how-is-it-calculated-and-how-should-it-be>
- Poston, M. D. (2020). “8 Healthy Aging Tips: How to Promote Wellness as You Age” <https://www.invigormedical.com/invigormedical/8-healthy-aging-tips-how-to-promote-wellness-as-you-age/>
- Puchta, C. (2006-2011). “Aging , Age-related Physical Change’s Part 2 of a Series”. Retrieved 24/3/2021 from <https://nursing.uc.edu/content/dam/nursing/docs/CFAWD/Aging%20Series/Part%202%20Aging%20Physical%20Changes.pdf>
- Quan, N. G., Lohman, M. C., Resciniti, N. V., Friedman, D.B. A. (2019). “Systematic Review of Interventions for Loneliness among Older Adults living in Long-term Care Facilities”. *Ageing Ment Health*, 11: 1-11
- Reisler, Jr. (2007). “The Issue of Death Education”. *The School Counsellor*, 24 (5), 331-337
- Rochaun M, (2019). “6 Healthy Ways I’ve Learn to Accept Death”. *Healthline*. Retrieved 8/7/2021 from <https://www.healthline.com/health>
- Routasalo, P. E, Savikko, N., Tilvis, R. S., Strandberg, T. E., Pitkala, K. H. (2006). “Social Contacts and Their Relationship to

- Loneliness among Aged People - a Population-Based Study". *Gerontology*, 52, 181–187
- Salvesan, M. (2014). "5 Common Misconceptions About Ageing". Retrieved 20/3/21 from <https://www.umh.org/assisted-independent-living-blog/5-common-misconceptions-about-aging>
- Santo-Longhurst, A. (2019). "How to Live Your Best Life as you Age". Retrieved 4/4/2021 from <https://www.healthline.com/health/aging-gracefully>
- Shane, A. A., Loeser, R. F. (2010). "Why is Osteoarthritis an Age-related Disease?" *Best Pract Res ClinRheumatol*. 2010;24(1):15–26. doi: 10.1016/j.berh.2009.08.006
- Sofka, C. J., Cupit, I., & Gilbert, K. R.(2012). *Dying, Death and Grief in an Online Universe For Counselors and Educators*. New York : Springer Publishing Company.
- Stevenson, F. A., Barry, C. A., Britten, N., Barber, N., Bradley, C. P. (200). "Doctor-patient communication about drugs: the evidence for shared decision making". *Soc Sci Med*. 50, 829–840.
- US National Library of Medicine (2019). "Cataract". *MedlinePlus*. Retrieved 5/4/2021 from <https://www.verywellhealth.com/age-related-diseases-2223996#citation-16>
- Vann, M. R. (2016). "The 15 Most Common Health Concerns for Seniors". Retrieved 5/4/2021
- Watson, K. (2019). "Everything you Need to Know about Premature Aging". Retrieved 27/3/2021 from <https://www.healthline.com/health/beauty-skin-care/premature-aging>
- Wittkowski, J., Doka, K. J., Neimeyer, R. A., &Vallerga, M., (2015). "Publication Trends in Thanatology: an Analysis of Leading Journals". *Death Studies*, 2015; 39(8): 453-462.
- Weiss, A. (2021). "10 Common Misconceptions About Aging". NCH Healthcare System. Retrieved 20/3/21 from <https://www.agingcare.com/articles/myths-about-aging-179212.htm>.

WHO, (2021). “GHE: Life Expectancy and Healthy Life Expectancy”. Retrieved 15/7/21 from <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-life-expectancy-and-healthy-life-expectancy>

WHO (2020). “The Top 10 Causes of Death?” Retrieved 4/4/2021 from <https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death>

WHO (5 February 2018). “Ageing and Health”. Retrieved 16/3/21 from <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>

WHO (2017). “Mental Health of Older Adults”. Retrieved 29/3/2021 from <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>

The New Leam (2001). “The Meaning and Need of Death Education for Our Times”. Retrieved 4/4/2021 from <https://www.thenewleam.com/2016/03/the-meaning-and-need-of-death-education-for-our-times/>

Zagaria, M. E. (2013). “Access to Health Care: Influential Factors and Cultural Competence”. *US Pharm.*38, (9):20-22.

PRESENTATION SCHEDULE

Each unit in all the modules could be adequately covered within two-hour detailed discussion per week. This is to enhance better understanding of each unit as well as allow effective teacher-student interaction during classes.

ASSESSMENT

Students’ assessment of this course will be done in two parts. While the first part includes Self-assessments in the form of class quiz and take-home assignments, the other assessment will be given as an end of the term examination.

HOW TO GET THE MOST FROM THE COURSE

The following guidelines will help you comprehend this course better

1. Carefully read through the course objectives to have a clear understanding of what you are expected to achieve
2. The units should be read serially as presented

3. Expand your knowledge of the course by consulting the referred texts.
4. Read each unit to understand its importance
5. As you read through each unit pay special attention to every in-text question you come across before proceeding further
6. Make conscious efforts to answer all self -test questions without looking up the answers
7. Then look-up the answers to the self-test to determine how well you are advancing in the knowledge of the course
8. You must carefully follow all the guiding rules and instructions.

Facilitation: A Facilitator who is proficient in this area will be made available to you to guide you as you study the course.

Course Information

Course Code: HED438

Course Title: Ageing and Death Education

Credit Unit: 2

Course Status: Core Course

Semester: First

Duration: One Semester

Required Hours for Study: 2hrs

Icebreaker

As an adult, go down memory lane to view yourself when you were younger and then compare your physical features now as an adult with when you were young. To help you do this, compare yourself physically, socially and emotionally with your brother or sister whom you are many years older than. Better still you may try to do some activities you carried out easily as a child and see whether you will be able to do same as an adult.

**MAIN
COURSE**

CONTENTS		PAGE
Module 1.....		1
Unit 1	Concepts of Ageing.....	1
Unit 2	Normal/Primary Ageing.....	6
Unit 3	Premature/ Secondary Ageing.....	12
Unit 4	Theories of Ageing	23
Unit 5	Misconceptions of Ageing.....	28
Module 2.....		34
Unit 1	Classification of Old Age.....	34
Unit 2	Physiological Processes of Ageing.....	42
Module 3.....		60
Unit 1	Life Expectancy.....	60
Unit 2	Health Challenges of Ageing.....	68
Unit 3	Healthy Ageing.....	86
Unit 4	Mental Health and Ageing.....	99
Unit 5	Utilisation of Health Services in Old Age.....	107
Module 4.....		114
Unit 1	Concepts of Dying and Death (meaning, types, grief, acceptance of death).....	114
Unit 2	Concepts of Death Education (meaning, importance, principle of death education).....	127

MODULE 1

INTRODUCTION

This module exposes you to the full cognition of the various aspects of ageing. Through this course you will gain understanding of the concepts of ageing namely the meaning, types, classifications, and theories of ageing processes. This aspect of the course provides an overview of common misconceptions associated with ageing vis-à-vis the real truth. Consequently, exposure to this module will particularly help you have a clearer picture of the concepts of ageing and thus eradicate myths that are associated with it.

Unit 1	Concepts of Ageing
Unit 2	Normal/Primary Ageing
Unit 3	Premature/ Secondary Ageing
Unit 4	Theories of Ageing and
Unit 5	Misconceptions of Ageing

UNIT 1 CONCEPTS OF AGEING

CONTENTS

1.0	Introduction
2.0	Objectives
3.0	Main Content
3.1	Meaning of Ageing
3.2	Indicators of Old age
3.3	Types of Age
3.4	Forms of Ageing
4.0	Conclusion
5.0	Summary
6.0	Tutor-Marked Assignment
7.0	References/Further Reading

1.0 INTRODUCTION

Ageing is an important part of human existence that cannot be overlooked. Everybody must surely pass-through ageing process some time in life. This is to say, that no matter how healthy a person is, he or she will certainly someday begin to grow old. However, ageing is a concept often dreaded by many due to poor understanding of the concept. This unit focuses on the description of ageing and its different forms.

Case Study

Can you share with the class your personal feelings about old age?
How do people in your neighborhood describe ageing or look at those who are old?

2.0 OBJECTIVES

By the end of this unit, you will be able to:

- discuss the meaning of ageing
- explain the indicators of ageing
- describe different types of age and different forms of ageing.

3.0 MAIN CONTENT

3.1 Meaning of Ageing

The concept of ageing has been variously defined by different authors. Ministry of Health (2020) defined ageing **as a true-life process which has unique ways that cannot be controlled by man.** Besdine (2019) observed that ageing is a slow and steady natural process of change which usually starts from early adulthood. He further opined that ageing is a process that involves gradual reduction in the effective functioning of the body. Similarly, **Kara (2006) stated that ageing is a** progressive alteration in the physiological process of an organism which culminates into old age or a reduction in biological duties, and adaptability to body metabolic activities. In a simple and concise form, Mark (2020) summarised ageing as that which happens to our body over time. The above definitions of ageing suggest that ageing is a gradual phenomenon; it is an inevitable life experience and affects body functions. Consequently, ageing in a large sense is an unavoidable life process involving gradual but steady changes that reduces the body's functioning ability over time.

3.2 Indicators of Old Age

One important fact about ageing is that there is a controversy on the actual period when ageing starts. Regarding this, Besdine, (2019) pointed that old-age does not have any particular age. Indicators of old age, differ among different societies. Ministry of Health (2020) stated that time is an important indicator of old age in developed countries. This ranges from age 60-65. In such countries, this is the age of retirement from government duties. However, in some other countries, the concept of time is not acceptable as an indicator of old age but the inability to carry out assigned duties is. This implies that why in some places the aged is described by age (60 and above) in other places it is

described by the person's inability to effectively carry out assigned duties or when meaningful contributions to life activities are lacking (Ministry of Health Saudi Arabia, 2020).

However, of these two indicators, age has been widely used as an important indicator of old age. Besdine (2019) reported that Germany was the first country to adopt age 65 as the age of retirement and this in recent times remains the retirement age for many countries in the world. In Nigeria it varies ranging from 65 years for civil servants to 70 years for judges and professors.

3.3 Types of Age

There are three major Types of age. These, according to Besdine (2019) include chronological, biological and psychological age.

- **Chronological** age refers to an individual's number of years in life. Although this classification of age has very little importance to health, as the number of years of an individual increases the more likely that the person will develop some health problems. These health problems that develop due to old age are what reduce functional ability rather than normal ageing itself.
- **Biological age:** This is the alterations that occur in a person's body as he/she ages. However, the changes that occur in the course of aging differ among individuals; hence some persons grow biologically older earlier than others. This is why some persons grow old biologically at the age of 65 while others experience such at about 70 years or more. Nonetheless, lifestyle of individuals is the major cause of the difference in ageing among people of the same chronological age.
- **Psychological age:** This age category is determined by people's actions and feelings. Some persons remain active even at age 70 or above 80. For instance, a person who is over 75 years or 80 who can still carry on his or her duty schedules remains active and plan for the future could be described as a psychologically young person.

3.4 Forms of Ageing

Mark (2020) listed four major types of ageing to include cellular, hormonal, accumulated and metabolic ageing.

- **Cellular Ageing:** This is the type of ageing that takes place in the cells. Every cell grows by dividing and replicating itself. Cells are destroyed when they interact with free radicals. This

destruction of cells often triggers the need for cells to reproduce themselves. Consequently, as interactions between cells and free radicals increase, the need for cells to reproduce themselves also increases. The more cells divide and duplicate, the older they become. A particular cell has the tendency to divide and duplicate itself up to 50 times after which it begins to lose its replicative ability due to reduction in its telomers.

- **Hormonal Ageing:** Hormones are very important agents of development and growth. Hormones are usually at their highest level between the transition of childhood to adolescent increasing the appearance of pimples and acne. As individuals grow older the level of hormones in the body begins to reduce causing dry skin and the arrival of menopause
- **Accumulated Damage:** This is the aging that occurs due to exposure to external factors such as toxins, pollution, smoke, unhealthy food and sun. The long time collective effectives of these external factors, can adversely affect the body causing damage to the body tissues. As the body tries to maintain and repair worn-out cells, tissues and organs the body gradually reduces its strength and functional ability
- **Metabolic Ageing:** On a daily basis, the body cells regularly produce energy from the food we eat. This process of converting food to energy gives rise to deadly by-products which gradually destroys the body as the individual grows

SELF-ASSESSMENT EXERCISES

- i. -----is unavoidable life process involving gradual but steady changes that reduces the body's functioning ability over time.
 - a. Life
 - b. Age
 - c. Ageing
 - d. All of the above
- ii. _____ and _____ are the major indicators of ageing
 - a. Time and functional ability
 - b. Age and time
 - c. Time and personality
 - d. None of the above
- iii. Which among these is not one of the forms of ageing
 - a. Psychological ageing
 - b. cellular ageing
 - c. Hormonal ageing

d. Accumulated ageing

iv. ----- is known as the alterations that occur in a person's body as he/she grows old

- a. Biological age
- b. psychological age
- c. Chronological age

4.0 CONCLUSION

Since the understanding of ageing differs among individuals, having a clear description of the concept especially with respect to its meaning, and forms becomes imperative. This understanding is important in eliminating the confusion surrounding the concept. Having read through this unit, it is deemed that you have acquired the correct knowledge of the meaning and forms of ageing which are fundamental for general understanding of other aspects of the course.

5.0 SUMMARY

Generally, this unit gave detailed explanations of two major ageing concepts namely, the meaning and forms of ageing. It also gave a brief description of time and functional ability as major indicators of old age. References and links are also available for you to consult for more understanding of the course.

6.0 TUTOR-MARKED ASSIGNMENT

Discuss the meaning of ageing and the indicators of ageing.

7.0 REFERENCES/FURTHER READING

Besdine, R.W. (2019). "Overview of Aging". Retrieved from <https://www.msmanuals.com/home/older-people%E2%80%99s-health-issues/the-aging-body/overview-of-aging>

Mark S,(2020). "Aging, Types, Causes, and Prevention". Retrieved 3/3/21 from <https://www.verywellhealth.com/what-is-aging-2224347>

Ministry of Health Saudi Arabia (2020). "Elderly Health". Retrieved 3/3/21 from <https://www.mof.gov.sa/en/HealthAwareness/EducationalContent/Health-of-Older-Persons/Pages/What-Is-Aging.aspx>

UNIT 2 NORMAL/PRIMARY AGEING SIGNS

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Meaning of Primary Ageing
 - 3.2 Major Signs of Primary Ageing
 - 3.3 General signs of Primary Ageing
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 INTRODUCTION

Ageing as described in unit 1, does not occur spontaneously but starts gradually until full manifestation. This implies that it comes with noticeable signs and symptoms. Moreso appearance of ageing signs differs among individuals. While some persons begin to show ageing signs early in life in others appearance of symptoms might delay. Research has thus uncovered different types of ageing signs namely primary and secondary. The focus of this unit is on primary ageing.

2.0 OBJECTIVES

By the end of this unit, you will be able to:

- explain the meaning of primary ageing
- describe the 7 major signs of primary ageing
- identify the general signs of primary ageing.

3.0 MAIN CONTENT

3.1 Meaning of Primary Ageing

In life people reach their highest level of optimal functional ability at the ages of 20 and 30. This is when the body is at its best in terms of strength, aptness and sharpness of mind. As age increases this optimal level of functioning begins to reduce bringing with it changes in the internal body processes (Puchta, 20006-2011). These changes though not interesting are natural and unavoidable. For instance, as a person advances in age, the ability to focus on close objects begins to reduce due to thickening and stiffening of the eye lens. This type of eye defect which makes reading difficult occurs in most older people thus, it is

considered as normal aging (Mark 2020). There are numerous signs that show that ageing has started. Some of such signs could be normal ageing signs while others are premature in nature.

3.1 Signs of Primary/Normal Ageing

Manifestation, of ageing signs is an indication that ageing has begun. The major seven signs of ageing are appearance of fine lines and wrinkles, dullness of skin, uneven skin tone, dry skin, blotchiness and age spots, uneven skin texture and enlargement of skin pores (Platinum Dermatology, 2016).

Fine lines and wrinkles: One of the major indicators of ageing is the occurrence of changes in the skin of the body. These changes include the appearance of fine lines and wrinkles. Ageing signs begin to occur once the elastin and the collagen fibers get weak and become less functional. This causes the skin to lose its shape, plumpness and firmness leading to the appearance of wrinkles and fine lines (Platinum Dermatology, 2016).

Loss of Skin Brightness: As people age, the beauty of the skin gradually disappears and it is replaced with a dull appearance. This is due to a natural reduction in the fluid level of the top most layers of the skin. Again as people grow older the rate at which the cells of the skin renew itself reduces from every four weeks to every six weeks at most. All these contribute in making the skin to lose its usual glow(Platinum Dermatology, 2016).

Uneven skin tone: Ageing brings about uneven skin appearance in some parts of the body. This implies that while some part of the body assumes a fair appearance other parts could be dark. The reason for this may be because as people age melanin concentration in different parts of the body begins to vary. Some parts of the body may retain more melanin than others causing variation in skin complexion. In females the reason for this could be as a result of some abnormal hormonal functions(Platinum Dermatology, 2016).

Dry skin: The high level of moisture which the skin maintains during young age is what makes it to glow and look fresh. However as a person grows in age the moisture level of the skin begins to reduce making it look dry(Platinum Dermatology, 2016).

Blotchy/spotty skin: Due to many years of exposure to sun rays, inflammatory brownish or reddish spots may appear on the skin. This appearance of spots is more obvious in old age and makes old people with such spots to look much older in appearance(Platinum Dermatology, 2016).

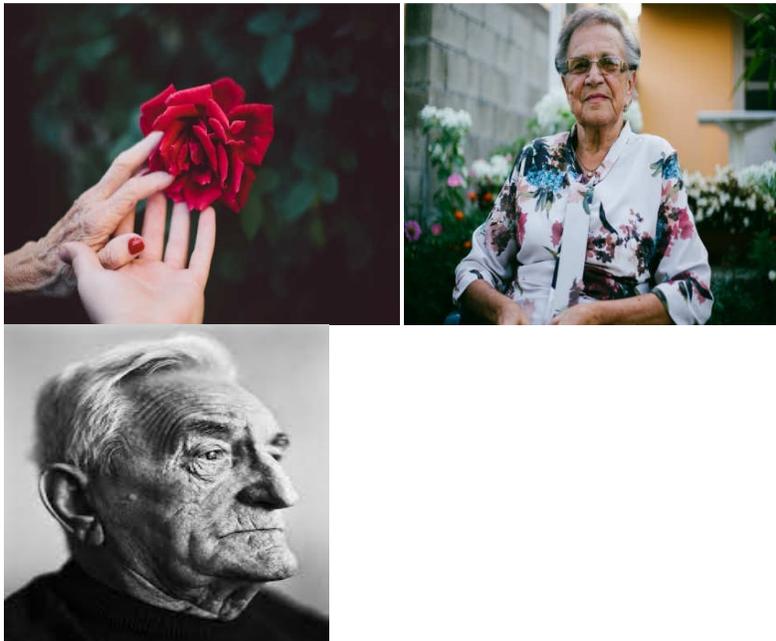
Uneven skin texture: Ageing alters the texture of the skin due to the appearance of layers of dead cells and reduced growth of new cells. As a result the skin surface looks and feels rough and irregular(Platinum Dermatology, 2016).

Enlarged pores: Ageing increases the size of skin pores or makes it more pronounced. Enlarged pores in ageing are usually as a result of reduced function of the skin elastin which leads to the pulling down of the skin by force of gravity.



Fig.2.1 Source: Platinum Dermatology (2016).

3.2 General Signs of Normal Ageing



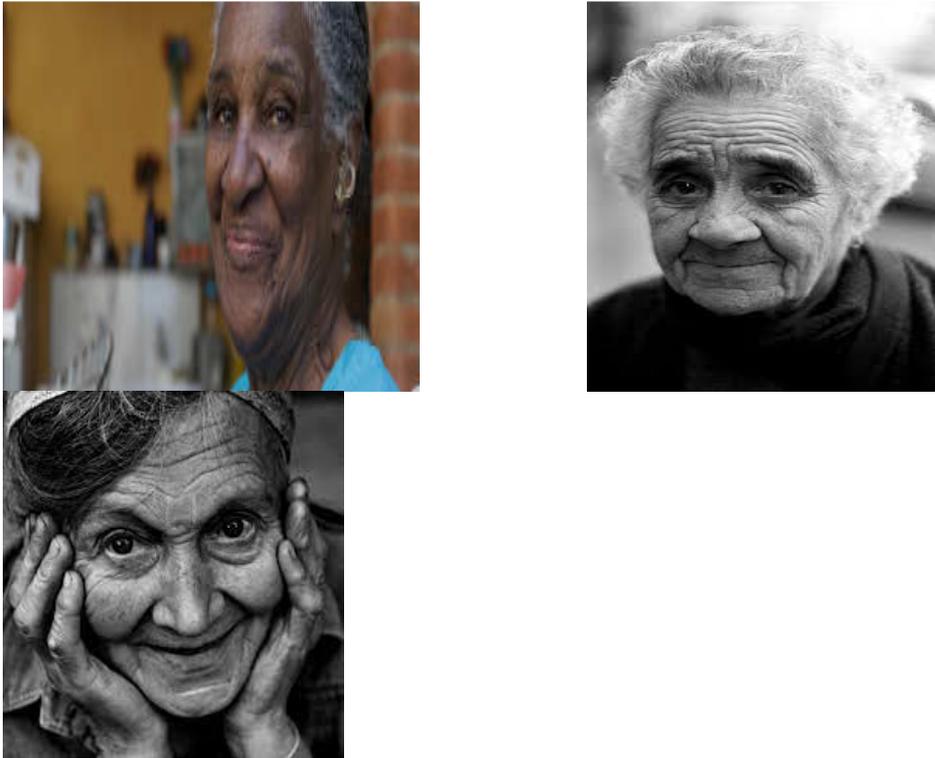


Fig. 2.2

Drug.Com (2021) generally, identified ageing signs to include the following:

- The person becomes more prone to infections.
- Sagging of the skin sets in
- Increased risk of hypothermia (heat stroke)
- Thinning of the bones of the spine, causing a reduction in height
- Bone becomes fragile.
- Stiffness of joints and arthritis
- Bones become more fragile
- Bent posture
- Slow and sluggish movement
- Loss of strength and power
- The possibility of having heat stroke or hypothermia increases
- Increased risk of constipation
- Involuntary defecation or urination
- Slowed memory and thought processes.
- Slowed reflex actions.
- Coordination becomes slow.
- There is problem with balancing of the body.
- Visual sharpness reduces.
- Hearing ability becomes reduced.
- Appearance of gray hair
- Reduction in weight after 55 years in men and 65 in women

SELF-ASSESSMENT EXERCISES

- i. Primary ageing is also called-----
 - a. Secondary ageing
 - b. Tertiary ageing
 - c. Normal ageing
 - d. Future ageing

- ii. There are ----- major signs of primary ageing
 - a. 6
 - b. 7
 - c. 5
 - d. 8

4.0 CONCLUSION

Reading through this unit and carrying out the self-assessment test thereof ought to have improved your understanding of the description and signs of primary ageing. Again going extra mile to get more information on the subject matter through the provided references may have also expanded your understanding of the subject matter.

5.0 SUMMARY

The main focus of this unit is on the primary signs of ageing. It exposes you to the 7 major noticeable signs of normal ageing and other general signs. Knowledge of these signs is necessary to alleviate fears associated with body changes that accompany ageing and the acceptance of such signs as natural phenomenon.

6.0 TUTOR-MARKED ASSIGNMENT

Discuss some of the general signs of ageing.

7.0 REFERENCES/FURTHER READING

Drug.com (2021). "Ageing". Retrieved 10/7/2021 from <https://www.drug.com/health guide/aging>

Mark S,(2020). "Aging, Types, Causes, and Prevention". Retrieved 3/3/21 from <https://www.verywellhealth.com/what-is-aging-2224347>

- Platinum Dermatology (2016). “The Seven Signs of Ageing”. Retrieved 27/6/2021 from <https://platinumdermatology.com.au/articles/the-seven-signs-of-ageing/>
- Puchta, C. (2006-2011). “Aging Age-Related Physical Changes part 2 of a Series”. Retrieved from <https://nursing.uc.edu/content/dam/nursing/docs/CFAWD/Aging%20Series/Part%20%20Aging%20Physical%20Changes.pdf>
- Watson, K (2019). “Everything you Need to Know About Premature Aging”. Retrieved 27/3/2021 from <https://www.healthline.com/health/beauty-skin-care/premature-aging>

UNIT 3 PREMATURE /SECONDARY AGEING

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Meaning of Premature Ageing
 - 3.2 Factors that Promote Premature Ageing
 - 3.3 Signs of Premature Ageing
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 INTRODUCTION

As already known, manifestation of ageing signs differs among individuals. While signs of ageing manifest in some people at a very old age, others due some unnatural factors display ageing signs while still young in age. Thus there are two classifications of ageing. The first which was discussed in Unit 2 is the one that appear due to nature, but the second type of ageing is artificially motivated and this is the focus of this unit

2.0 OBJECTIVES

By the end of this unit, you will be able to:

- explain the meaning of Secondary ageing
- explain the factors that promote secondary ageing
- identify the different signs of Secondary ageing.

3.0 MAIN CONTENT

3.1 Secondary or Premature Ageing

Most physical changes that come with ageing do not grievously affect quality of life. However, those body alterations that are as a result of problems and poor life style choices do affect quality of life and are definitely not considered as normal ageing (Puchta, 20006-2011). Ageing is thus said to be premature when signs begin to manifest earlier than expected such as below age 35. Most occurrence of premature ageing is due to unhealthy lifestyles.

3.2 Lifestyles that Promote Secondary/premature Ageing

Okonkwor (2019) and Watson (2021) respectively identified some of these unhealthy lifestyles to include the following

- **Smoking Cigarette:** Cigarette smoke contains toxic substances that affect the health of the human skin. These substances trigger early dryness and wrinkling of the skin (Watson2021). Smoking of cigarette has also been significantly associated with the risk for different kinds of cancers and heart diseases. The risk of having such health challenges is dependent on the quantity of smoke an individual consumes. Consequently the more a person smokes the higher the person's risk of having cancer or heart disease (Okonkwor, 2019).



Fig.2.1

Source: Designpress.com

- **Over exposure to sun rays and Tanning of the Skin:** This is the process of shielding the body from the negative effects of exposure to ultraviolet radiation. Although ultraviolet B radiation is helpful in the production of vitamin D which is useful in the skin, excessive exposure to it can as well produce harmful results such as destruction of skin folate (Daily Mail Reporter, 2010). Consequently, being under the sun for long damages the skin's DNA, thereby making it prone to wrinkles and dryness (Watson, 2021).



Fig. 2.2

Source: carrotsun.co.uk



Fig.2.3

Source: Romano Cagnoni Getty Images

Poor sleep habit: Sleep ordinarily refreshes and promotes healthy body. Consequently not having adequate sleep can affect health and thus promote early ageing factors. Poor sleep habits negatively affect the functions of the brain. It causes poor concentration and difficulty in making appropriate decisions. Adults who fail to get proper sleep are likely to fall sick frequently (Watson, 2021, Okonwor, 2019).

Heredity: Some inherited genes can cause early manifestation of ageing in childhood or adolescent stage. A typical example of such genetic inheritance include Werner syndrome which causes early appearance of white hair, bald hair and wrinkles. Another genetic inheritance that engenders early ageing is Hutchinson-Gilford syndrome. Although this is not as common as the former, it hinders growth and development in children, causes abnormal presentation of bald head, thin legs and hands (Watson, 2021, Okonwor, 2019).

Excessive consumption of alcohol: Much intake of alcohol is known to reduce body fluid. Long time low body fluid causes sagging and dryness of the skin. This ultimately makes the skin to lose its shape (Watson, 2021). In addition, Okonkwor (2019) observed that excess alcohol consumption increases the formation of fat and the consequent deposit of such in the blood vessels which ultimately causes blockage of blood vessels. When fat plaques block blood vessels it results in numerous heart problems.



Source: myvmc.com



Fig.2.4

Source: health.harvard.edu

Excessive intake of caffeine: Caffeine is a substance which is found in kola nut and tea such as coffee. It is also used in the production of carbonated drinks. Consumption of these caffeine containing products increases the occurrence of early or premature ageing(Okonkwor, 2019).



Fig. 2.5

Source: Royalty-free stock photo ID: 1827223730

Residing in a polluted environment: Residing in a highly polluted environment increases a person's risk of developing early ageing signs such as skin spots, and wrinkles. Pollutants in the environment when in contact with the skin weakens its protective mechanisms thereby making the skin prone to early ageing(Watson,2019).



Source: nih.gov
[future.com](http://www.future.com)

Source: www.conserve-energy-future.com



Fig.2.6

Source: www.aljazeera.com

Stress: Being under stress increases the process of ageing. Stress hinders sleep which is necessary for the rejuvenation of cells and sustenance of good health. Stress also increases inflammatory actions in the body. All of these in turn trigger early ageing processes (Watson, 2019).

Depression: Persistent or prolonged depression has been found to be an important risk factor of premature ageing. Constant depressive mood could alter certain body functions giving rise to abnormal functioning of the blood vessels and other aspects of the heart, and heart attack (Okonkwo, 2019).

Poor nutritional habits: Okonkwo (2019) described poor nutrition as the lack of harmonization of food taken with the type of job a person does. This author observed that poor nutrition contributes significantly to premature ageing because inappropriate food consumption could lead to unhealthy fat deposits in the body giving rise to such health problems

as hardening and thickening of blood vessels, high blood cholesterol, overweight and obesity. More so, Watson, (2019) observed that high intake of polished sugar and food high in carbohydrate have damaging effect on the skin. All these factors affect the overall wellbeing of an individual and thus speed up ageing processes.

3.3 Signs of Premature Aging

Many signs of premature ageing are similar to those of normal ageing. However, the difference is on the cause and time of occurrence of the ageing sign. Watson (2019) identified premature ageing signs to include the following:

Early appearance of wrinkles and sagging of the Skin: Wrinkling of the skin is one of the early signs of ageing. Naturally as people grow older the skin collagen level gradually drops making the skin to lose its plump appearance and shape. Reduced skin collagen is one of the things that causes dryness and wrinkling of the skin. However, skin wrinkling may also occur due to other factors such as dirt or lack of adequate body fluid.

Hair Loss: Some persons begin to experience hair loss earlier than expected. This occurs when cells that stimulate the development of new hair starts to die. Most times how early this occurs in an individual is dependent on some genetic, environmental, hormone and nutrition related factors.



Fig.2.7 Source: sartsat60.com
seniors.lovetoknow.com

Source:

Gaunt hands: This occurs when the skin of the hand begins to lose its fat and then begins to get thin, and the collagen level of the skin which

gives the hand its structure begins to diminish. This is signified by the appearance of more veins and wrinkled skin. Some persons begin to experience this as early as in late 30s or 40s



Fig.2.8

Source: Dreamstime.com

Abnormal dry and itchy skin: Dry-itchy skin is a common sign of aging which occurs due to gradual reduction in the skin oil that lubricates the skin and keeps it radiant(Jalima,2020). However skin dryness may become more frequent than normal or may occur earlier such as when a person is approaching age 40.



Fig.2.9

Source: dreamstime.com

Skin inflammation or hyper-pigmentation: This is described as that part of the skin which due to high level of melanin deposits form patches on the skin that are darker than other parts of the skin (Natural Mixologist Botanical, 2020). Skin inflammation due to ageing appears commonly as a patchy discoloration on the chest. Skin inflammation during ageing just like sun spot is also a consequent of many years of exposure to sun rays. Sun rays have serious damaging effect on the cells of the skin. Another skin problem capable of destroying the skin melanin is eczema which can also cause skin inflammation (Watson, 2019). Other factors that can trigger skin inflammation are heredity, acne or hormonal change (Natural Mixologist Botanical, 2020)

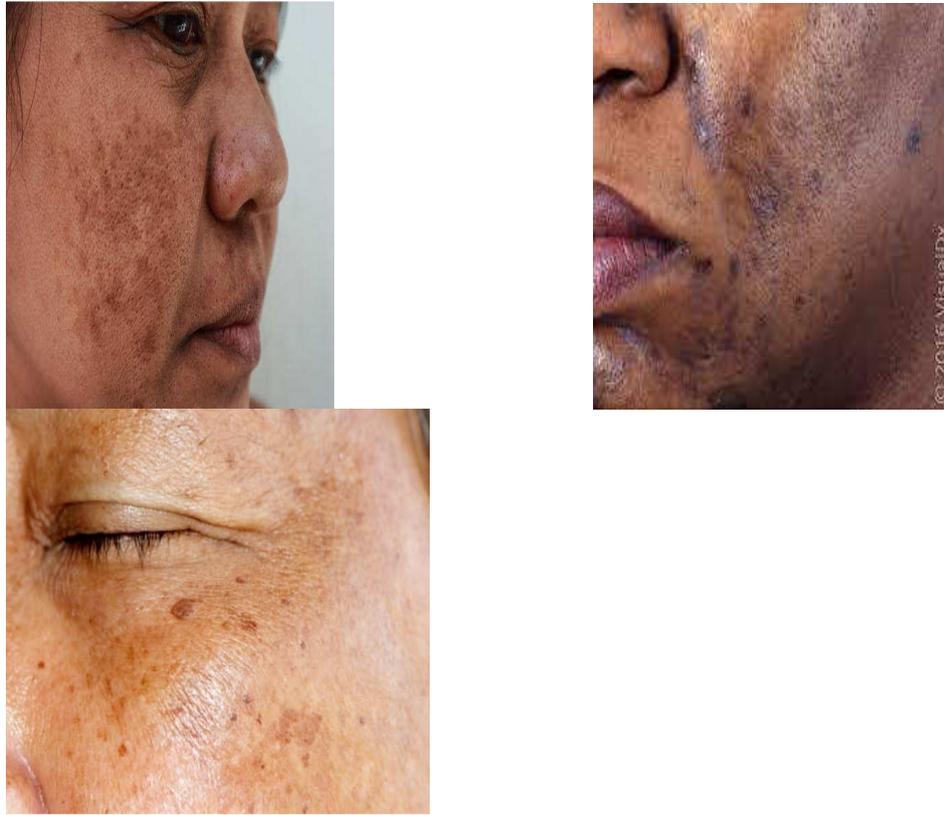


Fig.2.10

Sun spots: These are flat spots that appear on the skin due to many years of exposure to sun rays. These spots are also called liver spots or age spots. They are commonly found on the skin of the face or hands and may start appearing in vulnerable people at the age of 40 years. Very fair people who have Fitzpatrick 1 and 2 are more susceptible to sun spots and are more likely to have sun spots at early age.



Fig.2.11

SELF-ASSESSMENT EXERCISE

1. Secondary ageing is defined as _____
 - a. the manifestation of chronic illnesses in old age
 - b. the early appearance of ageing signs due to unhealthy lifestyles.
 - c. All of the above
 - d. None of the above

2. _____, _____ and _____ are factors that promote secondary ageing
 - a. Smoking cigarette, excess alcohol consumption, and depression
 - b. Malaria, exercise and fever
 - c. Eating moderately, stress and staying out-door
 - d. All of the above

3. These are some of the signs of secondary ageing except
 - a. Gaunt hand
 - b. Sun spots
 - c. Hyper-pigmentation
 - d. Typhoid signs

4.0 CONCLUSION

Going through this course would have exposed you to the full cognition of the concept of secondary or premature ageing, factors that trigger them and signs indicative of secondary ageing. The understanding of these is paramount, as it is capable of engendering the desire and pursuit of lifestyles that promote good health and thus delay ageing processes.

5.0 SUMMARY

Ageing, though a natural phenomenon that is bound to occur, at times it may appear too early in life thus making the affected individual to look older than his or her age. This unit thus gave clear description of secondary ageing, identified and explained life styles that could trigger its occurrence such as smoking, excess alcohol consumption, exposure to polluted environment, poor nutrition, and lack of exercise among others. Signs indicative of secondary ageing were also.

6.0 TUTOR-MARKED ASSIGNMENT

Discuss secondary ageing and its signs.

7.0 REFERENCES/FURTHER READING

Natural Mixologist Botanical (2020). "What is Hyperpigmentation?"
Retrieved 27/6/2021 from
[https://www.nmbotanical.com/blogs/skinboss/12-oils-for-hyper -
pigmentation](https://www.nmbotanical.com/blogs/skinboss/12-oils-for-hyper-pigmentation)

Okonkwo, O. C. N. (2019). *Ageing without Getting Old: A secret Receipt*. Awka: Orient Daily press.

Puchta, C. (2006-2011). "Aging: Age-related Physical Change's Part 2 of a Series". *College of Nursing, University of Cincinnati*.
Retrieved 24/3/2021 from
[https://nursing.u.c.edu/content/dam/nursing/docs/CFAWD/Aging
%20Series/Part%20Aging%20Physical%20Changes.pdf](https://nursing.u.c.edu/content/dam/nursing/docs/CFAWD/Aging%20Series/Part%20Aging%20Physical%20Changes.pdf)

UNIT 4 THEORIES OF AGEING

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Types of Ageing Theory
 - 3.1.1 Programmed
 - 3.1.2 Damaged or Error Theories
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 8.0 References/Further Reading

1.0 INTRODUCTION

Numerous theories on ageing have been advanced by different researchers. But none of these theories has given an exclusively exhaustive explanation to the processes of ageing (Lumen, 2021). However, there are basically two major schools of thought on theories of ageing. The first is the traditional theories school of thought which upholds that ageing is not a genetically planned event or adaptation. The second school of thought is the modern biological theorists which see ageing as a naturally planned event. The modern biological theories have two major categories which are discussed in this unit (Kunli, 2010). It is hoped that an understanding of these theories of ageing will help to foster positive ageing outcome.

2.0 OBJECTIVES

By the end of this unit, you will be able to:

- explain the two major categories of modern ageing theory
- discuss the programmed theories
- discuss the damaged error theories
- identify major misconceptions of ageing.

3.0 MAIN CONTENT

3.1 Types of Ageing Theories

The modern biological ageing theory has been grouped into two namely the programmed and damaged or error theories. One idea that is common among the programmed theories is that ageing is biologically scheduled in nature and is guided by the changes that

occur in the genes that control the systems that repair, maintain and protect the body (Mark, 2020). This group of theories include, Programmed longevity, Endocrine and Immunological theories (Mark, 2020, Jin, 2010; Davidovic, Sevo, Svorcan, Milosevic, Despotovic, & Erceg, 2010). On the other hand the damaged or error theories believe that ageing is the outcome of the negative impact of the environment on living beings. They uphold that it is the long time accumulation of these environmental effects at different levels of life that triggers ageing in human beings. The damaged or error theories include the wear and tear, free radical, cross-linking and rate of living theories (Kunli, 2010)

3.1.1 Programmed Theories

- **Programmed Longevity:** Ageing, for this theory, is seen as the consequence of changes in certain body genes. This theory also understands senescence as the period when age-related deficiencies start to show up (Davidovic, Sevo, Svorcan, Milosevic, Despotovic, & Erceg, 2010).
- **Endocrine Theory:** This theory believes that hormones are influenced by some natural clocks through which ageing is controlled (Van, 2010). This theory posits that the functionality of the brain hypothalamus which regulates important body glands such as the ovaries, testes, thyroid and adrenal gland reduces as people increase in age. The theory further believes that it is the reduction in the effective functioning of the hypothalamus and body glands that stir up diseases like high blood pressure, poor metabolism of body sugar, and poor sleep which are common in old age (American federation for Ageing Research, 2016)
- **Immunological Theory:** The core belief of this theory is that the body immune system is naturally made to reduce its function over time making the body susceptible to infectious diseases resulting in ageing and death. It is believed that the body immunity is at its highest level of performance during pubertal stage and starts to decline in function as people grow older. Again it is assumed that ageing starts when the antibodies begin to lose their functional ability which often occurs as people advance in age. Reduced effectiveness in the function of the body disease fighters is what is responsible for the increased susceptibility of the aged to different diseases as weakness of the cells (Cornelius, 1972).

3.1.2 Damaged or Error Theory

- **Wear and tear theory:** This theory states that ageing is as a result of the wearing out of cells and tissues due to constant usage, just the way the parts of a car finally break down after a long-time use (Kunli, 2010)
- **Rate of living theory:** This theory focuses on the rate of oxygen intake as a strong determinant of long life. The theory upholds that high body metabolism and oxygen basal reduces longevity (Mark, 2019, Kunli2010).
- **Cross-linking theory:** The core idea of this theory is that ageing emanates from a long-time accumulation of cross-linked proteins which destroys cells and tissues, reduces metabolism and normal functioning of the body (Bjorksten and Tenhu, 1990)
- **Free Radicals:** This theory states that ageing is triggered by the accumulation of cells which are destroyed due to the activities of free radicals and superoxide in the body (Gerschman, Gilbert, Nye, Dwyer, & Fenn, 1954). Mark, 2019, Kunli, 2010).

Case study

How do you feel each time you remember that one day you will become old?

How do people react when you raise issues concerning old age and death?

SELF-ASSESSMENT EXERCISES

1. Rate of living and cross-linking theories are examples of
 - a. Damaged theory
 - b. Programmed theory
 - c. Free radical theory
2. _____ theory beliefs that ageing is as a result of the wearing out of cells and tissues due to constant usage, just the way the parts of a car finally break down after a long-time use
 - a. Free radical theory
 - b. wear and tear theory
 - c. immunological theory
3. Modern Biological theories are classified into and _____
 - a. Endocrine and immunological theories

- b. Damage theory and error theory
- c. Programmed Longevity and Damaged Theories

4.0 CONCLUSION

Theories help to give better explanation to concepts. Consequently, being acquitted with the theories of ageing provides good understanding of the subject matter, and removes all ambiguity or confusion that could lead to misconceptions

5.0 SUMMARY

This unit discussed the theories of ageing. Among other schools of age theories, the unit focused on the modern biological theories which are divided into two categories namely the programmed longevity theories and the damaged or error theories.

6.0 TUTOR-MARKED ASSIGNMENT

Briefly discuss the types of ageing theories that you know.

7.0 REFERENCES/FURTHER READING

American federation for Ageing Research, 2016). Theories of Ageing. Info Ageing Guides. Retrieved 15/7/21 from https://www.afar.org/imported/AFAR_INFOAGING_GUIDE_THEORIES_OF_AGING_2016.pdf

Bjorksten, J., Tenhu, H. (1990). "The Cross Linking Theory of Aging--Added Evidence". *Exp Gerontol*, 25:91

Cornelius E.(1972). Increased incidence of lymphomas in thymectomized mice--evidence for an immunological theory of aging". *Experientia*. 28, 459

Davidovic, M, Sevo, G., Svorcan, P., Milosevic, D. P., Despotovic, N., Erceg, P. (2010). "Old age as a Privilege of the Selfish Ones". *Ageing and Disease*, 1:139–146

Gerschman, R., Gilbert, D. L., Nye, S. W. Dwyer, P. & Fenn, W. O. (1954). "Oxygen Poisoning and X-irradiation: a Mechanism in Common". *Science*. 119, 623–626

Kunlin, J. (2010). "Modern Biological Theories of Aging". *Ageing from Dis. 1*, (2)72-74. Retrieved 18/3/21 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2995895/>

- Lumen, (2021). “Theories of Ageing”. Retrieved 13/7/2021 from <https://courses.lumenlearning.com/atd-herkimer-biologyofaging/chapter/why-the-body-ages/>
- Mark, S (2019). “Programmed Theories of Ageing”. *Very Well*. Retrieved 18/3/21 from <https://www.verywellhealth.com/why-we-age-theories-and-effects-of-aging-2223922>
- Van, H. D. (2010). “Insulin, IGF-1 and longevity”. *Aging and Disease*. 1:147–157

UNIT 5 MISCONCEPTIONS OF AGEING

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Misconceptions of Ageing
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 INTRODUCTION

The concept of ageing has in the past been confronted with lots of myths and misconceptions. Most people do not have a clear understanding of what normal ageing is, as a matter of fact, ageing is often associated with frailty, worthlessness, loneliness and helplessness. Poor understanding of ageing is one of the reasons people are afraid of getting old. This is also why some persons in civil service falsify their age in order to remain young. Nursing deep misconceptions concerning ageing breeds fear and invariably affect a person's ability to cope with the process. Good understanding of ageing will help knock off the poor perception people have regarding the aged and thus attract behaviours that will maintain the dignity of the group. Below are some pictures of people who are very old but still make the most out of life.



www.shutterstock.com · 707244118

Fig. 5.1

Source: www.shutterstock.com

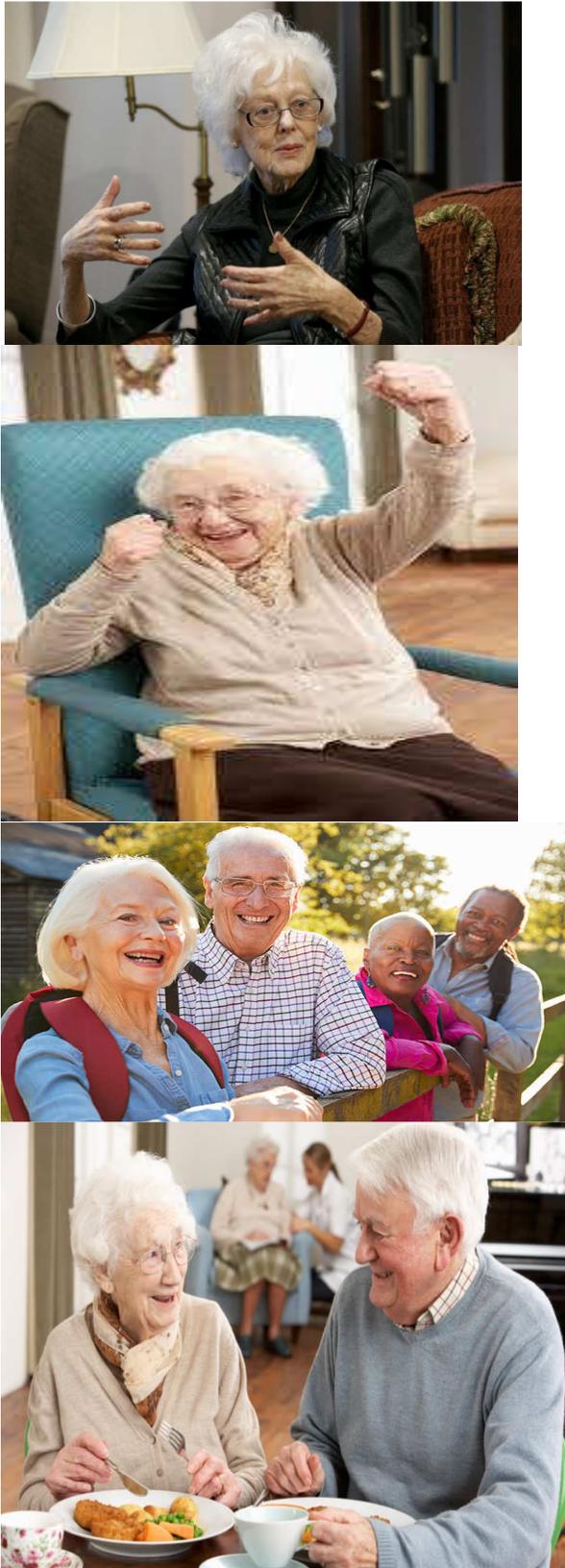


Fig. 5.2

Source: www.depositphotos.com

2.0 OBJECTIVES

By the end of this unit you will be able to:

- Explain the following:
 - Brain function
 - Loneliness
 - Health problems
 - Interest in life
 - Interest in social activity
 - Sexual intimacy
 - Development of new skills
 - Decision making and
 - Happy life

3.0 MAIN CONTENT

3.1 Misconceptions of Ageing

The fear expressed towards old age is closely associated with what people think about ageing. Misconception refers to a mistaken belief or the acts of harbouring wrong ideas concerning a thing or an issue. Numerous misconceptions concerning ageing abound and these misconceptions cut across all aspects of human functional existence. These misconceptions are here-under discussed.

1. **Loss of Brain Function:** People most times think that aging reduces mental ability due to the manifestation of mental problems such as dementia in some older individuals. Research has however shown that the ability for effective verbal, mathematical and abstract reasoning increases with age. Thus, the loss and weakening of some brain cells which occur as people age thereby increasing their risk for degenerative brain disorders, can be slowed down through healthy lifestyles. The elderly can improve and maintain effective brain function by a continuous use of the brain faculties, interacting meaningfully with people and getting involved in regular exercise activities. These will help the brain to remain active and prevent brain disorders due to ageing (Salvesene,2014, Weiss, 2021).
2. **Old age is marked with Loneliness:** Another wrong view of ageing is that it is a period characterized with loneliness. The truth is that most aged are retirees and are likely to be idle if not meaningfully engaged. This relative state of idleness or reduced level of activity might cause loneliness, anxiety, and sadness. However, these unhealthy feelings are abnormal and cannot be considered as natural experiences of ageing. Older age attracts

numerous socio-emotional gains which may help to prevent loneliness and feeling of isolation. These include longtime relationship with spouse, friends, family and interesting stories of life to tell (National Institute on Aging (NIA), 2021). To avoid idleness and consequently loneliness, older people can remain active by getting involved in some social works such as volunteer jobs, belonging to associations, clubs and centers made for seniors, getting involved in religious activities and spending good time with family members and friends (Salvesene, 2014).

3. **Older People Have Numerous Health Problems:** As people age the body cells begin to wear down and replacement of old cells reduces making the elderly to become prone to Some health challenges. However, this fact does not suggest that the elderly will constantly be sick of one ailment or the other. There is high possibility of remaining healthy with minimal ailment in old age which can be achieved by maintaining lifestyles that promote good health (Salvesene, 2014).
4. **Older People have reduced Ability to Develop New Skills:** People view old age as time of complete rest, and thus have less need for development of new skills that can add value to life. This is not true as older people can still within their limited ability desire and develop new ideas that can keep them relevant till death (Salvesene, 2014; BrainSpark, 2021).
5. **Older People do not Enjoy Sexual Intimacy:** Due to some natural physiological occurrences, sexual libido appears to reduce as people grow older. This, however, does not mean that sexual desire and act are completely ruled out among the aged. Sexual intimacy with spouse is very possible in older age. Older men and women still enjoy sexual activity and emotional closeness with their spouse (Weiss, 2021)
6. **Older People Have Poor Decision-Making Ability.** This idea about the elderly is grossly wrong since wisdom is known to grow with age. A traditional Igbo adage says that “what a child cannot see while on top of a tree, an older adult can see it while sitting down”. If a person remains cognitively active in a chosen area of life, intelligent decision making in that area will continue to abound. Again, longer years of life experiences and acquired education also help to sharpen the older people level of cognitive reasoning (Weiss, 2021, BrainSpark, 2021).

7. **Older Adults lack the Interest to Live:** Although some older adults may have positive disposition towards death, no sane person will desire to cut his or her life short. With a healthy environment and good support structure, most older adults will enjoy life and wish to live longer (Weiss,2021)
8. **Old People Lack Interest in social activities:** As important as social relationship to emotional health, people think that old age reduces a person's social desires. This is however not the truth. The interest for social interactions continues throughout life. This is because human beings are naturally social beings. Getting along with people and being involved in social activities make life interesting and worthwhile. So it is possible to remain socially connected to people as long as you live. The only possible factor that could interfere with social activities during old age is the occurrence of physical or mental health problems (BrainSpark, 2021).
9. **Older age is characterised with moodiness and unhappiness:** Another important misconception concerning old age is that it is a period characterised with sadness and depression. Although some percentage of old people may become depressed and sad as they age, a good number of this group still live happily without any form of depression. In fact a research carried out in U K proved that people become happier after they give up active public service. Growing old does not suggest that one automatically becomes moody and sad. However, getting involved in meaningful activities and life styles that promote good health and self-esteem could actually boost the older adult's mood and interest in life (Welbi, 2021).

SELF-ASSESSMENT EXERCISE

1. Older age is often misconceived by people?
 - a. Yes
 - b. No
2. _____, _____, _____ and _____ are some misconceptions of ageing
 - a. old people lack interest in social activities
 - b. old age is characterized by loneliness
 - c. old people do not enjoy sex
 - d. old people have zero interest in life pursuit
 - e. None of the above
 - f. a, b, c, and d

4.0 CONCLUSION

Reading through this unit may have unveiled the numerous misconceptions that people hold regarding ageing. This is needful since misconception hinders the comprehension of correct knowledge and breeds health hazards such as stigmatization and neglect of the aged. This unit thus, may have also help you to appreciate ageing as a normal aspect of life which has numerous benefits.

5.0 SUMMARY

Generally, this unit focused on the various misconceptions people have concerning ageing. Some of these misconceptions include that old age is marked by loneliness, moodiness, unhappiness, poor brain function, reduced interest in social life and lack of interest in sexual intimacy and life as a whole. Others include that old people have poor decision making ability, and lacks interest in the development of new skills.

6.0 TUTOR-MARKED ASSIGNMENT

Briefly explain some of the misconceptions about old Age.

7.0 REFERENCES/FURTHER READING

Brain Sparks (2016). “6 Common Myths and Misconceptions about Ageing”. Retrieved 27/3/2021 from <https://www.brainsparks.com.au/6-common-myths-misconceptions-about-ageing/>

Cornelius E.(1972). “Increased incidence of lymphomas in thymectomized mice--evidence for an immunological theory of aging”. *Experientia*. 28, 459 National Institutes of Ageing (2017) “Osteoporosis”. National Institute of Health. Retrieved 4/4/2021 from <https://www.verywellhealth.com/age-related-diseases-2223996#citation-16>

Salvesan, M. (2014). “5 Common Misconceptions about Ageing”. Retrieved 20/3/21 from <https://www.umh.org/assisted-independent-living-blog/5-common-misconceptions-about-aging>

Weiss, A. (2021). “10 Common misconceptions About Ageing”. *NCH Healthcare System*. Retrieved 20/3/21 from <https://www.agingcare.com/articles/myths-about-aging-179212.htm>.

Welbi, (2021). “5 Common Misconceptions about Ageing”.
[https://www.welbi.co/blog/5-](https://www.welbi.co/blog/5-misconceptions-about-aging) misconceptions-about-aging

MODULE 2

INTRODUCTION

Ageing as earlier stated is a gradual natural change that occurs in life. This implies that ageing does not occur spontaneously. It usually starts at some point in an individual's life and gradually continues as the person advances in age. The process of ageing is marked by noticeable changes in body parts and functions. Good cognition of these changes proffers the enablement for proper management of ageing related issues. Again understanding the different categories of old age as well as stages of ageing is vital, since each stage of ageing has its own challenge that must be addressed in order to maintain optimal health. In this module therefore we shall be discussing different categories of old age, stages of ageing and physiological changes that occur due to ageing.

- Unit 1 Classification of Old Age
- Unit 2 Physiological Processes of Ageing

UNIT 1 CLASSIFICATION OF OLD AGE

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Categories of Old Age
 - 3.3 Stages of ageing
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 INTRODUCTION

Old age is the last lap of human existence. It refers to the years which are close to the end of human life. Individuals at this stage of life are known as seniors, elders or older adult. Ageing comes gradually and thus occurs in stages with each stage showing distinctive characteristics. More so old age has different categories which are determined by age level. This unit addresses different categories of old age and stages of ageing.

2.0 OBJECTIVES

By the end of this unit, you will be able to:

- categorise old age
- explain the five stages of ageing
- discuss physiological processes of ageing.

3.0 MAIN CONTENT

3.1 Categories of Old Age

There are basically three categories of older adults. However, the age grouping of old age slightly differs by authors. Some grouped them into three as, “young old (65-74), middle-old” (75-84years) and “old-old (85years and above), (Papalia *et al.*, 2009). Another school of thought grouped them as Young old (65-84), Oldest Old (85- 100) and Centenarians (Above 100). The later categorisation of Old adults shall be adopted for this course largely because the grouping by age was done with due consideration to the concept of aging as well as possible advancement in longevity into latter life (Lifespan Development, 2021).

3.1.1 Young Old

This category covers individuals who are between 65 to 84 years of age (Ortman *et al.*, 2014). It covers the time when most People are already retired from active employment to when age-related health challenges begin to occur. Life at this stage is still interesting and that is why it is often called the “Golden Age”. People at this age have reduced responsibility thus with good and stable economy most of them remain actively involved in interesting recreation, leisure and other rewarding personal pursuits (Smith, 2000). Their level of knowledge, skill and ability to adapt to their new phase of life is also relatively good (Riediger, Frzeund, & Baltes, 2005; Singer, Verhaeghen, Ghisletta, Lindenberger, & Baltes, 2003). Most of them do not need long term health care, they are likely to be in stable marital relationships, involved in Jobs just for self pleasure, and are independent. This stage however play host to most cardiovascular ailments but with proper life style adjustments, these can be averted (Barnes, 2011).

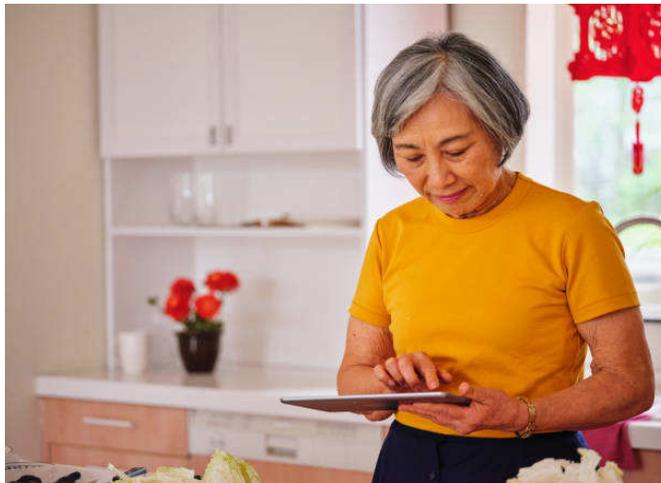


Fig.1.1

3.1.2 Oldest-Old

This is the category in which most members exhibit ailments of serious concern, requiring most times hospitalisation and death. People in this group are also known or addressed as the fourth Age. The Oldest old are people between ages 85 -100. This age is marked with decline in physical body functions, reduced interest in job seeking, recreation, leisure and other interesting life activates ((He, Good kind, & Kowal, 2016).



Fig.1.2

3.1.3 Centenarians

This category comprises a part of the oldest –old. They are individuals who are 100 years and above. Some persons in this category particularly those 110 and above are also referred to as the super centenarians (Wilcox, Wilcox & Ferrucci, 2008). People in this category often experience a higher terminal reduction in life as they grow older. Based on the report of Stepler (2016), U. S. has the highest centenarians, while Japan and Italy have the highest number per capita. Individuals in this group are more likely to have enjoyed healthier life throughout their young adulthood (Ash *et al.*, 2015).



Fig.1.3

3.2 Stages of Ageing

Ageing occurs slowly with more signs as the person grows in age. Bellport (2021) summarised the process of ageing into five stages,

namely independence, interdependence, dependence, crisis management and end of life

3.2.1 Independence

This is the early stage of ageing. Most people at this stage are still strong and have no need for help. Many of them prefer to be independent living in their own home. At this stage they are able to carry out basic daily activities in order to sustain life. These include health care needs, transportation, and finances. There could be minor reduction in level of life activities, but usually not significant. Changes due to ageing are also not noticeable at this stage. Those at this stage are mostly people that are up to 60 to 70years.

3.2.2 Interdependence

This stage is when seniors begin to find it hard to carry out certain daily functions in order to support life. Involvement in physical and mental activities is noticeably hard. However, at this stage senior can help themselves in many ways but not in all things. Most of them usually have need for some level of help in order to enjoy life. They may need to be assisted in driving, cutting grasses, and going to pay house bills. Some that can do all things on their own do it very slowly. This age includes 70 to 80 years

3.2.3 Dependency

As the name implies this is the stage when seniors need help. This stage is particularly challenging as most people at this stage find it almost impossible to carry out daily tasks without help. Mental and physical changes due to ageing become obvious making it difficult for them to drive, travel and carry out daily tasks at home alone. Seniors who are dependent at this stage seriously need someone to help in the provision of daily meals and the care of a health provider.

3.2.4 Crisis Management and End of Life

This stage as the name implies is characterised by health-related crisis. Seniors at this point of life have high need of intensive care with sophisticated health care services. Due to their frail condition and the need for exclusive care most seniors at this stage of life survive through life support equipment in nursing homes or hospitals care. The age bracket for this stage just like the dependency stage falls between late 70 to 80 years. Some very healthy senior may get to this stage much later in life.

SELF-ASSESSMENT EXERCISE

1. Old age is categorised into three namely-----
 - a. Old-old, oldest old, young old
 - b. Youngest old, young old, centenarian
 - c. Young old, oldest old and centenarian

2. ----- is the stage of ageing that is characterised by health related crisis
 - a. Dependence
 - b. Interdependence
 - c. Crisis management and end of life
 - b. independence

3. Ageing occurs in ----- number of stages
 - a. 6
 - b. 4
 - c. 8
 - d. 3

4.0 CONCLUSION

Discussions on this unit reveal that ageing is a process that is divided into stages with each stage having its characteristics. Having gone through this unit it is believed that you are already empowered with adequate knowledge of the characteristics of the old adult of different stages and group. This will help you know what to do at each stage of ageing in order to make the best out of it

5.0 SUMMARY

This unit focused on the categorization of old age which has three categories namely young old, oldest old and centenarian. It also addressed four stages of ageing namely independence, interdependence, dependence, crisis management and end of life stages

60 TUTOR-MARKED ASSIGNMENT

Discuss the physiological processes and stages of ageing.

7.0 REFERENCES/FURTHER READING

Barnes, S. F. (2011a). "Fourth Age-the Final Years of Adulthood". *San Diego State University Interwork Institute*. Retrieved 17/6/21 from <http://calbooming.sdsu.edu/documents/TheFourthAge.pdf>

- Bellpot, L. (2021). "Aging at Home: Five Stages of Ageing Process"
Retrieved 13/3/21 <https://liveinplacedesigns.com/aging-in-place-lifestyle/the-5-stages-of-aging-at-home/>
- He, W., Goodkind, D., & Kowal, P. (2016). "An Aging World: 2015".
International Population Reports. U.S. Census Bureau.
- Lifespan Development, (2021). "Age Categories in Late Adulthood".
Retrieved 17/6/21 from <https://courses.lumenlearning.com/suny-lifespandevelopment/chapter/age-categories-in-late-adulthood/>
- Ortman, J. M., Velkoff, V. A., & Hogan, H. (2014). "An Aging Nation: The Older Population in the United States". *United States Census*. Retrieved from <http://www.census.gov/prod/2014pubs/p25-1140.pdf>
- Riediger, M., Freund, A. M., & Baltes, P. B. (2005). "Managing Life through Personal Goals: Inter Goal Facilitation and Intensity of Goal Pursuit in Younger and Older Adulthood". *Journals of Gerontology, 60B*, P84-P91
- Singer, T., Verhaeghen, P., Ghisletta, P., Lindenberger, U., & Baltes, P.B. (2003). "The Fate of Cognition in Very old age: Six Year Longitudinal Findings in the Berlin Aging Study (BASE)". *Psychology and Aging, 18*, 318-331.
- Smith, J. (2000). "The Fourth Age: A Period of Psychological Mortality?" *Max Planck Forum 4*, 75- 88
- Stepler, R. (2016). "World's Centenarian Population Projected to Grow Eightfold by 2050". *Pew Research Center*. Retrieved 20/6/2021 from <http://www.pewresearch.org/fact-tank/2016/04/21/worlds-centenarian-population-projected-to-grow-eightfold-by-2050/>
- Wilcox, B. J., Wilcox, D. C., & Ferrucci, L. (2008). "Secrets of Healthy Aging and Longevity from Exceptional Survivors Around the Globe: Lessons from Octogenarians to Super-Centenarians". *Journal of Gerontology, 63* (11), 1181-1185.
- .

UNIT 2 PHYSIOLOGICAL PROCESSES OF AGEING

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Physiological Processes of Ageing
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 INTRODUCTION

No single age has been identified as the period when ageing occurs. However, science has shown that small signs of ageing start to appear from middle age and increases as people advance in age. Thus, the higher a person's age the more changes will occur in physiological processes. Once ageing sets in, all body organs and systems are affected. Ageing triggers gradual but steady changes in all body parts and functions such as the heart, brain, digestion, circulation, bones, eyes, ear, etc.

2.0 OBJECTIVES

By the end of this unit, you will be able to:

- explain major body systems such as digestive, Nervous and Urinary systems
- discuss body organs such as the heart, eyes, ears, skin; and other parts of the body such as the hair, bones, muscles, teeth and finger
- explain issues surrounding body weight and height.

3.0 MAIN CONTENT

3.1 Physiological Processes of Ageing



Fig.2.1



Fig.2.2

Ageing comes with numerous activities that alter the body structure and functions. These changes have been well articulated by researchers (Johnson Memorial Health, 2015; *Puchta*, 20006-2011) and are here under summarised.

1. **Digestive System:** Ageing affects digestion by slowing down swallowing and digestive processes. This occurs because the force at which the esophagus contracts is reduced due to ageing.

Similarly, all the secretions from the liver, stomach, pancreas and small intestine that enhance digestion reduces there by affecting the body's ability to digest food as was the case during young age(Johnson Memorial Health, 2015).

2. **Urinary incontinence:** As people grow old the ability to control urine reduces and other problems associated with urination may occur. These challenges in most cases are due to the presence of certain health issues such as alterations in hormone activities in women and enlarged prostate in men (Johnson Memorial Health, 2015).
3. **Brain and Nervous System:** the brain like other organs loses its cells during aging. This is the main cause of memory loss observed in old age. The more the brain loses its cells the higher the memory loss. However, the brain usually increases the connections between one cell and another. This natural connections help to maintain the functions of the brain. Nonetheless, slow reflexes, increased level of distraction and poor coordination becomes more eminent(Johnson Memorial Health, 2015).
4. **Kidneys and Urinary Tract:** As people age the kidney become smaller due to gradual loose of cells. This reduces the efficacy of the kidney in waste removal. The situation could be worse in the case where there is diabetes or high blood pressure (Johnson Memorial Health, 2015).
5. **Heart:** Ageing causes changes in heart functions. Statutorily the heart pumps in the day and night whether or not an individual is awake. The heart on the average can beat up to 2.5 billion times or more throughout a person's life time. However, as a person grows older in age the blood vessels begin to lose its elasticity, with the building up of fat deposits on the walls of the artery which obviously increases with age, the heart must increase its beats in order to pump and circulate enough blood for daily body functions. This extra effort required of the heart coupled with the fat deposits on arterial walls are what cause high blood pressure and atherosclerosis common in old age(Johnson Memorial Health, 2015).
6. **Eyes:** Many changes in the function of the eyes occur during ageing. These include seeing objects that are close, not seeing clearly expect on bight light, and changes in the way colours are perceived, blurred lenses and reduced production of tears from the eyes. Some eye related challenges that frequently occur with

age are glaucoma, cataracts and macular degeneration (Johnson Memorial Health, 2015).



Fig.2.3

7. **Hair:** A common physical sign of aging which usually starts at 50 years is the thinning and falling off of the hair as well as

backward movement of the hairlines especially in males (Puchta, 2006-2011). Old age reduces the rate at which the hair grows. As people grow old, the hair follicles begin to shrink, thereby reducing the fullness and volume of the hair. Aging also reduces the production of sebum which lubricates the scalp. Consequently, this constant reduction result in hair dryness and coarseness. Aging makes the hair weaker and thinner (All Things Hair, 2007). Graying of the hair is also common but differs by individuals and communities. While graying of hair could start early in some people, others may not experience it until when they are very old (Puchta, 2006-2011).



Fig.2.4

8. **Ears:** As ageing advances many older persons begin to experience the side effect of the excessive noise they hard at a younger age. As a result a good percentage of the elderly develop

hearing deficiencies. Some of them find it very hard to hear sounds and voices especially in places with high level of noise. Ear wax regularly accumulates causing further hearing difficulty (Johnson Memorial Health, 2015).

9. **Bones, Muscles & Joints:** Ageing causes the bones to shrink and become smaller than its original size as well as its density due to gradual loss of bone marrow. The bones slowly begin to lose its weight making them fragile due to reduction in bone calcium, while the muscles, tendons and joints reduce their flexibility. This makes some elderly to become shorter and susceptible to fall and fracture. Due to the frailty of the bones in old age a fall could cause serious cut, disability or death (Johnson Memorial Health, 2015, Puchta, 2006-2011).
10. **Skin:** Aging makes the skin thinner, drier, less elastic and fragile. These factors lead to the wrinkling of the skin. The thinning of the skin reduces sweating and makes the body prone to heat stroke and exhaustion (Johnson Memorial Health, 2015). Skin wrinkles and spots start being very visible from 40 to 50 years. The skin of the arms, neck and face are areas commonly affected by wrinkle and sagging (Puchta, 2006-2011).



www.shutterstock.com - 449698444

Fig.2.5



shutterstock.com · 1565515438



shutterstock.com · 1255529380

Fig.2.6



shutterstock.com · 163771019



Fig.2.7



Fig.2.8

11. **Nails:** The rate at which nails grow is affected as ageing commences. It makes the nail to grow more slowly and fragile (Johnson Memorial Health, 2015).



www.shutterstock.com · 207839587



www.shutterstock.com · 1115517548

Fig.2.9

12. **Weight:** Weight gain is common in old age because of reduced activity which consequently reduces body metabolism. The slowed body metabolism experienced in old age makes it difficult for the elderly to burn out excess body fat as usual leading to accumulation of excess fat (Johnson Memorial Health, 2015). However as people get older such as from age 50 a gradual reduction in weight begins to occur especially on the face, legs, and arms (Puchta, 20006-2011).



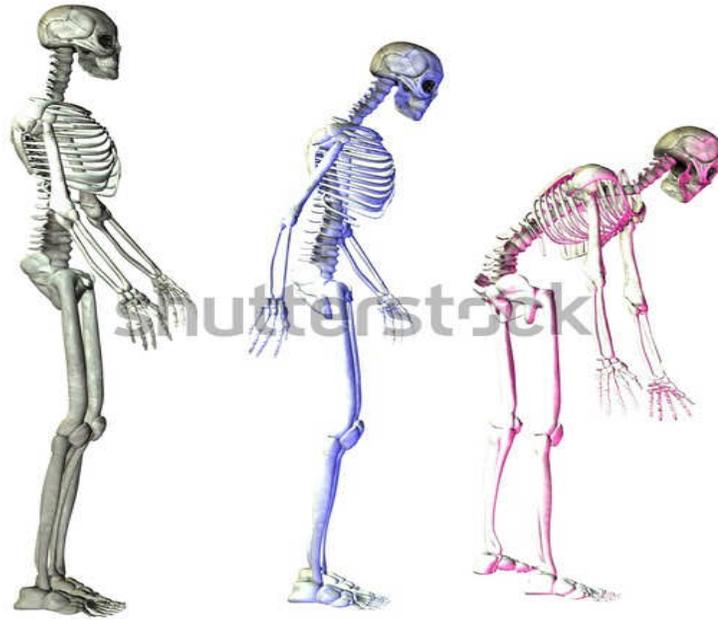
www.shutterstock.com · 1206609118

Fig.2.10

13. **Height:** In most people reduction in height of about two inches starts from the age of 50 (Puchta, 20006-2011). This loss in height which takes place in the spine is due to the shrinking of the disks between the vertebrae.



Fig.2.11



www.shutterstock.com · 491642635

Fig.2.12

14. **Teeth:** Ageing affects the teeth leading to loss of some teeth. The older a person is the more sensitive he or she is to hot and cold food. There is also increased risk of gum disease, tooth decay, and discoloration of the teeth. These challenges could make chewing and tasting food great tasks for those affected with the above problems (Puchta, 2006-2011).



shutterstock.com · 321618038

Fig.2.13

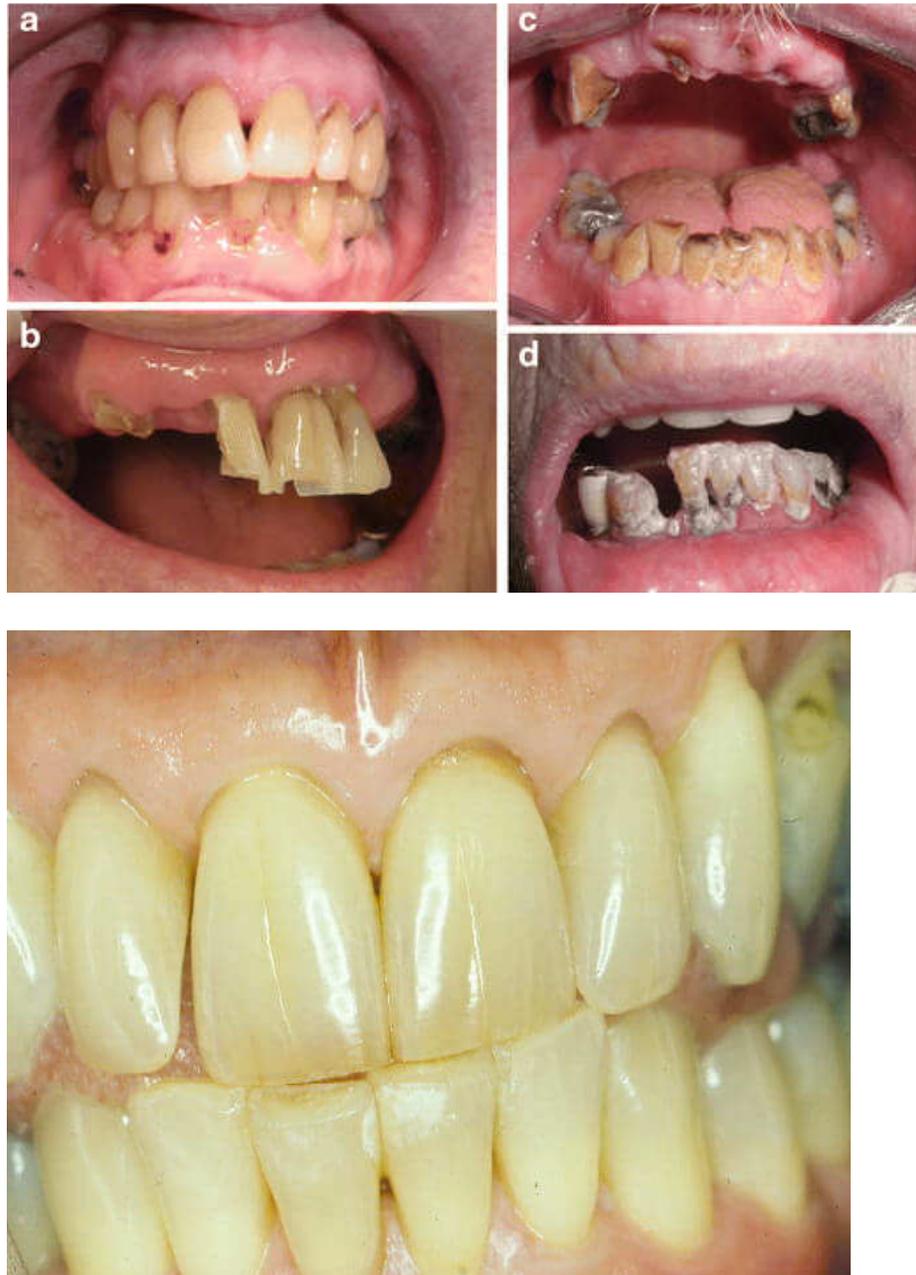


Fig.2.14

SELF-ASSESSMENT EXERCISE

1. . Ageing causes these changes on the bones
 - a. Reduces bone density and makes it fragile
 - b. Increases the size of the bone and makes it thicker
 - c. Ageing makes the bone thinner and taller
 - d. None of the above

2. _____, _____ and _____ are the changes that occur in the heart during ageing

- a. Difficulty in seeing close objects, difficulty in seeing far objects and excessive flow of tears
- b. Reduced visibility, poor perception of colours, and blurred lense.
- 3. None of the above

3. _____ is one of the major changes that occur in the heart during ageing

- a. High blood pressure
- b. Low blood pressure
- c. Enlargement of the heart
- d. None f the above

4. _____ is one of the changes that occur in the urinary system during ageing

- a. Reduced urination
- b. Increased ability to control urine
- c. Reduced ability to control urine
- d. All of the above
- e. None of the above

4.0 CONCLUSION

Ageing is inevitable, and its process comes with numerous body changes that gradually lead to old age. However, there are things that can be done to slow the rate of its occurrence. Life style modifications among others is obviously an important factor that could help to reduce ageing process in human beings.

5.0 SUMMARY

This unit discussed the ageing related physiological changes that occur in different body systems which include the digestive, urinary, nervous and circulatory systems. This unit also discussed age related changes in different parts of the body such as the eyes, ears, skin, bones, muscles, Changes in height and weight.

6.0 TUTOR-MARKED ASSIGNMENT

Discuss the signs of ageing as reflected in parts of the human body and systems.

7.0 REFERENCES/FURTHER READING

- All Things Hair (2007). Ageing Hair: “5 Things that Happen to your Hair as you Get Older”. Retrieved 21/6/21 from <https://www.allthingshair.com/en-uk/hair-care/how-to-get-healthy-hair/things-that-happen-to-ageing-hair/>
- Denga, D. I. & Udoh, P. B. (2005). *Grow Old Slowly and Gracefully*. Calabar: Rapid Educational Publishers Ltd.
- Etukudo, M. H. (2014). Ant-oxidants: Sacrificial Lamb of free radicals. The 29th Inaugural Lecture of university of Calabar. Calabar: University of Calabar Press.
- Johnson Memorial Health (2015). “9 Physical Changes that Come with Aging” Retrieved 3/3/21 from <http://blog.johnsonmemorial.org/9-physical-changes-that-come-with-aging>
- McFarland, J.N. (2003). *Ageing without Growing Old*. Florida: Siloan Press.
- Morris, J.N. (1997). “Resist Old Age with Exercise”. *World Health 50 year*, (4) 6-7.
- Okonkwor, O. C. N. (2014). “Graceful Ageing without Sign of Old age”. In Health/Fitness Corner with Okonkwor, O. (ed) Fides, April, 27-3rd May, pg.18
- Okonkwor, O. C.N. (2015). *The Secret of Ageing and Looking Younger*. Calabar: Purple Bird Media.
- Okonkwor, O. C. N. (2019). *Ageing without Getting Old: A Secret Receipt*. Awka: Orient Daily press.
- Olowookere, J. (2002). *Ageing and the Key to Longevity*. Ibadan: Divine Favour Press.
- Puchta, C. (20006-2011). “Aging: Age-related Physical Change’s Part 2 of a Series”. *College of Nursing, University of Cincinnati*. Retrieved 24/3/2021 from <https://nursing.u.c.edu/content/dam/nursing/docs/CFAWD/Aging%20Series/Part%202%20Aging%20Physical%20Changes.pdf>

Watson, K (2019). “Everything You Need to Know About Premature Aging”. Retrieved 27/3/2021 from <https://www.healthline.com/health/beauty-skin-care/premature-aging>

MODULE 3

INTRODUCTION

Human beings naturally place much emphasis on long and quality life. This of a truth is the whole essence of life. Enjoying a life that is relatively stress free, getting old at the appropriate time and dying at a good old age are indications of a life well lived. Old age indeed might be quite challenging with all its health issues, but it is still absolutely possible to reduce the negative aspects of ageing, through involvement in health promoting lifestyles. This module thus focuses on life expectancy and healthy ageing. Good cognition of this part of the course will equip you with skills required for managing total ageing outcome for the better.

Unit 1	Life Expectancy
Unit 2	Health Challenges of Ageing
Unit 3.	Mental Health and Ageing
Unit 4	Healthy Ageing
Unit 5	Utilisation of Health Services in Old Age

UNIT 1 LIFE EXPECTANCY

CONTENTS

1.0	Introduction
2.0	Objectives
3.0	Main Content
	3.1 Meaning of Life Expectancy
	3.2 Reports on Global Life expectancy
	3.3 How to Calculate Life Expectancy
	3.4 Factors that determine life expectancy
4.0	Conclusion
5.0	Summary
6.0	Tutor-Marked Assignment
7.0	References/Further Reading

1.0 INTRODUCTION

Living life to the fullest especially in good health is one of the basic desires of any human being. Everybody wants to grow old before dying. However, no two Human beings shave the same number of years to live on earth. While some persons survive on earth for longer years others cannot. In recent times, especially since the last century, report shows that life expectancy globally has increased with a greater number of persons living to older ages. This is due to numerous live enhancing

factors such as lower death rate, lower infant death, improved means of living and, lifestyle, better healthcare services and higher educational standard (Disabled World 2019).

2.0 OBJECTIVES

By the end of this unit, you will be able to:

- explain the meaning of life expectancy
- demonstrate a general knowledge of global report on life expectancy
- discuss how life expectancy is calculated
- describe factors that Influence life expectancy.

3.0 MAIN CONTENT

3.1 Meaning of life expectancy

Manton (2007) defined life expectancy as the mean number of years an individual should live after X age. It is the standard means of measure mostly used to ascertain the extent to which people live. Life expectancy is the number of years expected of an individual to live. It is based on the calculation of the mean age of a specific age group as at death (Ortiz-Ospina (2017). Disabled World (2019) conceives the concept as the mean number of years that is left for a particular age. Simple message from the above definitions is that life expectancy is the total number of years an individual is expected to live on earth. The truth about live is that just as no two individuals are the same, life expectancy among individuals differs considerably.

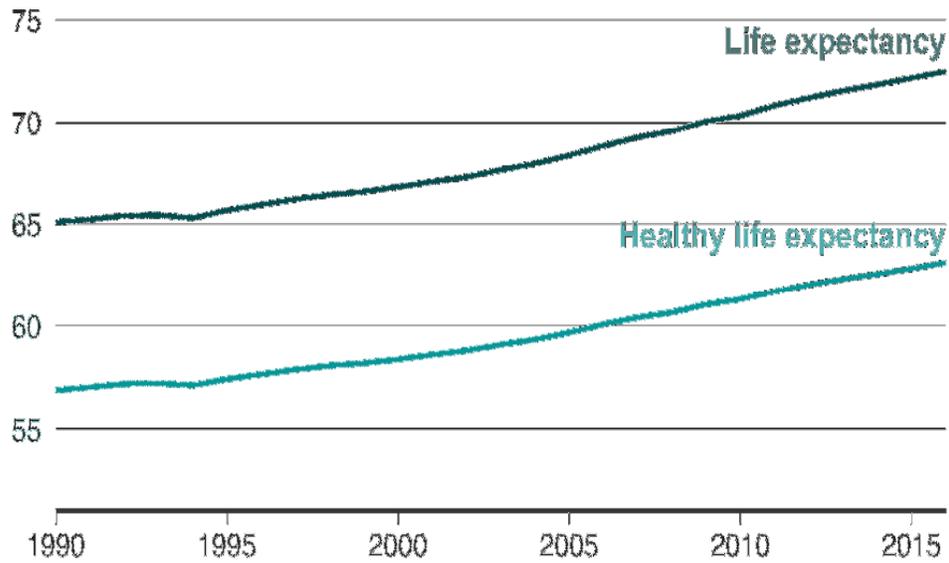
3.2 Reports on Global Life Expectancy

Recent reports on life expectancy indicate steady increase in life expectancy since 1900s (Kristen 2016). For instance, a current world report on life expectancy shows an appreciable global increase of more than 6years between 2000-2019 only. This statistical report reveals that the average number of years for people to live on earth increased from 66.8years in 2000 to 73.4 years in 2019(WHO 2021). Apart from the observable increase in life expectancy, there is also a steady decrease in infant deaths making it possible for more persons to live upto old age. Factors that help to boost life expectancy in recent years have been identified to include increased in infant survival, improved standard of living, better ways of life, improvement in educational standards, and improved technology in the area of medicine and health services (Disabled World 20219).

However, the extents to which people can survive differ by gender, occupation, ethnicity among others. Women for instance have been found to live longer than the men. WHO report on global life expectancy indicates that women on the average can live up to 83years. Developed countries have higher life expectancy than developing countries. The countries with the highest life expectancy are Hong Kong with a score of 84.7 years, followed by Japan (84.5years) and Switzerland (83.6), (Logan, 2021). In Nigeria there has been a slight increase of 0.57 percent in life expectancy from 2020(54.81years) to 2021(55.12years) (Macrotrends, 2021).

Global life expectancy has risen seven years since 1990

Life expectancy at birth, in years

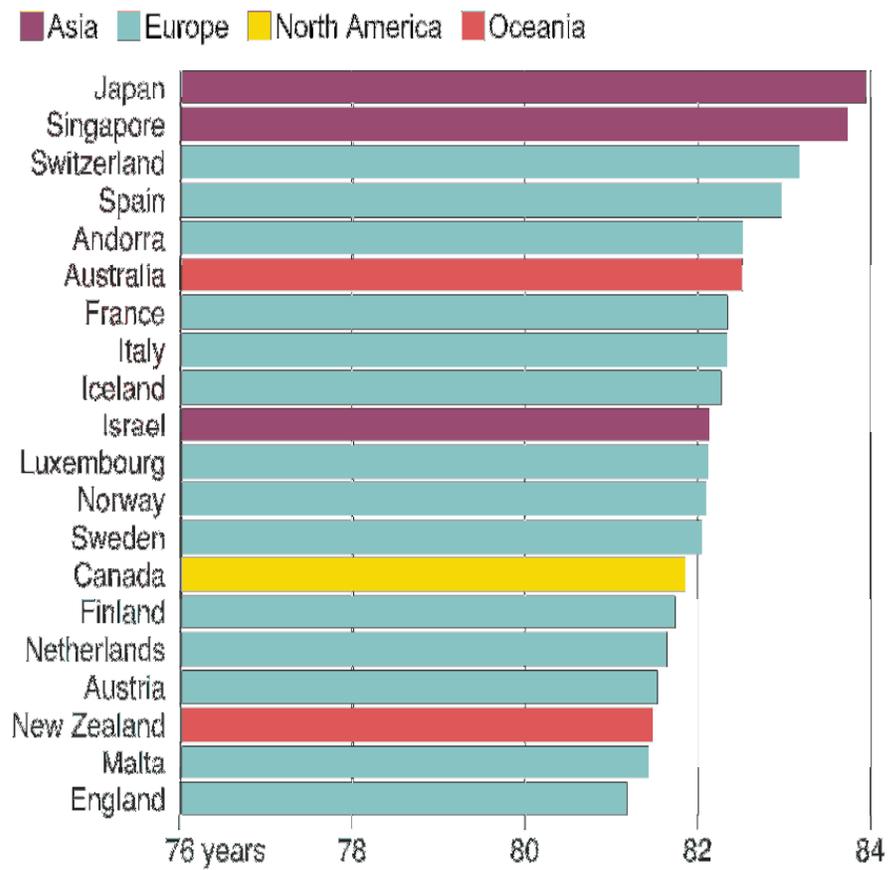


Source: IHME



Fig.1.1

Top 20 countries by life expectancy

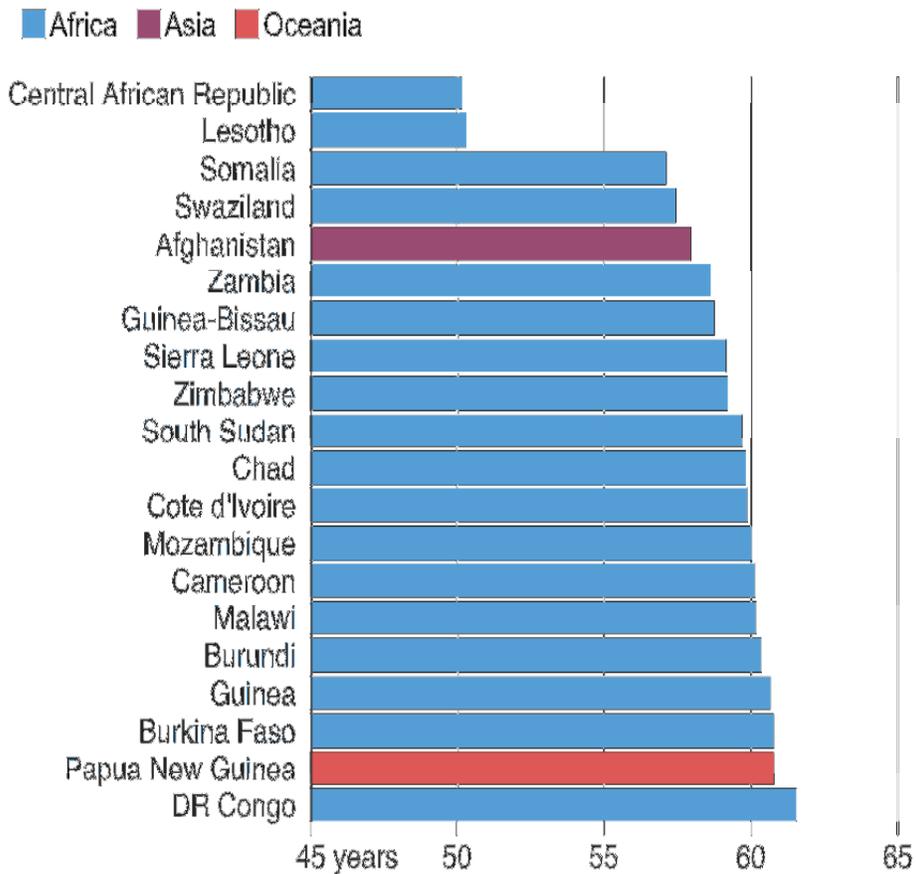


Source: IHME



Fig.1.2

Bottom 20 countries by life expectancy



Source: IHME



Fig.1.3

3.3 How Life Expectancy is Calculated

Life expectancy is calculated by multiplying the serial arrangement of the possibilities of survival at a particular age to determine the size of a population expected to remain alive to age x (Manton, 2007). Practically trying to calculate life expectancy is not quite easy because it involves the prediction of the possibility of being alive in future years by considering the death rate for a specific age. First to obtain specific death rate by age requires counting the number of deaths by a particular age within a specified time, for instance counting the number of dead persons within the ages of 30-45 years in 2019. The next step is to divide the number of deaths by the total number of those that are alive for that age for that year (e.g., number of dead persons of 30-45 years in 2019, divided by those a life in the same year). After successfully establishing the number of deaths by a specific age interval it becomes very easy to

draw a life table indicating the probability of those that are alive and their possible life expectancy (Ortiz-Ospina, 2017).

- **Gender:** Average life expectancy by male and female has been shown to differ. Research has revealed that women live longer than men. The rate at which men die at every age level is higher than women. For instance, recent statistical report shows that for USA the average life expectancy for men as at age 65 are 76.4 and 82.9, while that of women is 81.2 years or 85.5. The difference in life expectancy between the women and men has been attributed to level of involvement in unhealthy behaviours. Men appears to be more involved in accident predisposing behaviours than the women (Kristen, 2016). Also, women have smaller bodies which gives their heartless burden. It is also known that women's immune system is stronger than that of the men. This is because the male testosterone functions as an immunosuppressant (Disabled World 2019).
- **Genetics:** The susceptibility to some deadly diseases and mental disorders can be inherited. Some of these diseases are heart diseases, respiratory disorders, cancer, diabetes, Alzheimer's, stroke, suicide etc. individuals with any of the above health issues are likely to have lower life expectancy (Kristen, 2016).
- **Congenital and childhood conditions:** People who developed health problems in the womb before birth, during or after birth and early childhood are at a higher risk of dying earlier than others (Kristen, 2016).
- **Education:** Education has been found to be closely associated with higher socio-economic status, better life and consequently higher life expectancy. People who are more educated are reportedly less likely to be obsessed, and involved in smoking cigarette which may boost their level of wellbeing (Kristen, 2016).
- **Poverty:** Poor income status makes it very difficult if not impossible for people to seek adequate health care and also get involved in life enhancing behaviours such as, exercise, recreation, regular medical check- up, good dietary habits etc. (Kristen, 2016).
- **Marital Status:** People who are married live longer than the unmarried. This is because marriage enhances companionship which reduces loneliness and isolation which could have negative effect on emotional health. Committed relationship like

marriage is also known to promote cardiac health and the motivation to embark on healthy behaviours (Kristen, 2016).

- **Ethnicity:** Life expectancy also differs among people of different ethnic groups. In developed countries the average life expectancy is higher ranging between 77-90 years, while in the developing countries it lower with scores ranging between 32-80 years (Disabled World 2019).
- **Lifestyle:** How people live their lives to a large extent determines how long they will live. Some lifestyles that increase death rate in both women and men include, poor nutrition, lack of exercise, cigarette smoking, alcohol abuse, risky behaviors, etc. (Kristen, 2016; Office for National Statistics 2017).
- **Technology:** Technical breakthroughs in the area of health and medicine account for the significant improvement observed in global life expectancy in recent times. For instance, the development of antibiotics and vaccines for immunizations as well as enhancement in surgery, imaging heart care and organ transplanting of organs have helped to increase the mean life expectancy (Kristen, 2016).

SELF-ASSESSMENT EXERCISE

1. Which of these statements appropriately defines life expectancy?
 - a. Life expectancy is the number of years expected of an individual to live.
 - b. Life expectancy is the number of deaths in a year
 - c. Number of persons who are alive in a country within a decade
 - d. None of the above
2. Identify the Factors that influence life expectancy
 - a. Poverty
 - b. Gender
 - c. Congenital problems
 - d. All of the above
3. What is the current global life expectancy?
 - a. 66.8
 - b. 73.4
 - c. 78.9
 - d. 80.1

4.0 CONCLUSION

Life expectancy is the average number of years an individual is expected to live. Although there is variation in life expectancy by country, and gender there is a global improvement in survival rate which is due to some enabling factors such as improved technology, better medical care and improved lifestyle.

5.0 SUMMARY

This unit defined life expectancy as the number of years an individual is expected to live on earth. It also gave a summary of global report on life expectancy which reveals an increase in global life expectancy of more than 6 years from 2000-2019. Factors that account for the variations in life expectancies among individuals as discussed are gender, education, poverty, technology, gene, ethnicity, lifestyle, Congenital, conditions and marital status.

6.0 TUTOR-MARKED ASSIGNMENT

Discuss life expectancy.

7.0 REFERENCES/ FURTHER READING

- Disabled World. (2019). "Longevity: Extending Life Span Expectancy"
Retrieved 15/3/21 from www.disabled-world.com
- Denga, D.I. & Udoh, P. B. (2005). *Grow old slowly and gracefully*.
Calabar: Rapid Educational Publishers Ltd.
- Etukudo, M.H. (2014). *Ant-oxidants: Sacrificial Lamb of Free Radicals*.
The 29th Inaugural Lecture of university of Calabar. Calabar:
University of Calabar Press.
- Infoplease (2020). "Life Expectancy for Countries". Retrieved 5/4/2021
from <https://www.infoplease.com/world/health-and-social-statistics/life-expectancy-countries>
- Kristen, B. (2016). "9 Factors that Affects Longevity". Retrieved
15/3/21 from <https://www.thinkadvisor.com/2016/05/27/9-factors-that-affect-longevity/>
- Logan C. (2021). "Life Expectancy for Countries". Retrieved 15/7/2021
from <https://www.infoplease.com/world/health-and-social-statistics/life-expectancy-countries>

Macro Trends (2021). "Nigeria Life Expectancy 1950-2021". Retrieved 15/7/2021 from <https://www.macotrends.net>

Manton, K.G. (2007). "Encyclopedia of Gerontology (second Edition)". Retrieved 16/3/21 from <https://www.sciencedirect.com/topics/biochemistry-genetics-and-molecular-biology/life-expectancy>

Ortiz-Ospina, E. (2017). "Life Expectancy-What does this actually mean?" Retrieved 16/3/21 <https://ourworldindata.org/life-expectancy-how-is-it-calculated-and-how-should-it-be->

WHO, (2021). GHE: "Life Expectancy and Healthy Life Expectancy". Retrieved 15/7/21 from <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-life-expectancy-and-healthy-life-expectancy>

UNIT 2 HEALTH CHALLENGES OF OLDER PEOPLE

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Physical Health Challenges
 - 3.2 Lifestyle Health Challenges
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 INTRODUCTION

Getting old is not a challenge, but the problems that arise due to changes that occur during ageing pose serious problems to the ageing individual. This is why people are afraid of getting old. Old age thus predisposes people to numerous health problems if adequate health measures are not taken. This unit discusses these health challenges.

2.0 OBJECTIVES

By the end of this unit, you will be able to:

- Identify the common physical health problems of older adults
- Identify and explain the lifestyle challenges of older adults.

3.0 MAIN CONTENT

3.1 Physical Health Challenges

Parkinson's disease: This is a neurological ailment that usually occurs in most people from 60 years and above. The disease is known to cause uncontrollable shaking, rigid and crippling movement. Apart from age, gender is an important predisposing factor of the disease. Men are thus more like to have the disease than women. Other major identifiable risk factors of Parkinson disease are exposure to environmental toxins, heredity, and injury to the brain 10 (National Institutes of Health, 2017, Anushree, 2018).



www.shutterstock.com · 1623098284



shutterstock

IMAGE ID: 1686465769
www.shutterstock.com

Fig. 2.1

Chronic Obstructive Pulmonary Disease (COPD): This disease is known for reducing the flow of air in and out of the lungs as a result of irritation of the air way, distorting of the lining of the lungs and excess secretion of mucus of the air tubes. Older adults up to 65 years and above are more susceptible to the disease. The disease is not treatable but can be prevented. Common symptoms of the disease include, debilitating cough, wheezing and poor breath (Centers for Disease Control and Prevention, 2019).

Cardiovascular Diseases: These are heart and blood vessels related diseases. They are the most occurring health challenges in older people in most countries. A popular form of the condition is coronary heart disease which refers to narrowing of arteries that give blood to the heart causing blockage and slow blood movement. (US National Library of Medicine 2019) This in most cases lead to heart attack. Common risk factors of cardiovascular diseases are high blood pressure, high blood cholesterol, belonging to a family that have heart diseases, smoking, drunkenness (Anushree, 2018).

High Blood Pressure: This refers to the amount of force put on the arterial walls as the heart pumps out blood pressure is normally lower during sleep and goes high when we are under stress. As people grow older, blood pressure also increases. Constant high blood pressure could cause severe heart, kidney, and blood vessels problems (US National Library of Medicine 2019).

Type 2 Diabetes: Diabetes: Diabetes is a sugar related disorder. It is a disease that disorganises the manner in the body utilises sugar. There two types of diabetes. The type 1 and 2. Type 1 is also called juvenile diabetes which occurs mostly below 30 years and basically hinders body secretion of insulin. Type 2 on their hand which is the most occurring form of the disease affect people from the age of 45 years. Type 2 diabetes induces improper metabolism of glucose in the body causing high blood sugar. Complications of diabetes include stroke, kidney failure, blindness and heart attack (National Institute of Diabetes, Digestive and Kidney Diseases, 2016).

Strokes: Stroke occurs when the smooth flow of blood to a part of the brain is obstructed. This obstruction prevents blood supply to brain tissues leading to death of cells due to lack of oxygen. The two major types of stroke identified by research are ischemic and hemorrhagic stroke. While ischemic stroke occurs as a result of hindered blood flow to brain cells hemorrhagic stroke occur due to the breaking of blood vessels causing blood to flow into the brain. (US National Library of Medicine 2019).



Fig.2.2

Cancer: Cancer is one of the debilitating diseases affecting human beings particularly at older age. The disease has no cure but a lot of things could be done to prevent it. Most common cancers that affect women more are cancer of the womb, breast and ovary. However prostate and lung cancer are the most occurring cancers in males. Some lifestyle habits that could help to reduce once risk of have cancer include avoidance of smoking and excessive intake of alcohol, regular exercise and good dietary habit (Anushree, 2018).



Fig.2.3 : Breast Cancer

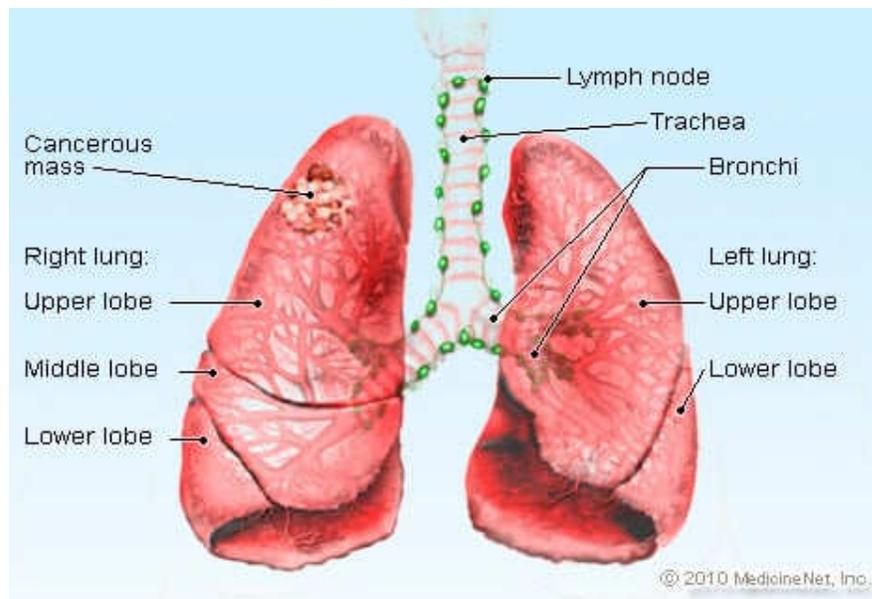
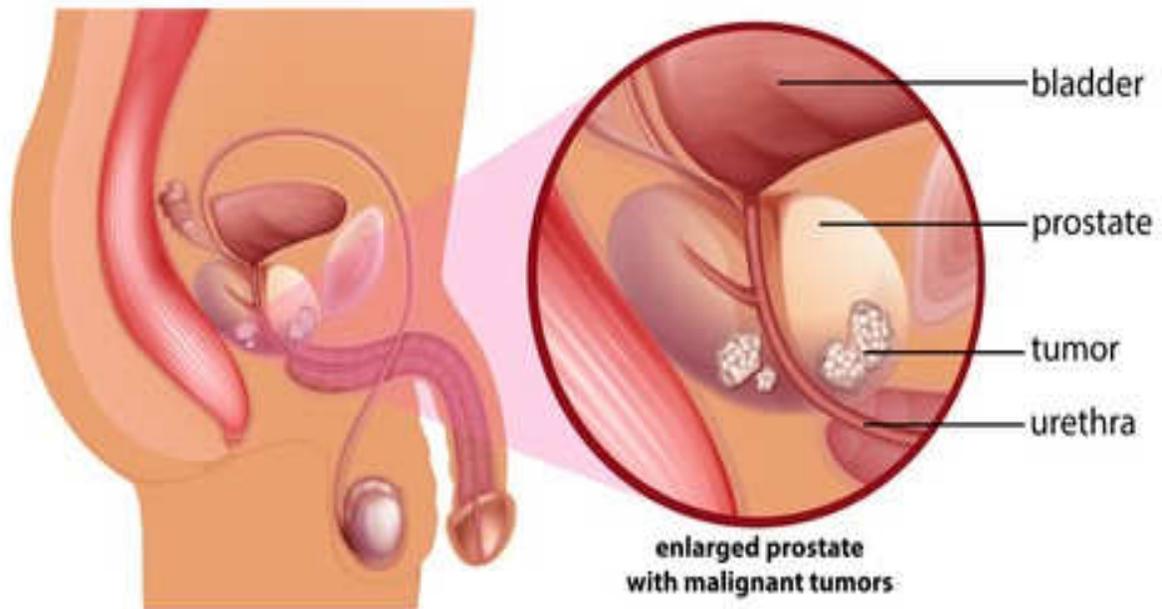


Fig.2.4 Source: IndependentNurse Breast Cancer Images 2013

Prostate Cancer



shutterstock.com · 1110624572

Fig.2.5

Osteoarthritis: Osteoarthritis is a deteriorative disease of the joint occurring more as people get older with women being its worst hit. it is the most occurring type of arthritis Risk factors of the disease include history of joint injury, heredity and obesity. Regular symptoms are swelling and pain around the joints. There is no available cure for the ailment. It can however be managed with painkillers or anti-inflammatory drugs. Adoption of healthy lifestyles targeted at weight reduction and physiotherapy are helpful in combating the negative effect of the disease. (Centers for Disease Control and Prevention, 2019;Shane, Anderson, Loeser 2010).



www.shutterstock.com · 734951233



shutterstock.com · 1059543749



www.shutterstock.com · 1235989498

Fig.2.6



Fig.2.7

Osteoporosis: This bone disease refers to the wearing away of bone mass thereby reducing bone density and strength. The disease increases as people grow older. Adults from 50 years are more likely to suffer osteoporosis. Lack of vitamin D and low bone density are other important risk factors (American Senior Community 2017, Litwic, Edwards, Cooper, Dennison, 2012).

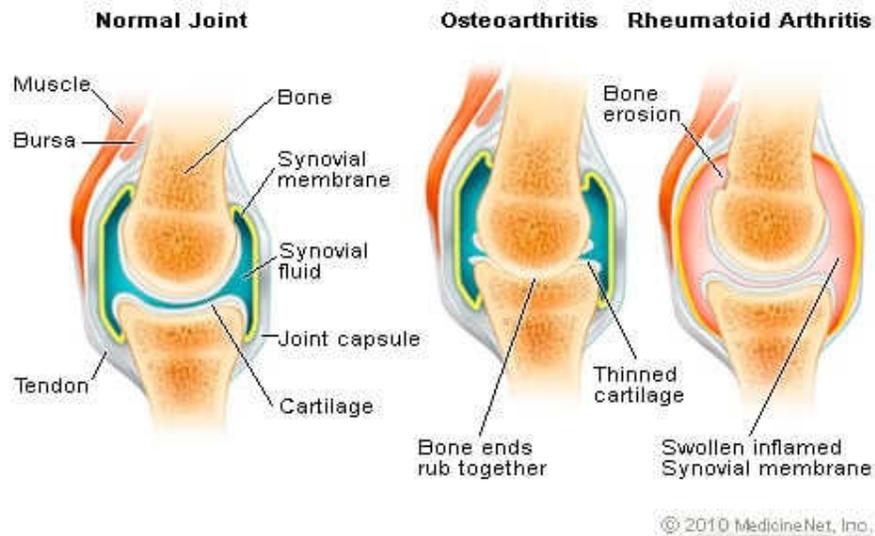


Fig.2.8

Visual Deficiency: The most common form of visual problem in older age is difficulty seeing objects that are very close, a condition known as presbyopia. Older adults suffer this eye problem more as the condition gets worse as a person grows older (Evans, Fletcher, Wormald, Ng, Stirling Smeeth L, *et al.*, 2002).

Age-Related Macular Degeneration: This is very common among people from 50 years. It is an important cause of blindness among the aged. As people grow old, the effectiveness of the macula drops, making people not see clearly as at a younger age (National Eye Institute 2019).

Cataracts: this refers to a feeling of a cloudy covering in the eye lens. Some identified risk factors of this eye problem are older age, diabetes, sun rays and smoking. A good number of women at the age of 80 years and above are likely to develop cataract. Cataract causes dull vision and can be removed through simple surgery (National Eye Institutes of Health, 2019, U S National Library of Medicine, 2019).



© MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH. ALL RIGHTS RESERVED.



Fig.2.9

Fall: Fall constitutes one of the major physical health challenges of older adults. Frequent falls predispose older people to fraction and permanent disability as well as interfere with their self-confidence. The weak bones and loss of balance which are part of ageing contribute

significantly to high incidence of fall among older people. As people grow older, the higher their likelihood to experience fall (Anushree, 2018).

Dental Disorders: The teeth get old and weak as people grow older. This is because ageing causes the enamel of the teeth to reduce in its normal size and also weakens the strength of the gum. Changes in teeth structure as well as reduction in saliva due to ageing can thus attract dental caries, gum infections, falling off of teeth and pain in teeth cavities (Anushree, 2018).

Skin Problems: Older people suffer serious skin diseases. Ageing makes the skin to get thinner due to loss of fat, and blood vessels under the skin become highly susceptible to bruises with little impact. The only way to prevent this problem is to be careful to avoid impact on the skin no matter how small.

Hearing Loss: Inability to hear well is a major health challenge associated with ageing. Research shows that the production of cerumen increases as people grow older contributing to hearing deficiencies. Consequently, the older a person becomes, the higher the rate of hearing deficiency. Reduced hearing ability in some cases affects speech, triggers social isolation and poor living standard. In extreme cases hearing aid is often recommended to improve hearing and overall wellbeing of the adult. (Davis, et al. 2016, Amieva, Ouvrard, Giulioli, MeillonRullier, Dartigues 2015).

Substance Abuse: The two most common drugs highly abused by older people are alcohol and smoking of cigarette. Seniors abuse drugs a lot because of their susceptibility to fall, frequent and use of prescription drugs among others (Vann, 2016). Although alcohol when consumed in small quantity is useful as a stimulant, when abused result in both physiological and psychological negative impacts. Regular much intake of alcohol has been found to have depressive effect on that part of the brain that is in-charge of involuntary behaviour, judgment, memory and sending out of messages to the body. Even when consumed in relatively average amounts alcohol can cause hallucination, confusion and psychotic problems when consistently consumed in high quantities. Alcohol has two major ways of impacting on the psychology of human beings. The first is the effect on behaviours that can be observed such as reaction, perception, motor skill performances learning, thinking, recalling of past events, and solving issues. The other aspect is its effect on those behaviours that are related to individual emotions namely anxiety, fear, tension, hostility and expression. The abuses of tobacco and alcohol have been found to be significant contributors of fatal

accidents and death. Alcohol and tobacco due to their dangerous consequences reduce longevity (Okonkwor, 2019).

3.2 Lifestyle Challenges in Old Age

Widowhood: The loss of a wife or husband is usually one of the greatest challenges to contend with in later age. Death of a spouse is known to be an important trigger of stress for older people (Holmes & Rahe, 1967). This is because the loss of a partner throws the surviving partner into a state of emptiness and loneliness if not well managed (Kowalski & Bondmass, 2008). Coping with this adverse life challenge could be really traumatic for the older adult, but those older adults who are sociable and self-sufficient do better than others. Again, adequate support from adult family members and relatives help to promote the overall wellbeing of the surviving partner (Ha, 2010).

Divorce: Although divorce rate in older age is common, people who are up to 65 years and more are often not likely to put away their spouse than younger adults (Wu & Schimmele, 2007). However When divorce occurs in older age it is usually very challenging especially for women who are financially dependent and are more likely not to remarry. Irrespective of the fact that women most often than not suffer more negative effects of divorce, their pain is often relieved through support from adult children, friends and relatives (McDonald & Robb, 2004). Men on the other hand who are more likely to be financially sufficient obtain relief through marrying another wife (Glaser, Stuchbury, Tomassini, & Askham, 2008).

Dating: After the death of a spouse or even divorce, it is common for both men and women to become interested in developing another romantic relationship (Alterovitz & Mendelssohn, 2011). However the desire to date is most times met with frustration since social relationships drop as people retire from active service, change location and reduction in the number of living friends (De Vries, 1996). However with modern technology such as Face book, E-mail, Twitter, Whatsap etc. social relationships among older adults could improve (Carr, 2004). (Fox, 2004). Important fallout of older adult's dating experiences is the possible neglect of protective sexual measures which increases their susceptibility to sexually transmitted infections (Office on Women's Health, 2010).

Remarriage and Cohabitation: As stated earlier divorce can occur in older age, but the rate of occurrence is lower compared to other ages. Better marital relationship in older age is also more likely to be achieved if during younger age spouse were able to display greater emotional stability. Similarly, in the face of better

understanding of selves a more stable relationship also occurs when older people remarry. Again, during old age, the desire for close partnership between spouses is high. Spouse who enjoy close partnership with one another are also more likely to have a stable marital relationship than those whose companionship comes from friends (Kemp and Kemp, 2002; Carr, 2004). More so it has been found that older people often prefer having non marital intimate affairs after divorce. A good number old people who are divorced cohabit with their partners and this often times yield better romantic result compared to cohabitation in older age(King & Scott, 2005). The increase in the rate at which older people cohabit is connected to the fact that a good number of older people lose interest in child bearing and protection of family wealth thus they cohabit as a substitute to remarriage.

Drug Use: The abuse of drugs in later ages has been well established with alcohol and prescription drugs topping the list of most abused drugs. Old age most often than not is associated with chronic health conditions that require regular use of medication drugs. Due to dwindling health condition and regular hospital visits older people are more exposed to medication drugs such as prescription and nonprescription drugs, as well as dietary supplements more than any other age group. Having access to these drugs increases their vulnerability to the abuse of such drugs leading to addiction and dependence on such drugs (Qato, Alexander, Conti, Johnson, Schumm, Lindau, 2008). The most commonly abused prescription drug among older people is Benzodiazepines which is a tranquilizer used to suppress or soothe anxiety or tension (National Council on Alcoholism and Drug, 2015). Apart from medication drugs a good percentage of older adults suffer from alcohol abuse related disorders such as addiction, dependency and alcohol health challenge like heart attack (National Council on Alcoholism and Drug, 2015).

SELF-ASSESSMENT EXERCISE

1. _____, _____ and _____ are some of the physical health challenges of old adults
 - a. Parkinson, heart and cancer disease
 - b. Gum disease, skin disorders and Long arms
 - c. None of the above

2. _____ is not a physical health problem associated with old age
 - a. Malaria
 - b. cardiovascular diseases
 - c. cataract

- d. all of the above
- 3. Stroke and dental disorders are not common in old age
 - a. yes
 - b. no
- 4. Widowhood is quiet challenging for older adults
 - a. Yes
 - b. No.
- 5. Which one of these lifestyle challenges of older adults is true?
 - a. Older adults abuse drugs because they are more exposed to prescription drugs
 - b. older adults do not desire romantic life after divorce
 - c. older adults find it difficult to remarry after death of loved one or divorce
 - d. None of the Above

4.0 CONCLUSION

Old people are known to be common victims of many health problems including chronic and degenerative disorders. It is thus expected that by going through this unit you would have been exposed to detailed information on the physical health problems of older adults. It is hoped that information gotten from this unit would have given you an insight on areas of focus in planning programmes aimed at promoting healthy living among old adults. Again having gone through this aspect of the course, it is expected that you are now well acquainted with the lifestyle challenges of older adults. Thus, with this knowledge you are equipped to give older adults necessary support and counsel to cope with their numerous lifestyle problems.

5.0 SUMMARY

This unit clearly identified and discussed the physical health challenges that are common among old adults. These physical Health challenges include, Parkinson disease, hearing and visual problems, skin and dental problems. Other challenges that were also discussed are substance abuse disorders, Age-related macular degeneration, fall, type 2 diabetes, cancer bone and heart diseases. It also identified and discussed the lifestyle challenges of older adults. Lifestyles mostly challenging for older adults which were discussed are widowhood, dating, remarriage and cohabitation and drug use.

6.0 TUTOR-MARKED ASSIGNMENT

Describe some of the physical health challenges associated with old age.

7.0 REFERENCES/FURTHER READING

Alterovitz, S. S., & Mendelsohn, G. A. (2011). "Partner Preferences Across the Lifespan: Online Dating by Older Adults". *Psychology of Popular Media Culture*, 1, 89-95.

American Senior Community (2017). "The Top 10 Health Concerns for Seniors". Retrieved 4/4/2021 from <https://www.asccare.com/health-concerns-for-seniors/>

Amieva, H., Ouvrard, C., Giulioli, C., Meillon, C., Rullier, L., Dartigues, J. F.(2015). "Self-Reported Hearing Loss, Hearing Aids, and Cognitive Decline in Elderly Adults: a 25-Year Study". *J Am Geriatr Soc.*, 63, 2099–104.10.1111/jgs.13649

Anushree T. (2018). "Common Diseases in Old Age Adults". Retrieved 29/3/21 from <https://www.medlife.com/blog/common-diseases-old-age-adults/>

Carr, D. (2004). "The Desire to Date and Remarry among Older Widows and Widowers". *Journal of Marriage and Family*, 66, 1051– 1068.

Centers for Disease Control and Prevention (2019). "Basics about COPD". Retrieved 4/4/2021 from <https://www.verywellhealth.com/age-related-diseases-2223996#citation-14>

Centers for Disease Control and Prevention (2019). "What is Osteoarthritis(OA)?" Retrieved 4/4/2021 from <https://www.verywellhealth.com/age-related-diseases-2223996#citation-14>

Center for disease control and prevention (2020). "Loneliness and Social Isolation Linked to Serious Health Conditions". Retrieved 29/3/2021 from <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>

Davis A, & McMahon, C. M, Pichora-Fuller K. M, Russ, S, Lin F, Oulusanya, B.O., Chadha,S. and Tremblay, K. L.(2016). "Aging

- and Hearing Health: The life-course Approach”. *Gerontologist* 56, (Suppl 2): S256–67.10.1093/geront/gnw033
- De Vries, B. (1996). “The Understanding of Friendship: An Adult Life Course Perspective”. In C. Magai & S. H. McFadden (Eds.),
- Evans, J. R., Fletcher, A. E., Wormald, R.P., Ng, E.S., Stirling, S., Smeeth, L., et al. (2002). “Prevalence of Visual Impairment in People Aged 75 Years and Older in Britain: Results
- Ha, J. H. (2010). “The Effects of Positive and Negative Support from Children on Widowed Older Adults’ Psychological Adjustment: A longitudinal Analysis”. *Gerontologist*, 50, 471-481
- Fox, S. (2004). “Older Americans and the Internet”. *PEW Internet & American Life Project*. Retrieved from http://www.pewinternet.org/report_display.asp?r_117
- Glaser, K., Stuchbury, R., Tomassini, C., & Askham, J. (2008). “The Long-term Consequences of Partnership Dissolution for Support in Later Life in the United Kingdom”. *Ageing & Society*, 28(3), 329-351.
- Holmes, T. H., & Rahe, R. H. (1967). “The Social Readjustment Rating Scale”. *Journal of psychosomatic research*, 11, 213.
- Litwic A, Edwards M, Cooper C, Dennison, E. (2012). “Geographic Differences in Fractures Among Women”. *Womens Health (Lond)*. 2012;8(6):673–684. doi:10.2217/whe.12.54
- Kemp, E. A., & Kemp, J. E. (2002). *Older Couples: New Romances: Finding and Keeping Love in Later Life*. Berkeley, CA: Celestial Arts.
- King, V., & Scott, M. E. (2005). “A comparison of Cohabiting Relationships Among Older and Younger Adults”. *Journal of Marriage and Family*, 67(2), 271-285.
- Kowalski, S. D., & Bondmass, M. D. (2008). “Physiological and Psychological Symptoms of Grief in Widows”. *Research in Nursing and Health*, 31(1), 23-30.
- Lifespan Development, (2021). “Late Adulthood Lifestyle”. Lumencandela. Retrieved 8/7/21 from <https://courses.lumenlearning.com>**

McDonald, L., & Robb, A. L. (2004). "The Economic Legacy of Divorce and Separation for Women in Old Age". *Canadian Journal on Aging*, 23, 83-97.

McFarland, J.N. (2003). *Ageing without Growing Old*. Florida: Siloan Press.

National Council on Alcoholism and Drug. (2015). "Alcohol, Drug Dependence and Seniors". Retrieved from <https://www.ncadd.org/about-addiction/seniors/alcohol-drug-dependence-and-seniors>

National Eye Institutes (2019). "Cataract Surgery". Retrieved 5/4/2021 from <https://www.verywellhealth.com/age-related-diseases-2223996#citation-16>

National Institute of Diabetes, Digestive and Kidney Diseases (2016). "What is diabetes?". Retrieved 5/4/2021 from <https://www.verywellhealth.com/age-related-diseases-2223996#citation-16>

Nursing and Care (2018). "11 Common Aging Health Issues". Retrieved 7/4/2021 from <https://www.aegisliving.com/resource-center/11-common-aging-health-issues/>

Office on Women's Health. (2010b). "Sexual Health". Retrieved from <http://www.womenshealth.gov/aging/sexual-health/>

Okonkwor, O.C.N.(2019) "Ageing without Getting old: A Secret Receipt". Awka: Orient Daily press.

Qato, D. M, Alexander, G. C, Conti, R. M, Johnson, M. Schumm, P. Lindau, S.T.(2008). "Use of Prescription and Over-the-Counter Medications and Dietary Supplements among Older Adults in the United States". *JAMA* 24; 300(24): 2867-2878. doi: 10.1001/jama.2008.892

Shane, Anderson, A, Loeser R.F. Why is osteoarthritis an age-related disease? *Best Pract Res ClinRheumatol.* 2010;24(1):15–26. doi: 10.1016/j.berh.2009.08.006

US National Library of Medicine (2019). "Cataract". MedlinePlus. Retrieved 5/4/2021 from

<https://www.verywellhealth.com/age-related-diseases-2223996#citation-16>

Vann, M. R. (2016). The 15 most common health concerns for seniors. Retrieved 5/4/2021 from <https://www.everydayhealth.com/news/most-common-health-concerns-seniors/>

Wu, Z., & Schimmele, C. M. (2007). "Uncoupling in Late Life". *Generations*, 31(3), 41-46.

UNIT 3 HEALTHY AGEING

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Meaning of Healthy Ageing
 - 3.2 Importance of Healthy Ageing
 - 3.3 Factors that Enhance Healthy Ageing
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 INTRODUCTION

The greatest gain any person can acquire in life is good health. People only wish to die or lose interest in life activities when they are handicapped by poor health condition such as terminal or chronic illness especially at an advanced stage of life (Okonkwor, 2019). Good health thus is a motivator of sustainable life. This is in line with the saying that “Health is Wealth”. Good health increases an individual’s desire to live and prosper. Okonkwor (2019) observed that good health is a cherished and highly valued treasure of life. Absence of it is the key to meaningless existence, unproductiveness, depression, frustration and anxiety. While poor health condition brings about lack of satisfaction to life, good health triggers full participation in life’s activities thereby boasting life satisfaction and desire for continuous high living standards.

2.0 OBJECTIVES

By the end of this unit, you will be able to:

- discuss the importance of healthy ageing
- explain the factors that enhance healthy ageing.

3.0 MAIN CONTENT

3.1 Meaning of Healthy Ageing

Healthy ageing refers to the process of establishing and maximising chances for healthy involvement in ways that promote good quality of life as a person advance in age It involves the provision and sustenance of basic functionality that enhances wellbeing during old age (WHO, 2020). This means promoting the possibility for physical, social and

mental wellbeing that cuts across life existence. It has also been conceived as the ability to live a self-sustained life as much as possible during old age. This suggests living without undue hindrance to functional ability or chronic ailment (Akubue, 2007). Although ageing naturally affects health, it is still possible to sustain reasonable level of wellbeing even with ageing factors. WHO (2020) stated that everybody can enjoy healthy ageing. This is because freedom from illness is not absolutely the basis for healthy ageing.

Many adults who possess certain health problems may still not be able to positively influence their wellbeing even when the illness is appropriately controlled (WHO, 2020). Healthy ageing can be achieved through initiating healthy lifestyles early in life before ageing strikes. This is in line with the assertion of Akubue (2007) that taking adequate care of self during young adulthood promotes the ability to influence ones physical and mental functions during old age.

3.2 Importance of Healthy Ageing

Healthy ageing brings about the following benefits for the aged (Better Health, 2020; WHO; 2020, Okonkwo, 2019)

- Enhances general wellbeing and reasonable involvement in life pursuit
- Promote quick recovery from ailment
- Reducing the incidence of fall
- Reduces the occurrence of illness, hospital visits and hospitalisation
- Enhances healthy social network and relationships
- Fosters meaningful contributions to the society
- Promotes life satisfaction
- Reduces mental health problems associated with ageing such as dementia and depression
- Provides the possibility of living long
- Foresters improvements in cognitive performance
- Boost self-confidence and image
- Increases the possibility and zeal for independent life
- Reduces the possibility of untimely or premature death

3.3 Factors that Enhance Healthy Ageing



Fig.3.1

www.pinterest.com

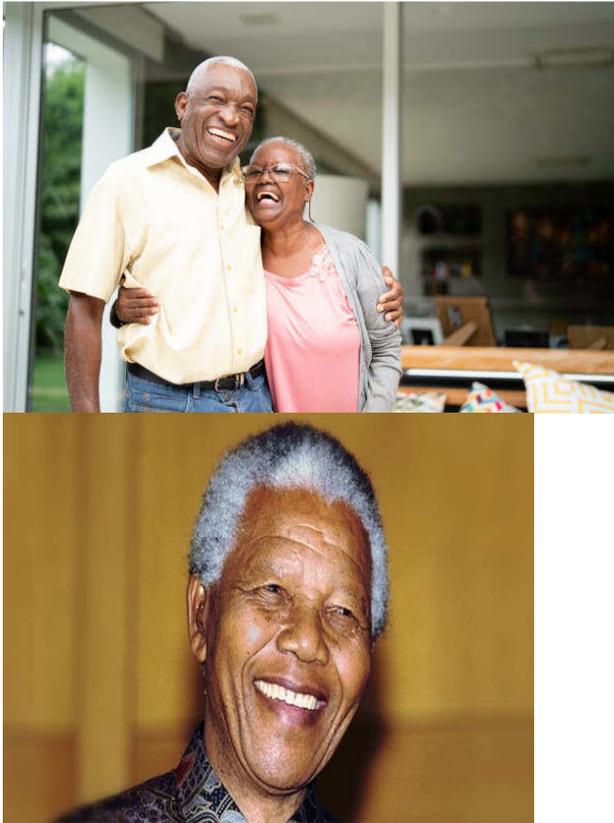
www.shutterstock.com



www.shutterstock.com -1272144406



PS110001111 - moss.klotz@fuku.www



www.istockphoto.com

Fig.3.2



www.pinterest.com

Fig.3.3

Healthy ageing implies the reduction in the negative effects of ageing. The most important desire in ageing is to remain physically, mentally and socially healthy to a reasonable extent, preventing disorders and the problem of depending on people. To achieve successful ageing requires extra efforts geared towards healthy practices such as good diet, regular exercise and mental activeness (Fiatarone, Marks, Ryan,

Meredith, Lipsitz, Evans, 1990; Santo-Longhurst, 2019, Poston, 2020). These factors are here discussed.

- **Regular exercise/Recreation:** Getting involved in well selected exercises should be one of the regular routines as a person grows old. Exercise helps to revitalise the body and keeps it active. It helps restore physical body fitness even at a very old age and reduces the possibility of degenerative ailments in older people. Exercise enhances sleep and mood, reduces stress, and makes the skin and bone healthier. Okonkwo (2019) observed that exercise enhances pulmonary and circulatory functions of the body, reduces depression and anxiety as well as boost self-confidence.

This author thus recommends that older people should as a matter of importance engage in exercise no matter how mild. Exercise at this level should not be vigorous but adapted according to individual ability. For Instance, a few minutes brisk walk on a daily basis can improve physical ability and mood as well as general ageing outcome. Okonkwo (2019) specifically opined that carrying out some chores around the house such as gardening, washing of dishes, cleaning and organising home environment are useful activities that will not only exercise the body but can also enhance older adults self-confidence. Engaging in a regular daily workout boost the desire to eat and promote good sleep habit.

Gardening which is a low intensity physical activity has been found to be useful in relieving joint pain and stiffness which is common in old age. Moving around the garden while gardening, helps the joints to become flexible thereby reducing pain (Mark, 2018). Apart from some daily chores, the Australian stipulated standard for physical activities for the old indicates that old people are expected every day, to engage in 30 minutes exercise of average intensity. This 30minutes exercise must not necessarily be done once, but could be spread into three times of 10minutes each day. Some fitness activities Old people should be encouraged to engage in are swimming, dancing, brisk walking and cycling. These exercises have positive impact on the heart and lungs. In order to develop and maintain body strength and muscle health old people could engage in weight lifting, climbing of stairs, squatting exercises and leg lifting exercises. To improve body balance, exercises such as standing on ones foot or toes using a chair to support self could be useful while yoga and stretching exercises are useful to maintain body flexibility (BetterHealth 2020).



Source: <https://www.pinterest.ca/pin/9218374223333924/>



Fig.3.4 Sources: Home Care Assistance
(<https://homecareassistancesprings.com/why-should-seniors-take-up-gardening/>)



Source: www.shutterstock.com



Fig.3.5

Source: <https://www.istockphoto.com/photo/senior-man-swimming-in-an-indoor-swimming-pool-gm937829932-256490610>

- **Maintain healthy relationship:** The aged most endeavour to establish and maintain relationship with friends and family members. This is crucial in reducing the possibility of loneliness which is a major challenge on physical and mental health during ageing. close interaction with people breeds joy and happiness with a consequent positive effect on health.



Fig.3.6

- **Accepting changes:** Ageing alters a lot of things in life. As people grow old it becomes necessary to adjust to changing situations. These changes include the physiological changes occurring in your body and your environment. These changes could be very strange and difficult, but the only way out is to adjust to the circumstance. Learn to accommodate new experiences, unusual character of the generation you find yourself. Embracing change and new ideas, instead of being angry and dejected is important in achieving health ageing outcome.
- **Get involved in new ideas.** Older adults should be encouraged to try new things that will add value to their lives. Being involved in the learning of new activities and skills help to promote effective functioning of the brain and thus reduce the chances of having dementia disease. Older people might try to be involved in the learning of how to play musical equipment, get involved in voluntary work, learn another language, painting and computer operations. Getting involved in new ideas helps to occupy the mind meaningfully giving the elderly a sense of usefulness which is an important factor for good mental health(BetterHealth, 2020).

- **Eat a balanced diet:** Good dietary habit is important for sound health particularly during ageing. People experiencing ageing must Endeavour to eat right to get all the necessary nutrients to sustain life. Good nutrition is a primary prerequisite for healthy ageing. Eating right helps to prevent the occurrence of diseases and promotes the general well-being of an individual. Healthy diet is particularly required in old age than in any other age group. Although there is no particular food that is recommended for adults only, eating different kinds of food in other to obtain all the nutrients needed for sustenance of good health is advised. Ageing process naturally reduces level of physical activities in the elderly as well as their craving for food. This is while older people must strive to eat foods that will supply all the essential body nutrients such as minerals, vitamins and fibre rich foods.

Consequently, eating enough fruits and vegetables especially those that contain lots of fiber, more of lean protein, and fresh foods will help to provide the nutritional needs for successful ageing. However, it is advisable that older people cut down foods that are high in protein, saturated fat and carbohydrate in order to prevent obesity, over weight and associated diseases. Excessive consumption of high fat food clogs brain arteries thus reducing the movement of blood to the brain. This causes the brain not to have sufficient blood for its nourishment as a result triggers ageing or even death of affected brain cells (Okonkwor, 2029). Okonkwor, (2019) observed that older people must be selective of what they eat. This author outlined tips that should guide eating practices and food selection in old age. These suggested tips include:

- Older adults must stay away from eating too much
- Eat food that is balance and rich in variety of nutrients
- Consume fiber rich foods
- Drink sufficient quantity of water per day, at least 7 liters of water per day
- Avoid skipping meals but rather eat small quantity of food per meal
- Older people must avoid foods rich in saturated fat
- Eat more of natural foods they are healthier than artificial ones
- Stay away from consuming junks and soft drinks
- Reduced caloric intake is vital as a person grows old
- Endeavour to fast at least once every week
- Adequate consumption of fruits and vegetable is encouraged
- Complete avoidance of synthetic or refined foods is advisable
- The use of food colourings agents should be avoided
- Be careful not to gain too much weight

- Avoid the use of much salt in diet. This increase blood pressure and the risk for heart disease
- Avoid excess intake of alcohol. However small intake of red wine is recommended for the elderly because of its antioxidant content which promotes cardio-vascular health.
- **Stay Positive:** Optimism is always better than pessimism. Consequently, older people should learn to maintain positive mind and attitude towards ageing by accepting the changes as exciting new phase of life. They should remain hopeful that life will continue to be interesting despite the new changes occurring in their lives. Also older people must strive to avoid resentful mind, bitterness, unforgiveness, despair, and discouragement (Okonkwo, 2019).
- **Keep away from Health Risk Behaviours:** Avoidance of smoking of cigarette, chewing tobacco, and excessive intake of alcohol is helpful in maintaining good health in old age (Sontos-Longhust, 2019). Avoidance of cigarette smoking in old age enhances lower cholesterol, blood pressure, and heart rate. It also reduces a person's risk of developing cancer, diabetes, and lung damage. Not drinking alcohol promotes bones, muscles, and immune system health. Current research recommends that healthy alcohol consumption can be sustained by taking one drink per day. This is based on the finding that reports of deaths due to alcohol consumption have been found to be more among people who consume more than one drink of alcohol per day (Rodriguez, 2020).
- **Develop and maintain a lifestyle of Routine Medical Checkup:** Going for routine health assessment is vital in ensuring good health in old age. Regular medical checkup helps early detection and prompt treatment of chronic diseases which are common in old age. Every elderly person must as a matter of necessity have different medical specialists to take care of different parts of the body such as the eye, ear, heart and general body health. Rodriguez, D.(2020) observed that elderly people must keep close observation on the occurrence of changes in certain body functions such as
- Sudden occurrence of unusual frailty and dizziness
- Changes in respiration accompanied by, feeling of painful pressure around the chest and lifelessness on one part of the body, inability to coordinate properly or balance, changes in speech mechanism, and inability to swallow things normally and

- Profuse perspiration accompanied by poor vision, sudden unusual weight loss, being in a confused state for a long time, and having a wound that refuses to heal
- **Adequate Sleep and Rest:** Rest is good for the maintenance of good health. Everybody has high need for rest which fosters rejuvenation of the body. However, older people need more rest than other age groups. It is for this reason that people reduce their work load as they advance in age and finally retire at old age. Although sleep is not the only way to rest, it is however one of the best ways to rest. Sleep has direct effect on the nervous system. It helps to improve the sensitivity and balance functions of the central nervous system of the body. Sleep also normalises and promote healthy pulse rate, blood pressure rate and reduces skin vessels dilation.

The most important function of sleep is that of rejuvenation. When at sleep, the body naturally restores and heals the body by removing toxic elements, building up of body tissues, and replacement of lost enzymes etc. Older people must endeavor to get good sleep. Poor sleep habit causes poor concentration, and troubled mind and higher risk of illness. To maintain good health and foster the rejuvenation of the body, older adults are expected to sleep for at least six hours every night (Okonkwor, 2019). Some tips to healthy sleep as articulated by Okonkwor (2019) are here under stated:

- Consciously settle all issues during the day and use at least an hour to relax before sleep
- Get involved in planned exercise activities at least four times a week
- Maintain a conducive bedroom environment
- Provide and always sleep in a bed that is comfortable and sizeable bed
- Older people of 40 years and above are advised to replace spring bed with orthopedic mattress and wooden bed
- Go to sleep and wake on a regular stipulated time that is conducive for you
- Formulate and regularly perform ready for sleep routines such as taking warm bath or any other habit that can help you to sleep.
- Those suffering from sleeplessness might use soft music to aid sleep.
- Avoid eating late at night
- Avoid sleep after 3pm as this may delay night sleep
- Reduce your caffeine intake especially in the evening or at night.

SELF-ASSESSMENT EXERCISE

1. _____ involves the provision and sustenance of basic functionality that enhances well-being during old age
 - a. Medical check-ups
 - b. Regular Exercise
 - c. Healthy ageing
 - d. None of the above
2. _____ is one of the importance of healthy ageing
 - a. To reduce the occurrence of illness and hospital visits
 - b. To increase the height and weight of older adults
 - c. To Increase financial status of older adults
 - d. All of the above
3. These are factors that promote healthy ageing expect?
 - a. Consuming food rich in high calories
 - b. maintain healthy sleep and rest
 - c. regular exercise
 - d. regular medical check-ups

4.0 CONCLUSION

Lessons from this unit ought to have helped you to understand the possibility of maintaining healthy living in old age. With this mindset developing interventions targeted at promoting healthy ageing for older adults will no longer be a difficult task.

5.0 SUMMARY

This unit explained the meaning and importance of healthy ageing. It also clearly identified and discussed factors that promote healthy ageing which include healthy sleep and rest, balanced diet, avoidance of risky behaviours, staying positive and routine medical check-up. Others are regular exercise, and getting involved in new ideas.

6.0 TUTOR-MARKED ASSIGNMENT

Discuss the basic functionality that enhances wellbeing during old age.

7.0 REFERENCES/FURTHER READING

Akubue, P. I. (2007). *Health Checks and Health Promotion: Personal Guide to a Long Active Life*. Enugu: Snap Press Ltd

BetterHealth (2020). “Healthy and Active Ageing”. Retrieved 16/7/20220 from <https://www.betterhealth.vic.gov.au/health>

Mark, S.(2018). “Best Reasons for Elderly People to Take Up Gardening”. Retrieved 3/7/2021 from <https://homecareassistancesprings.com/why-should-seniors-take-up-gardening/>

Poston, M. D. (2020). 8 Healthy Aging Tips: How to Promote Wellness as you age <https://www.invigormedical.com/invigormedical/8-healthy-aging-tips-how-to-promote-wellness-as-you-age/>

Rodriguez, D.(2020). “10 Steps to Healthy, Happy Aging”. Retrieved 30/6/2021 from <https://www.everydayhealth.com/senior-health/understanding/index.aspx>

Santo-Longhurst, A. (2019). “How to Live Your Best Life as You Age”. Retrieved 4/4/2021 from <https://www.healthline.com/health/aging-gracefully>

WHO(2020). “Ageing: Healthy Ageing and Functional Ability”. Retrieved 2/7/2021 from <https://www.who.int/westernpacific/news/q-a-detail/ageing-healthy-ageing-and-functional-ability>

UNIT 4 MENTAL HEALTH AND AGEING

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Mental Health Problems of older adults
 - 3.2 Major Warning Signals of Mental Health in the Elderly
 - 3.2 Problems of Loneliness
 - 3.3 Mental Health Management Strategies for Older Adults
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 INTRODUCTION

Education concerning the mental health of the elderly is crucial. This is because knowledge of such is needed to identify and address signs of mental health problems which are often ignored in the aged. The overall wellbeing of any individual is partly determined by the person's mental state. This means that no matter the level of physical health of a person, without good mental health the person will be abnormal and unhealthy. Numerous mental health problems of the elder and their symptoms have been identified; also how such problems can be managed have been well articulated by research. All these are discussed in this unit.

2.0 OBJECTIVES

By the end of this Unit you will be able to:

- Identify the major symptoms of mental illness in the elderly
- Describe some mental health problems in the elderly
- Discuss strategies for the management of mental health problems in the elderly
- Explain the issue of loneliness in old age
- Explain the management of loneliness in old age.

3.0 MAIN CONTENT

3.1 Mental Health Problems in Old Age

Mental health problems refer to those health issues that propel abnormal thought processes or behaviours in people, resulting in the inability to function normally. Most prevalent mental issues among old people are Dementia, depression, bipolar disorder, Alzheimer's disease, anxiety, and schizophrenia (Chicago Senior Methodist Services, 2015).

Dementia: This mental health issue is identified by loss of brain function. The symptoms include poor memory, judgment, mood swing, poor communication and confusion (Basaraba, 2020). The most common form of dementia is **Alzheimer's disease** which is basically characterized by the inability to remember recent events, always asking to be reminded of the same information and depending on hearing aids (Nursing and Care, 2018).

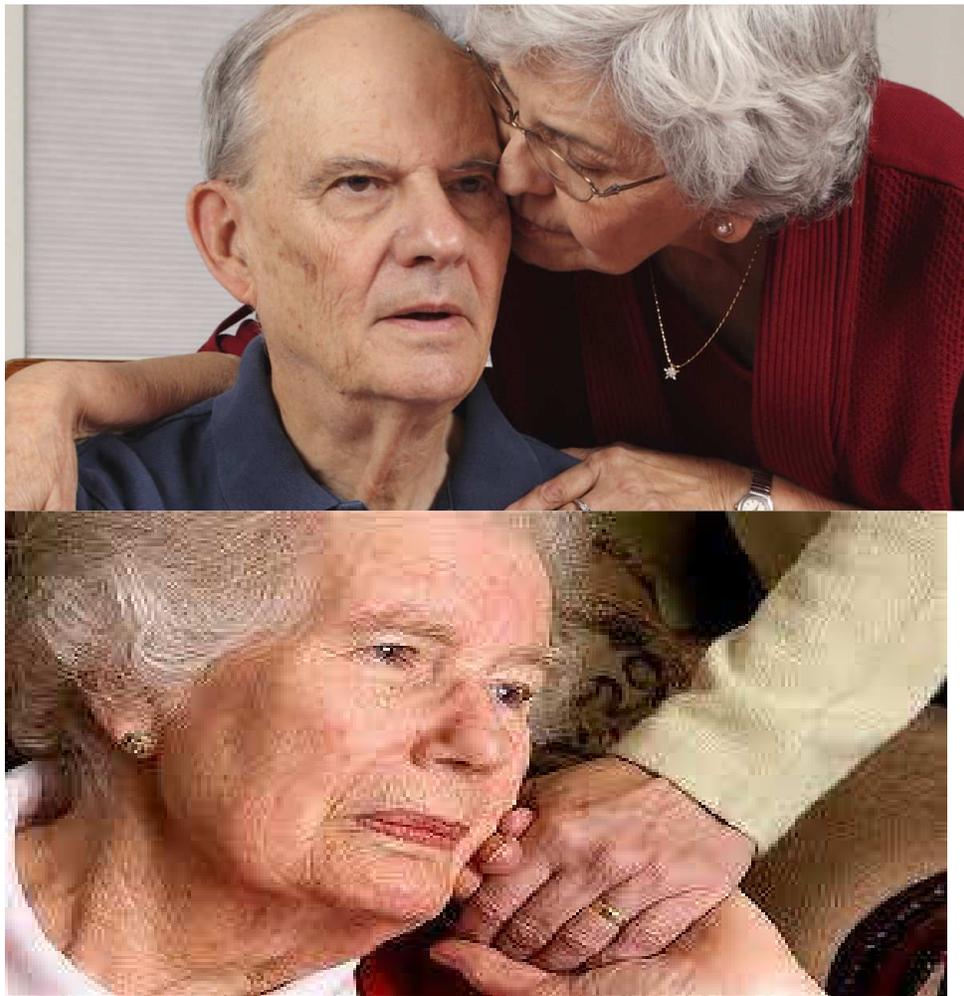


Fig.4.1

Alzheimer's disease: Alzheimer's disease is a disease that gradually reduces a person's memory ability and function leading to complete changes in the overall personality of the victim. What causes the disease is yet to be ascertained by research and it has no known cure. However the overall negative outcome of the disease can slightly be controlled through the use of medication. To reduce the risk for this disease can be achieved by consciously avoiding any form of injury on the head, avoidance of smoking, exercising the brain by getting involved in new areas of study.

3.2 Major Warning Signals of Mental Health in the Elderly

Signs that are indicative of the occurrence of mental health problem in the elderly include changes in memory, mood swing, social withdrawal and poor personal attention (Chicago Senior Methodist Services, 2015).

Loss of Memory: Memory loss is an important indication of mental problem in old people especially Alzheimer's disease. Indications of memory loss include forgetfulness, misplacement of items, often asking same question repeatedly, in ability to recall important events and dates. Memory loss signs most often than not are neglected in old people because of the erroneous thinking that such come with old age. This is why the signs are easily not seen until a full blown mental issue emanates (Chicago Senior Methodist Services, 2015).

Poor Personal Attention: Old people who are about to develop mental health problems may start by losing interest in self-care. Most times the person care less about his or look which causes a visible alteration in the way the person appears. In such circumstance it may be observed that bathing and other care routines change(Chicago Senior Methodist Services, 2015).

Social Withdrawal: An important sign of mental problem is the attitude of keeping away from people or feeling isolated even when surrounded by so many persons. An elderly who is having this sign often lose interest in social gatherings and activities that in the past were cherished.

Mood Swing: Most mental health issues like depression and Alzheimer's disease often times present with changes in mood. Such person usually displays sharp change in his or her disposition such as moving from being concerned to less concern, high spirit to low spirit, confused to confident(Chicago Senior Methodist Services, 2015).

3.3 Mental Health Management Strategies for Older Adults

To ensure that old adults enjoy good mental health, overall active and sound health, require the provision of certain basic needs. These important health needs include, health promoting provisions, intervention programmes, community-based mental concerns and curative provisions for mental health cases (WHO, 2021).

Health Promoting Provisions: These provisions specifically involve creating a healthful living environment and the provision of necessary resources that will help them cope effectively with life and thus, maintain sound health. These provisions include the provision of good housing scheme, provision of measures that guarantees the security of the old adult, establishment of a good social mechanism that will help them to be reasonably independent, ensuring that they are surrounded by loving and supportive relations, friends and care giver. Other health promoting provisions that old adults need involves the establishment of social programmes that aim at assisting old adults who are sick or reside in the rural area, provision of programmes that addresses the abuse of the elderly and respect(WHO, 2021).

Mental Health Interventions: Although most mental health issues of the elderly has no known cure, a lot can still be done to improve their health condition. Major interventions that old adults need as a matter of priority are those that focus on early identification of mental health issues, prompt diagnosis and treatment. Others include interventions that aim at promoting functional ability, curative services, early identification and management of unhealthy behaviours and information dissemination.

Community-Based Mental Concerns and Curative Provisions: Both social and appropriate health care provisions are the basic requirements necessary to promote overall mental health, avert associated illnesses and effective handling of long lasting ailments among older adults. Adequate provision of health care services demands the availability of trained health personnel in the area of ageing. It also requires the availability of mental health care facilities at the community level which should be accessible to all, making provision for long-term treatment of older adult patients who are mentally sick as well as providing support and educational training for their care givers. In order to promote the best mental health services provision, it is paramount to establish a legislative structure that meets global standards for the care of older adults who are mentally ill and those caring for them.

Establishment of Curative Services and Mental Health Programmes: This involves providing regular training for mental

health experts to equip them with modern practices that meet the needs of the elderly at the community level. Again provision of preventive health measures and curative services for the treatment of chronic illnesses due to ageing is paramount. It is also needful to establish services and structures that are age friendly and develop long lasting mental health policies for the older people.

3.4 The Problem of Loneliness in Old Age

Loneliness refers to solitariness. It is an emotional state that conveys feeling of abandonment or isolation even when there are people around you. Loneliness in old age is a significant health challenge with serious consequences. A good number of people from the age of 50 suffer loneliness to a reasonable extent that could endanger their health. It has been found that loneliness increases older adult's risk of dementia, premature death from all causes, smoking, heart diseases, obesity, inactivity, visit to the hospital, suicide, anxiety and depression among others (Center for Disease Control and Prevention, 2020, National Academies of Sciences, Engineering, and Medicine, 2020).



Fig.4.2

3.5 Managing Loneliness in Ageing

Tackling loneliness in older adults demands medical and social interventions. Medically older adults who have additional health issues that may have triggered and worsen their lonely state should be singled out for treatment of such ailments. For instance, those with hearing and visual loss need to be medically assisted to hear and see better. Behavioral therapy could be adopted for those with dementia (Harithasan, Mukari, Ishak, *et al.*, 2019).

Socially, an important way of reducing loneliness in ageing is the establishment of a formidable community based compassionate social structure. This involves searching and identifying older adults who are suffering from loneliness with the aim of providing reliable social interaction. For this to be effective, arrangement has to be made for the mobilization and movement of youth and willing community members to frequently visit those older adults who are lonely and isolated. Different therapies such as laughter, horticulture, dance, reminiscence and exercise can also be employed to help alleviate loneliness (Routasalo, Savikko, Tilvis, Strandberg, Pitkala, 2006).

There could be need to train some older adults on how to make and interact with people around them. This is because some loneliness in older people is not due to isolation but because of inability of the older people to socialize with community members. In this case an older adult can become lonely even when surrounded with so many persons (Quan, Lohman, Resciniti, Friedman, 2019).

SELF-ASSESSMENT EXERCISE

1. _____ is a major mental health challenge in old age
 - a. Dementia
 - b. madness
 - c. Extreme anxiety
 - d. All of the above

2. Mental health of the aged can be improved through?
 - a. Provision of security and good housing scheme
 - b. Provision of health information
 - c. None of the above
 - d. Options A and B

3. Loneliness is not a serious mental health challenge in old age
 - a. yes
 - b. No

4. Loneliness in old age can be handled using two techniques
 - a. Social and medical method
 - b. social and spiritual method
 - c. medical and traditional method

4.0 CONCLUSION

Ageing process attracts numerous changes that predispose the elderly to many mental health problems. However, with proper understanding of these mental health problems and how they can be managed, older

adults could be assisted to remain mentally healthy. Consequently, having been exposed to this unit, you have been directly empowered with necessary skills to provide mental health preventive services for the aged.

5.0 SUMMARY

This unit focused on mental health problems of old people in which dementia was identified as the major mental health challenge. The unit also addressed the issue of loneliness, management of loneliness in ageing and necessary provisions for good mental health such as provision of security, housing scheme and social support among others.

6.0 TUTOR-MARKED ASSIGNMENT

Discuss mental health challenges associated with old age.

7.0 REFERENCES/FURTHER READING

Basaraba, S (2020). “Common Age-Related Diseases and Conditions”. Retrieved 29/3/2021 from <https://www.verywellhealth.com/age-related-diseases-2223996>

Center for disease control and prevention (2020). “Loneliness and Social Isolation Linked to Serious Health Conditions”. Retrieved 29/3/2021 from <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>

Chicago Senior Methodist Services(2015). Four Early Warning Signs of Mental Illness to Watch for in Older Adults Retrieved 16/7/2021 from <https://www.cmsschicago.org/news-blog/four-early-warning-signs-of-mental-illness-to-watch-for-in-older-adults/>

Harithasan, D., Mukari, S. Z. S, Ishak, W.S, et al(2019). “The Impact of Sensory Impairment on Cognitive Performance, Quality of Life, Depression, And Loneliness among Older Adults”. *Int J Geriatr Psychiatry* Doi: <https://doi.org/10.1002/gps.5237>

National Academies of Sciences, Engineering, and Medicine (2020). “*Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*”. Retrieved 8/4/2021 from <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>

- Nursing and Care (2018). "11 Common Aging Health Issues". Retrieved 7/4/2021 from <https://www.aegisliving.com/resource-center/11-common-aging-health-issues/>
- Quan, N. G., Lohman, M. C., Resciniti, N. V., Friedman, D.B. A. (2019). Systematic Review of Interventions for Loneliness among Older Adults Living in Long-Term Care Facilities. *Ageing Ment Health*, 11: 1-11
- Routasalo, P.E, Savikko, N, Tilvis, R.S., Strandberg, T.E., Pitkala, K.H. (2006). "Social Contacts and their Relationship to Loneliness among Aged people - A Population-Based Study". *Gerontology*, 52, 181–187
- WHO (2021). "Mental Health of Older Adults". Retrieved 29/3/2021 from <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>

UNIT 5 HEALTHCARE UTILISATION IN OLD AGE

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Factors that Improve Health Care Utilisation in Old Age
 - 3.2 Effective Communication Mechanism for the Aged
 - 3.3 Counselling a Dying Person
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 INTRODUCTION

Ageing with its sudden and unprecedented changes give rise to numerous physical, emotional and social health problems that make dealing with the older adult very tasking. This is why the provision of healthcare is one of the important needs of people when they get old. Not only do they have need for curative services, the aged also have need for information that will provide answers to their numerous health challenges. The need for information becomes worse when older persons are sick and need medical assistance.

Again, the changes in older people's communication ability due to ageing, call for special skills for effective communication with them. In the light of the above, utilisation of healthcare services by older people is paramount as it will help them overcome some ageing problems. Proper means of communication is also important in enhancing health care service utilisation among the group. In this unit we shall consider factors that influence the utilisation of health care services among older people and ways of making communication with them more fruitful.

2.0 OBJECTIVES

By the end of this unit, you will be able to:

- discuss the factors that determine the utilisation of health care services among the aged.
- explain effective means of communicating with the aged.
- state counselling tips for a dying person.

3.0 MAIN CONTENT

3.1 Factors that Determine Health Care Utilisation among Older Population

Health services provisions, access and utilisation are very sacrosanct during older age. The reason is that older people are susceptible to numerous health problems, which puts them in a high need for medical care. The extents to which health services are utilised are influenced by some factors. Zagaria (2013) observed that provision of information, sensitivity and respect, Attitude towards the elderly and standard of practice can influence health service utilisation among the aged.

Provision of health Information. Older population reserve the right for information aimed at addressing their fears and worries. This is very important because information determines one's choice of health care. If they are not properly informed, they may make wrong health care choices. Adequate health information through care givers should be given at every stage of care to the elderly especially during end-of-life treatment (Cartwright, 1997). Effective information provision must consider cultural differences, the ethnic and information in needed cases should be presented in local dialect. Provision of health information through effective means of communication is capable of boosting health care utilisation among older people (Stevenson, Barry, Britten, Barber, Bradley, 2000). It also helps to forestall the independence of older people.

Attitude: Attitude of health care providers determines the effectiveness of their care and the extent the autonomy and dignity of the aged is protected (Zagaria, 2013). Care providers lack of encouragement and love, can discourage and weaken the will of the elderly to make useful health decision. Harshness towards them could also lead to fear and apathy. The very old in most cases behave in a childlike manner, this notwithstanding, they should be treated with utmost love and care in order to preserve their honour and self-worth as well encourage further utilisation of health services.

Standard of practice: Standard of practice also go a long way to determine health service utilisation among the aged. Older persons are often encouraging when health providers display high standard practice in the discharge of their duties. Research shows that when older adults are pleased with professional practices, they express their feelings through positive remarks. This implies that maintaining professional ethics during interaction and treatment of patients encourages continuous utilisation of health services utilisation among older adults (Zagaria, 2013).

Sensitivity and respect: One of the primary aims of healthcare provision is to protect patient's dignity and respect while reducing the chances of pain (British Geriatrics Society 1997). Care providers show of love and respect while attending to older adults no doubt will encourage continues seeking and utilisation of health care services. In the contrary shabby and nonchalant handling of older patients could affect negatively their utilisation of health care services. Not protecting the dignity of older population by care providers has been reportedly shown to be a global issue and thus should be addressed if the utilization of health services must improve among this vulnerable population (Lothian, 2001).

Culture: Culture has direct influence on health. Culture determines how people perceive ill health, pain and death. Individuals' belief about the true causes of disease, attitude towards health promotion, how ill health is perceived, places where people go to seek health care and health care preferences are all shaped and determined by our culture (Canadian Pediatric Society, 2021). This implies that cultural differences must be well understood and considered in the provision of health services especially for the older population. As people grow older, tendency towards going back to the rudiments of individual culture is higher.

People at older age appear to be more at home with cultural practices and this is why such factor must be given serious considerations in dealing with the older people. Because difference in culture dictates health choices and conception, it is important for health providers to have good understanding of this factor in dealing with older people. The knowledge and application of the cognition of cultural differences in people is known as cultural competence. Cultural competence provides health care providers with the enablement to ask questions regarding different health beliefs and to introduce better ideas during the course of diagnosis and execution of treatment.

3.2 Effective Communication Mechanism for the Aged

Older adults as they pass through ageing require lots of health-related information to enable them cope with the numerous physical and mental changes occurring in their lives. However, due to ageing process which also affects their brain makes it necessary for the adoption of a means of communication that will achieve best results. the best method of communication is that method that will successfully help the older adult to accept health messages which will in turn change their attitude and behaviour for positive health. Thus, effective health communication must comply with the underlisted formular as presented by WHO (2021).

1. The method of communicating health messages to the older people should be one that stimulates intuitiveness and common sense. Avoid methods of communication that requires too much information, thinking and cannot be easily understood.
2. The messages must be necessary to the individual and very interesting too. Give specific information that addresses the person's immediate health need
3. Messages must be positive and encouraging in nature. Avoid messages that will instill fear in the aged. Focus should be on the gains of the message in promoting healthy living. For instances information on the use of sunscreens to prevent cancer, the need for healthy dietary habit, the role of exercise in reducing blood pressure etc.
4. Health information must be adapted to accommodate individual differences. No two persons are the same. Adjusting health messages to suit individual's specific character is likely to yield better result particularly if the message focuses on the benefits the older person can get by making a change in behaviour which will make the older person to be more emotionally satisfied.
5. Learn to carefully handle emotional stress. Although emotional stress can engender positive result, in some cases mismanagement of this could lead to a catastrophic outcome. Careful management of emotional stress in the older people can stir up and maintain changes in behaviour Therefore avoid information that could lead to extreme display of emotion.
6. Make provision for the elderly to express themselves through questions and contributions. This should be permitted even when they are incoherent and contributions meaningless. Allowing questions helps prevent possible fears and enable you assess their level of understanding of the information giving to them (Breisch, 2001).

3.3 Counseling a Dying Person

A dying person whether already very old or young is usually sad and loses interest in every thing that matters. Even if it is obvious that the person will not make it in life, we can help the patient to die happily through effective counseling as the person passes through the different stages of dying. The counseling tips for dying patients include among others the under stated (Herr& Weakland, 1979; Kubler-Ross, 1969, Aiken, 1994; Lewis 1982).

1. The counselor must show gentle disposition towards the patient. this implies that the counsellor should not impose himself on the patient, do not force information out from the patient but subtly illicit and give information.
2. There is high need to control your emotion when communicating with a dying person. Avoid every sign of anxiety and be calm as the patient expresses his/herself.
3. Be a good listener. Talk less and listen more. This will help you to know where to channel your counsel
4. Be moderately compassionate and avoid any display of irrational optimism and emotion.
5. Be careful not to reveal entirely the truth of the patient's dying status to him or her. Revealing the entire truth might worsen the situation and accelerate the process of dying.
6. Be careful not to impose your values or religious belief on the dying person.
7. News of possible death must be communicated to the patient in a calm and supportive environment and in the presence of loved ones.
8. Tactfully where necessary review past life experiences that could encourage the dying person.
9. Counseling sessions should address one talk per day and attempt to end every session peacefully and joyfully.
10. Touch the patient or call him or her by name as you counsel. This will help the dying person to feel loved and consequently increase the dying person's level of trust (Meryn, 1998).

SELF-ASSESSMENT EXERCISE

1. Identify one of the important tips for counseling older people
 - a. Be strict with the individual so that he or she will pay attention
 - b. Touch the individual or call his or her by name as you counsel.
 - c. Ensure you force out information from the person

4.0 CONCLUSION

Health care services and health information communication are important needs of older people. However, the manner in which these services are provided determines how well older adults will make use of them to better their health. You have thus been empowered by this unit with the understanding of how to older adults could be assisted and encouraged to adequately seek and utilise health services.

5.0 SUMMARY

This unit focused on factors that could encourage older people to make use of health care services. Some of such factors as discussed in the unit are attitude, standard of practice, respect and sensitivity, and provision of health information. The unit also identified useful ways of effectively communicating with the elderly and counseling a dying old person.

6.0 TUTOR-MARKED ASSIGNMENT

Explain factors that determine health service utilisation among older persons.

7.0 REFERENCES /FURTHER READING

- Aiken L. R. (1994). *Dying and bereaved*. Boston: Allyn and Bacon
- Breisch S. L. (2001). Elderly patients need special connection. *Am AcadOrthoSurg Bull.*, 49(1).
- British Geriatrics Society (1997). *Standards of medical care for older people. Expectations and recommendations*. London: BGS; 1997
- Canadian Pediatric Society (2021). "How Culture Influences Health". Retrieved 4/3/2021 from <https://www.kidsnewtocanada.ca/culture/influence>
- Cartwright, A.(1997). The role of hospitals in caring for people in the last year of their lives. *Age Ageing*. 20:271–274.
- D.I. Denga & P.B. Udoh (2005). *Grow old slowly and gracefully*. Calabar Rapid Educational Publishers Ltd.

- Etukudo, M.H. (2014). *Ant-oxidants: Sacrificial Lamb of Free Radicals. The 29th Inaugural Lecture of university of Calabar. Calabar: University of Calabar Press.*
- Herr, J. & Weakland, J. H. (1979). Counseling elders and families. New York: Springer*
- Kubler-Ross(1969). *On death and dying.* New York : Macmillian
- Lothian, K. (2001). "Maintaining the Dignity and Autonomy of Older People in the Healthcare Setting". *BMJ*. 2001 Mar 17; 322(7287): 668–670. doi: [10.1136/bmj.322.7287.668](https://doi.org/10.1136/bmj.322.7287.668)
- Lothian, K. (2001). "Maintaining the Dignity and Autonomy of Older People in the Healthcare Setting". *BMJ*. 2001 Mar 17; 322(7287): 668–670. doi: [10.1136/bmj.322.7287.668](https://doi.org/10.1136/bmj.322.7287.668)
- Rochaun M, (2017) 6 Healthy ways I've learned to accept death*
- Meryn, S. (1998). "Improving Doctor-Patient Communication: Not an Option but a Necessity". *BMJ* 316, (7149):1922.
- McFarland, J.N. (2003). "Ageing without Growing Old". Florida: Siloan Press.
- Morris, J.N. (1997). "Resist Old Age with Exercise". *World Health 50 year*, (4) 6-7.
- Okonkwor, O. C.N. (2019). *Ageing without Getting Old: A Secret Receipt.* Awka: Orient Daily press.
- Okonkwor, O. C. N. (2015). "The Secret of Ageing and Looking Younger". Calabar: Purple Bird Media.
- Okonkwor, O. C.N. (2014). "Graceful Ageing without Sign of Old Age". In *Health/Fitness Corner with O. Okonkwor (ed) Fides*, April, 27-3rd May pg.18
- Olowookere, J. (2002). *Ageing and the Key to Longevity.* Ibadan: Divine Favour Press.
- WHO (2021). "Mental Health of Older Adults". Retrieved 29/3/2021 from <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>

Wittkowski, J., Doka, K. J., Neimeyer, R. A., & Valleria, M., (2015). "Publication Trends in Thanatology: An Analysis of Leading Journals". *Death Studies*, 2015; 39(8): 453-462.

Zagaria, M. E. (2013). "Access to Health Care: Influential Factors and Cultural Competence"
*US Pharm.*38, (9):20-22

MODULE 4

INTRODUCTION

This module focuses on issues regarding dying and death processes. Therefore, this aspect of the course provides you with information on the true concepts of death with the aim of helping you develop positive mind set with respect to death and dying matters. The module also threw more light on the importance of death education, Stages and management of grief. The module has 2 units namely:

- Unit 1 Concept of Dying and Death
- Unit 2 Concepts of Death Education

UNIT 1 CONCEPTS OF DYING AND DEATH

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Meaning of Death
 - 3.2 Types of Death
 - 3.3 Signs of Dying
 - 3.4 Stages of Death
 - 3.5 Global Report on Major causes of Death
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 INTRODUCTION

No matter how life is patterned and cared for, the bitter truth that everyone must come to accept is the reality of death. After a person is born, growth and development start, gets to its pick and begin to decline to the level of total decay. At this level of total decay death naturally comes in handy. So, death is a natural phenomenon that every living being should expect and thus plan for. This unit addresses the concepts of death namely its definition, types, signs and stages.

2.0 OBJECTIVES

By the end of this unit, you will be able to:

- discuss the meaning of dying and death
- Explain the 3 major types of death
- Discuss the stages of death
- Identify the signs that show that a person is about to die

3.0 MAIN CONTENT

3.1 Meaning

The meaning of death has been conceptualized in different ways due to its multi-dimensional features (Feifel, 1969). However, most definitions of death refer to it as the end to existence or life. Definitions.com (2021) defined death as the act of dying or exiting life. This author also described it as the final end of existence of a living thing. Random House Dictionary (1987) pointed that death means dying, the termination of life, the permanent pause to all the activities of important live organs. Similar to this is the definition by Kestenbaum (1995) which says that death is an irreversible end to life processes.

Dying on the other hand means being close to death. It is not death in itself because a person can survive the course of dying. Once death occurs, it takes the supernatural to happen before the person can come back to normal life. Dying is thus a state of advanced level of decay. It also means slowly failing to survival as posited by Dictionary.com (2021). From these definitions, while death could be seen as a condition of not being in existence, dying is the gradual process of meeting death.

3.2 Global Report on the Major Causes of Death

As at 2019 ten diseases were identified as major causes of death in the world. These ten outstanding causes of death were grouped into three namely cardiovascular diseases which included ischemic heart diseases and stroke. The second category was chronic obstructive pulmonary disease and lower respiratory infections. The third category in the cause of death were neonatal problems which are trauma at birth, neonatal diseases and sepsis, birth asphyxia and birth trauma, neonatal sepsis and infections, and premature birth related issues. Of these diseases non-communicable infections in general were the foremost killers in 2019. Specifically, ischemic heart disease was the highest killer followed by stroke and chronic obstructive pulmonary disease. The fourth deadliest diseases were respiratory infections while neonatal

infections stood out as the 5th major cause of death in the world. Trachea, bronchus and lung cancer death which ranked number six, followed by Alzheimer's and dementia as number seven cause of death (WHO 2020.).

Specifically, major causes of death for old adults of 65 years and above include heart diseases, cancers, Chronic Obstructive pulmonary disease, Cerebrovascular Disease (Stroke), Alzheimer's disease, Diabetes, Pneumonia and influenza, Accident, Nephritis, and Septicemia (Eure, 2020, Sean 2019).

Heart Diseases: heart related problems commonly associated with the old are ischemic heart disease also known as coronary heart disease, heart attack, and heart failure and heart arrhythmia. Of these health conditions Ischemic heart disease was recorded as the leading cause of death among old people in 2019 accounting for up to 16 percents of the overall recorded number of deaths in that year (Sean 2021; Eure, 20200). Some factors or health problems capable of stirring these heart diseases include high blood pressure, high blood lipid (Hyperlipidemia), smoking, diabetes, poor nutrition, obesity, alcohol abuse, genetic inheritance and sedentary life style. Heart diseases as the name imply mounts undue stress on the heart causing it to beat irregularly or abnormally and thus hinder normal blood circulation (Eure, 2020).

Cancer: Cancer is also in the list of ten major causes of death among old adults. These include all manner of cancers such as those of the colon, breast, blood, bone and skin. Research shows that older people comparably are particularly at higher risk of developing cancer disease than other age groups. Factors which are health boosters and thus could reduce an adult's vulnerability for cancer diseases are regular exercise or fitness activities, weight reduction, avoidance of red meat and fat intake, increase intake of fruits and vegetables, and avoidance of sun for skin cancer (Eure, 2020).

Chronic Obstructive Lung Disease (COPD): This is a collection of diseases that primarily hinder effective breathing. Emphysema and chronic bronchitis are the two major types of COPD common among old adults. COPDs cause feeling of suffocation and difficult breathing in victims. Most times people who have this disease are often not aware and early detection is this best preventive measure for the disease. An important way of detecting whether or not a person has any of the COPDS is to undergo a breathing test using spirometry. Adults who are exposed to all manner of smoke such as cigar smoke, wood burning smoke, stove or fire place smoke are more likely to develop the disease (Eure, 2020).

Cerebrovascular Disease (Stroke). This disease occurs when there is an impairment of blood flow to a part of the brain or bleeding in the brain which most times lead to death of a brain tissue. The death of a brain tissue is what causes loss of voluntary control, distorted speech, inability to swallow and hindered movements which are often observed in a stroke victim. An important factor frequently associated with the high risk for stroke is elevated blood pressure. Other risk factors of stroke are diabetes, high blood lipid and smoking.

Type 2 Diabetes: This type of diabetes which is also known as adult-onset diabetes particular reduces the efficacy of the body's immune system. The disease also when not handles predisposes affected individuals to stroke, diseases of the heart and circulation. People with diabetes suffer from wound injury that takes time to heal and are prone to more severe kind of pneumonia. The risk for adult related diabetes can be reduced through healthy eating, weight control, avoidance of smoking, and regular age appropriate exercise.

Pneumonia and Influenza: These are diseases of the respiratory system. Diabetes, heart related diseases and other respiratory concerns increase an adult's risk of having the infection. The prevalence Pneumonia and influenza is usually higher and more sever during winter or cold and dusty weather. Good hygiene practices and pneumococcal vaccination and flu shot are enabling factors that can reduce a person's risk of having these infections.

Accidents: Of all the forms of accident that occur among old adults, fall represents number one, followed by car related accidents. Others that are also common among old adults are poisoning and suffocation accidents. In older people falls can lead to multiple injuries and even fracture which can consequently affect movement, functional ability and sudden death in some cases. Factors that increase the possibility of fall accidents in among old adults include poor vision, poor reflexes, balance disorders. Old adults can reduce their risk of falls by:

- Regular use of appropriate or recommended eyeglass:
- Being more careful when standing up from a sitting position.
- Getting involved in a regular age adapted exercise programme can be very useful in maintaining body fitness.
- Wearing of very low shoe wears which are made of rubber sole.
- Being careful in the misuse of common over-the-counter drugs.

Nephritis: this is a serious health problem that affects basically the kidney. Factors that mostly likely to cause the disease are infection, poisonous substances such as arsenic, mercury and alcohol. Other

possible causes of Nephritis are autoimmune, and some medical treatments. If Nephritis is not properly controlled and treated it may degenerate to kidney collapse resulting in the accumulation of toxin in the blood due to reduced excretion of urine. In severe cases of renal failure dialysis is often required to keep the person alive.

Septicemia: This is a blood disease often caused by a bacterial infection. It is also known as blood poisoning. It usually occurs when an aspect of the body is infected by bacterial and the infection expands and enters the blood stream. One important consequence of this disease if not controlled is death. Major risk factors include obesity, inactivity, smoking and abuse of alcohol. Maintaining high level hygiene practices and necessary vaccinations are enabling factors that will help reduce a person's risk of having the disease.

3.3 Types of Death

Three types of deaths have been identified to include Physiological, social and psychic death (Crossroads Hospice and palliative care, 2021).

Physiological death: This type of death occurs when important body organs and systems gradually begin to fail in their functions. Physiology death involves a gradual giving away of the body systems causing the individual not eat properly due to slow metabolic actions, difficulty in chewing and swallowing of food. Breathing and circulation of blood also becomes difficult. Such person sleeps more, talks less, and loses interest in things around.

Social death: This type of death usually comes first before the experience of physiological death. This death is mostly triggered when older persons are isolated or abandoned by people perhaps due to the presence of terminal illness. It is very common to find older adults with life threaten ailments such as HIV and cancer to experience irregular or minimal care by care givers and reduced attention by loved ones. Social death occurs due to the tactical withdrawal of family members, friends, care givers, and the feeling of helplessness towards the older adult who is terminally sick.

Psychic death: Regarding this type of death, the dying individual accepts the fact that he or she will soon die and then starts to withdraw from people. If the individual is not receiving adequate support from family, friends and care givers this kind of death might occur much earlier even before physiological or social death.

3.4 Physical Signs of a Dying Person

Crossroads Hospice and palliative care (2021) identified the symptoms of a dying person to include the following

1. Unusual feeling of coolness in some body parts such as the arms, feet, and legs.
2. Colour of the skin may begin to change with shades of different.
3. Confusion without knowing where he or she is, the time and people around.
4. Constant sleep, inability to talk and respond to people and self-withdrawal.
5. There is loss of urine or bowel control (Incontinence).
6. The dying person might become very restless as a result of lack of oxygen.
7. There could be bubbling sound from the chest indicating congestion.
8. Urine colour changes and output also reduces.
9. Drastic reduction in fluid and food intake.
10. Breathing becomes abnormal such as breathing faintly and not breathing at all for few seconds.
11. Some persons most times may have fever.

Meaning of Grief

Help Guide (2020) defined grief as a natural emotional reaction that people display due to loss of something or someone dear. Grief is a normal way of expressing your dissatisfaction over the loss of something dear (Dersarkissian, 2020). People express their grief in variety of ways. However common observable symptoms of grief are of two types namely emotional and physical symptoms (Help Guide, 2019). Emotional symptoms of grief include:

- Expression of shock and disbelief
- Expression of Sadness
- Venting of anger
- Feeling and expression of guilt
- Feeling of anger and pain even when nobody is responsible for the loss
- Feeling of fear and worries

Physical symptoms of grief include:

- Feeling sick or abdominal discomfort
- Body's protective mechanism is lowered
- Extreme tiredness
- Reduction or increase in weight
- Body pains

- Head aches
- Inability to sleep

3.5 Stages of Grief

Although Individuals may not grief in the same way, the fact remains that grief is characterized by certain emotional display. Some emotions that is frequently associated with dying are denial and anger, bargaining, depression, and acceptance (Mark, 2020, Elizabeth-Ross, 1969). These stages of emotional out burst start when a person knows that his ailment is a terminal one and that the possibility of death is high.

Denial: This is the first stage of grief and it is characterized by refusal to accept or comprehend the fact that one is about to die. At this stage the severity of the illness is not clear to the patient.

Anger: This stage is when a dying person becomes sad because he or she is not ready to die or thinks that life is not fair. These feeling of anger may be expressed secretly in which the person might keep to his or herself. Such feeling of anger in some people may be outwardly demonstrated by being violent to people around them.

Bargaining: This is the stage of negotiation. Among highly religious people this is the time to seek super natural healing. People at this stage may get involved in intense prayer of mercy and deliverance from death. Some confess past sins and make pledges of what they will fulfill if they survive. Discussion with people at this stage may reveal statements of regret of life mistakes, what they will miss if they eventually die, and what they will retribute if they survival.

Depression: Stage of depression may occur when an individual loses a loved one. It can also manifest when a person is near death and is completely relying on people around for survival. The loss of independence and the anticipation of death could be the major causes of depression.

Acceptance: This is the last stage of grief. As the name implies it is the stage when the dying person comes to term that he or she will die. Getting to this stage might take a long time and the fact that this is the last stage does not mean that people cannot move backward to previous stage.

Types of Grief

Death at any age is painful. People do not find it interesting when they lose their loved ones no matter how old the person is. So, grief

accompanies loss and it is a natural healing process. Grief is the emotional pain people experience when a dear person exits life. Grief comes with all manner of painful experiences such as, guilt, shock, severe anger, inability to eat or drink. It can disrupt sleep and general wellbeing. At times uncontrolled grief can even give rise to extreme behaviours such as suicide attempt (Help Guide, 2021). There are different types of grief which are integrated, complicated and acute grief (Dying Matters, 2021)

Integrated grief: This is the type in which the person slowly recognizes the true meaning of death and the person is able to return to normal daily life activities. This grief pattern does not suggest that the affected individual do not suffer any pain of loss. Rather what happens is that the pain suffered is not incapacitating. The bereaved is able to manage the pain of loss effectively while carrying on with normal life. The bereaved in this type look for a way of remembering the dead without being overly preoccupied with thought of the dead. Nevertheless, sometimes feeling of severe grief flows in but does not last for long and does not incapacitate. This occurs mostly during special events that call back the memories of the dead.

Complicated Grief: This is a more serious form of grief that hinders the ability to return back to normal life after grief. In this form the failure to integrate grief might lead to complications. Grief is not just painful and negative. It is a natural process that is expected to bring healing at the end of it all. So, if grief lingers and return to normalcy is unduly delayed, it may continue for many years with the level of pain not reducing.

Acute grief: This refers to the immediate intense and overwhelming reaction to the loss of a loved one. In this type, the bereaved cries severely on a daily basis with so much expression of pain, anger and the desire to die. This type is also accompanied with unrealistic feelings, and distractions due to deep thoughts about the dead, lack of concentration and forgetfulness.

3.5 Acceptance of Death/Coping with Grief

Death is an unavoidable aspect of life. No matter how perfect you manage life, everybody must surely die one day. Most times it is very difficult to accept the reality of death and coping with grief. For this reason, Research has uncovered useful ways of accepting death and coping effectively with grief. These grief coping strategies as suggested by HelpGuide 2020; and Rochaun, (2019) are presented thus:

- Take time to mourn: There is no time limit assigned to mourning. It is thus good for a person not to put a time limit for mourning.
- Reflect on how the person influenced your life: Remember and share memories of the useful times you spent with the dead person.
- Seek the services of a therapist: if you are severely depressed due to the loss of a loved one, you can seek the help of therapist to help you overcome your depression. Staying hooked up through phone conversations or video meeting with certified online therapist could be very helpful in alleviating the problem of depression.
- Organize a funeral that reflects the desires of your dead loved one: During the burial of a loved one, you can bring in things that speak of his or her ideals and core values. Let the funeral be an honour to his or her memory.
- Uphold their core values. As much as you can, adopt those positive behaviours of your dead loved one that reminds you of him or her. This is the best way of immortalizing the person.
- Continue to talk about their strength: Talking about dead loved ones is a good way of overcoming grief. Talk to people at every opportunity of the goodness of your loved one and how much you miss their absence.
- Know when to get help: Overcoming the pain of loss is not easy. However even though it may take time to overcome grief, it is still achievable. Seek help when you find it difficult to overcome your grief. After much pain, you must allow your body to heal. Be careful to know when to stop.
- Be encouraged by your faith. Get involved in some spiritual activities you believe such as going to your place of worship, praying and meditating, participating in group programmes of your religion and consulting your spiritual heads for assistance (Help guide, 2021)
- Identify with a support group. When you lose a love one the world instantly become a lonely place for you. Feeling of isolation and abandoned is very common. Therefore, belonging to a group of like minds might be very helpful. Being with people that have had the experience of losing a dear one could offer you

the opportunity of pouring your feelings which is very helpful in grief management (Help Guide, 2021)

- Expect and prepare in advance for grief activators. After losing a loved one, participation in certain life events that is connected to your loved one such as the person's anniversary, holidays and milestone events can reawaken old memories. Consequently it is important to always expect in advance such occurrence out pour of emotions and prepare to deal with it (Help Guide, 2020)
- Take care of yourself: Strive to remain healthy as this helps in coping emotionally with the situation. Taking care of self includes taking appropriate meals; maintain adequate sleep and getting involved in interesting recreational activities. Using depressants or stimulants to suppress pain or lift your mood may not help much but could aggravate already bad situation.
- **Consciously endeavor to carry on with those things that give you joy:** Getting involved in things of interest brings comfort and draws you closer to other people. This will help you come to terms with your grieve and causes healing (Help Guide, 2020)
- **Creatively or concretely express yourself:** You can open up a book page for your loved one. In the book feel free to express how you feel about the loss or those virtues of him/her that you adore. You might also use the book as a means of celebrating his/her past life (Help Guide, 2020)

SELF-ASSESSMENT EXERCISE

1. Which of these statements best describes death?
 - a. The permanent end to all the activities of important live organs.
 - b. Moving gradually to the end of live
 - c. State of slow metabolic functioning
 - b. All of the above
2. Death can be accepted by
 - a. Identifying with support group
 - b. Taking time to mourn
 - c. Upholding the core values of your dead one
 - d. A, B, C options
 - e. None of the above
3. The immediate intense and overwhelming reaction to the loss of a loved one is known as

- a. Integrated grief
- b. Acute grief
- c. Complicated grief
- d. Normal grief

4.0 CONCLUSION

Death which means to exit life is an important but painful aspect of life. Individuals must thus have the understanding that one day he or she will exit life or lose a loved one to death. Learning to accept death when it comes and grief in ways not to endanger one's health when we lose our loved ones is sacrosanct to healthy living.

5.0 SUMMARY

This unit focused on the concepts of death which include the meaning of death and dying. It also identified and described types of death, meaning of grief and its stages as well as ways of accepting or coping with death.

6.0 TUTOR-MARKED ASSIGNMENT

Explain death as a phenomenon.

7.0 REFERENCES/FURTHER READING

Definitions.com (2021). "Definitions of Death". Retrieved 4/4/2021 from <https://www.definitions.net/definition/death>

Dictionary.com (2021). "Death". Retrieved 4/3/2021 from <https://www.merriam-webster.com/dictionary/dying>

Crossroads Hospice and palliative care (2021). "A Guide to Understanding End-of-Life Signs and Symptoms". Retrieved 29/3/2021 from <https://www.crossroadshospice.com/hospice-resources/end-of-life-signs>

Dying Matters (2021). "Signs that Death is Near". Retrieved 1/4/2021 from <https://www.dyingmatters.org/page/signs-death-near>

Dersarkissian, C. (2020). "What is Normal Grieving, and What Are the Stages of Grief?" Retrieved 18/6/21 from <https://www.webmd.com/balance/normal-grieving-and-stages-of-grief>

- D.I. Denga & P.B. Udoh (2005). *Grow Old Slowly and Gracefully*. Calabar: Rapid Educational Publishers Ltd.
- Etukudo, M. H. (2014). *Ant-Oxidants: Sacrificial Lamb of Free Radicals*. The 29th Inaugural Lecture of university of Calabar. Calabar: University of Calabar Press.
- Eure, M. A (2020). “Lifestyle Changes Promote Longer Life. Top Health Conditions for Adults Over 65”. Retrieved 18/6/21 from <https://www.verywellhealth.com/top-causes-of-death-among-adults-over-65-2967470>
- Feifel, H. (1969). “Attitude Towards Death: Psychological Perspectives”. *Journal of Consulting and Clinical Psychology*, 33(3), 292-295
- Help Guide (2021).” Coping with Grief and Loss”. Retrieved 4/4/2021 from <https://www.helpguide.org/articles/grief/coping-with-grief-and-loss.htm>
- Kastenbaum, R. (1995). *Death. Society and Human Experience (5th Edition)*. Boston: Allyn and Bacon
- Mark S. (2020). “How to Deal with Death and Dying as you Age”. Retrieved 27/3/21 from <https://www.verywellmind.com/how-to-deal-with-death-and-dying-as-you-age-2223446>
- McFarland, J.N. (2003). *Ageing without Growing Old*. Florida: Siloan Press.
- Morris, J.N. (1997). “Resist Old Age with Exercise”. *World Health 50 year*, (4) 6-7.
- Okonkwor, O. C. N. (2014). “Graceful Ageing without Sign of Old Age”. In Health/Fitness Corner with O. Okonkwor (ed) Fides, April, 27-3rd May pg.18
- Okonkwor, O. C. N. (2015). *The Secret of Ageing and Looking Younger*. Calabar: Purple Bird Media.
- Okonkwor, O.C.N.(2019). “Ageing without Getting Old: A Secret” Receipt. Awka: Orient Daily press.
- Olowookere, J. (2002). *Ageing and the Key to Longevity*. Ibadan: Divine Favour Press.

Rochaun, M. F. (2019). "6 Healthy Ways I've Learned to Accept Death". Retrieved 8/4/2021 from <https://www.healthline.com/health/grief-without-denial-6-healthy-ways-to-accept-death>

Sean, Flemming. (2021). "These Are The Top 10 Global Causes Of Death - But Two Diseases are in Decline". *World Economic Forum*. <https://www.weforum.org/agenda/2021/02/top-10-global-causes-death/>

WHO. (2020). "The Top 10 Causes of Death" Retrieved 4/4/2021 from <https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death>

UNIT 2 CONCEPTS OF DEATH EDUCATION

CONTENTS

- 1.0 Introduction
- 2.0 Objective
- 3.0 Main Content
 - 3.1 Meaning of Death Education
 - 3.2 Importance of Death Education
 - 3.3 Objectives of Death Education
 - 3.4 Approaches to Death Education
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 INTRODUCTION

Death education is conceived as a course of action that precedes throughout life time, with the home, church, school and agencies being solely in charge of disseminating the information (Barbara, 1982). Encyclopedia of Cross-Cultural School (2010) defined death education as the carefully thought-out programmed learning process that primarily assist people and associations or communities to obtain messages and skills which are important in tackling end of life issues, death related pain and objectives.

2.0 OBJECTIVE

By the end of this unit, you will be able to:

- Discuss about death education.

3.0 MAIN CONTENT

3.1 Meaning of Death Education

Death education is conceived as a course of action that precedes throughout life time, with the home, church, school and agencies being solely in charge of disseminating the information (Barbara, 1982). Encyclopedia of Cross-Cultural School (2010) defined death education as the carefully thought-out programmed learning process that primarily assist people and associations or communities to obtain messages and skills which are important in tackling end of life issues, death related pain and objectives. It is the basic aspects of learning which is purposefully integrated. Death Education comprises a variety of programmes of learning associated with death with focus on those

core topics of life that are intentionally avoided in a normal educational set up (The New Learn, 2021).

Onuoha and Okafor, (1992) defined death education is an educational process which strive to bridge the gap created by the customary act of being silent to issues of death and contemporary changes in social norms (Onuoha and Okafor, 1992). It refers to those learning experiences regarding the meanings of death, attitudes about death, concepts of dying, bereavement and how people who have been affected by death are cared for (Mahboubeh, Ali, David, Mohammad, and Behrooz, 2016).

Death education is one of the important study areas in thanatology (Sofka, Cupit, & Gilbert, 2012) it is a broad area of study which cuts across many aspects of life. It is interdisciplinary as well as multidisciplinary in nature and embraces cognitive, affective, behavioral and appraisal components. Death education could be presented in a formal or informal manner. (Meagher, & Balk, 2013)

3.2 Importance of Death Education

The New Learn (2001) outlined some importance of Death Education to include the following:

1. Death education helps people acquire the true fact regarding death and dying.
2. It provides information that empowers people to resist misconceptions, negative attitudes and practices associated with death and dying in our communities.
3. Death Education may help to equip individuals and institutions with the clear cognition of the concept of death which will enable them handle issues related to death.
4. Death education does not only answer questions regarding death, it also provides better understanding of life. Consequently, through the provision of good understanding of death it improves people's quality of life as well as help develop a society that is optimistic, empathetic and that gives back to it.
5. Death education is important because it helps to provide solace since there are no platforms where people can share anxieties, dilemmas and concerns without the fear of judgment.
6. Death education makes use of different approaches which broadens people's knowledge about life.
7. Death education is vital in providing practitioners the knowledge about dying and death, through research, and to provide authentic death related information to those that need it (Wittkowski, Doka, Neimeyer & Vallergera, 2015).

8. It helps professional to develop appropriate coping skills for the management of fears and anxiety associated with death, reduce negative reactions to death and improve quality living and healthy lifestyle

3.3 Objectives of Death Education

The prime reason for death education in schools is not necessarily to reduce completely the pains, fears and misconceptions about death (Resisler, 2007). Objectives of death education is broad and have been articulated by researchers (Gordon and Klass, 2007; Grollman, 2008) to include the following:

1. It aims at providing pupils and students' knowledge that is not commonly known by people
2. To make provisions that will help students to manage efficiently, ideas regarding individual death and those of loved ones
3. To help students become a knowledgeable consumer which will enable them make right choices with respect to medical and funeral services
4. Death education aims at stimulating positive social alterations through education
5. it aims to promote literacy, philosophical and sensible understanding by focusing on Death related experiences of man
6. To assist students, cultivate appropriate socially acceptable ethical issues regarding death and to give accurate opinions on death issues

In a general sense, Encyclopedia.com (2019) summarized the aims of death education thus:

1. death education aims to prepare professionals with the enablement to promote this area of study and accomplish its aims
2. it aims to provide critical information about death to the general public in order to widen their knowledge and wisdom on the subject matter
3. death education seeks to help individuals with the knowledge that will enable them live quality life for themselves and those around them
4. It seeks to promote positive changes in attitude and behaviours through the provision of expanded knowledge in the area

3.4 Approaches to Death Education

The two major approaches used in death education are didactic and experimental approaches

1. **Didactic approach:** Didactic approach refers to teaching style whereby information flows from the instructor or teacher to the learners. This is a teacher centered approach which allows the teacher to initiate and control learning activities. In death education didactic approach is used to convey and improve knowledge about death. It includes giving lectures, this use of audiovisuals.
2. **Experiential approach;** This method encourages students' participation in learning. Experiential approach is student centered. It is used to activate student's involvement in learning by stirring up emotions and thus allow modification of displayed negative attitudes towards death. Examples of this approach are discussing your personal experiences of death in a group interaction, role play of death experiences, and different simulation activities. For this approach to be effective mutual trust must exist. This method is good but it is best to combine the two methods as most educators do (Encyclopedia.com, 2019).

SELF-ASSESSMENT EXERCISE

1. The two major approaches to death education are
 - a. Didactic and experiential approach
 - b. Didactic and lecture approach
 - c. Experiential and field trip
 - b. Drama and problem solving
2. Which of the under listed is one of the objectives of death education?
 - a. To make provisions that will help students to manage efficiently ideas regarding individual death and those of loved ones
 - b. To help people appreciate the painfulness of death
 - c. To help people learn the importance of crying during funeral services
 - d. All of the above
3. Which of these describes the importance of death education?
 - a. Death education helps people acquire cultural fact regarding death and dying.
 - b. It provides information that empowers people to resist misconceptions, negative attitudes and practices associated with death and dying in our communities

- c. Death Education help to equip individuals and institutions with the clear cognition of the fearful and painful nature of death, and grief

4.0 CONCLUSION

Due to the numerous misconceptions associated with death, it is important for people to be exposed to death education in school so as to initiate better understanding of the concept. Through school-based death education individuals will grow to appreciate death as a natural occurrence rather than a painful necessary end.

5.0 SUMMARY

This unit discussed issues regarding death education with special focus on its definition, objectives, approach and importance.

6.0 TUTOR-MARKED ASSIGNMENT

Briefly show an understanding of death education.

7.0 REFERENCES/FURTHER READING

British Geriatrics Society. (1997). *Standards of Medical Care for Older People. Expectations and Recommendations*. London: BGS; 1997

Canadian Pediatric Society. (2021). "How Culture Influences Health". Retrieved 4/3/2021 from <https://www.kidsnewtocanada.ca/culture/influence>

Cartwright, A. (1997). "The Role of Hospitals in Caring for People in the Last Year of their Lives". *Age Ageing*. 20:271–274.

Denga, D. I. & Udoh, P.B. (2005). *Grow Old Slowly and Gracefully*. Calabar: Calabar Rapid Educational Publishers Ltd.

Etukudo, M.H. (2014). *Ant-Oxidants: Sacrificial Lamb of Free Radicals*. The 29th Inaugural Lecture of university of Calabar. Calabar: University of Calabar Press

Encyclopedia.com (2019). "Death". Retrieved 6/4/2021 from <https://www.encyclopedia.com/social-sciences/encyclopedias-almanacs-transcripts-and-maps/death-education>

- Gordon, A. and Klass, D. (2007). "Goals for Death Education". *The School Counsellor*, 24 (5), 339-349.
- Grollman, E.A. (2008). "Explaining Death to Children". *The Journal of School Health*, 48,336- 347
- Lothian, K. (2001). "Maintaining The Dignity and Autonomy of Older People in the Healthcare Setting". *BMJ*. 17; 322(7287): 668–670. doi: 10.1136/bmj.322.7287.668
- Meagher, D. K., & Balk, D. E.(2013). "Handbook of Thanatology: The Essential Body of Knowledge for the Study of Death, Dying, and Bereavement (2nd Edition)". *Association for Death Education and Counseling, The Thanatology Association*. www.adec.org 2013
- McFarland, J.N. (2003). *Ageing without Growing Old*. Florida: USA, Siloan Press.
- Morris, J.N. (1997). "Resist Old Age with Exercise". *World Health 50 year*, (4) 6-7.
- Okonkwor, O. C. N. (2014). "Graceful Ageing without Sign of Old Age". In Health/Fitness Corner with O. Okonkwor (ed) Fides, April, 27-3rd May pg.18
- Okonkwor, Oby C.N. (2015). *The Secret of Ageing and Looking Younger*. Calabar: Purple Bird Media.
- Okonkwor, Oby. C.N. (2019). *Ageing without Getting Old: A Secret Receipt*. Awka: Orient Daily press.
- Olowookere, J. (2002). *Ageing and the key to longetivity*. Ibadan. Divine Favour Press.
- Onuoha, G.B.I. and Okafor, R.U. (1992). "Death and Dying Education: The Missing Dimension in Nigerian Secondary School Health Education". *Nigerian Journal of Education*, 1(1)1- 8.
- Reisler, Jr. (2007). "The Issue of death Education". *The School Counsellor*, 24 (5), 331-337
- Sofka, C. J., Cupit, I., & Gilbert, K. R.(2012). *Dying, Death and Grief in an Online Universe*. For Counselors and Educators. New York, NY: Springer Publishing Company. 2012

Stevenson FA, Barry CA, Britten N, Barber N, Bradley C. P (200).
“Doctor-Patient Communication about Drugs: The Evidence for
Shared Decision Making”. *Soc. Sci Med.* 50, 829–840.

The New Learn (2016). “The Meaning and Need of Death Education for
our Times”. Retrieved 4/4/2021 from
[https://www.thenewlearn.com/2016/03/the-meaning-and-need-of-
death-education-for-our-times/](https://www.thenewlearn.com/2016/03/the-meaning-and-need-of-death-education-for-our-times/)

Zagaria, M. E. (2013). “Access to Health Care: Influential Factors and
Cultural Competence” *US Pharm.* 38 (9):20-22.