



PSYCHOSOCIAL ADJUSTMENT AND MENTAL HEALTH OF THE AGED IN CALABAR MUNICIPAL AREA OF CROSS RIVER STATE, NIGERIA

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Abstract: The study sought to ascertain the influence of psychosocial adjustment and mental health of the aged in Calabar Municipal Area of Cross River State, Nigeria. The survey design was used for the study. The population consisted of aged people in old peoples home and some people found in the community. Through purposive sampling technique, a sample size of 163 was derived. Two research questions and two hypotheses were raised and a questionnaire titled psychosocial adjustment and mental health of the aged questionnaire was used for data collection [PSAMHQ]. Accruing data was analyzed using independent t.test and one way analysis of variance (ANOVA). The finding of the study showed that interpersonal relationship, adjustment to health and emotional adjustment influences the mental health of the aged. Based on the findings, it was therefore recommended that counselling center that would boost the mental health of the aged be established. The aged could be counselled on the adjustment needs, which includes lifestyle and health needs, social supports, mental exercise would help the aged transit to old age with minimal problems. The aged should carry out regular medical check-ups. Family support is needed at this stage of development.

KEY WORDS: *Psycho-social, Adjustment, Mental health, Aged.*

INTRODUCTION

Human life is in transition from birth to death, in the course of this progression, hormonal and developmental changes take place which are physical, emotional, social, mental and spiritual. Developmental changes are basic changes to human behavior inevitable to all ages from childhood to adulthood. As human reach the peak of their growth a down ward turn sets in during old age, As human reach the peak of their growth, a downward turn sets in during the mid-years of human life. (Ngwu & Uche, 2020). Health is very important in the life of every human being, several factors contribute to keeping the human being in good health, some of which include biological, nutritional,, environmental and cultural factors. WHO (2005) define health as complete, state of physical, mental and social well-being of an individual

and not merely the absence of disease or infirmity. Mental health is a fundamental component of health, a state of wellness which is essential to human collective and individual ability to think, interact and economically productive. WHO (2001) sees mental health as a process of feeling capable and competent being able to handle level of stress, maintaining satisfying relationship and living independent life and being able to bounce back or recover from difficult situation are signs of mental health. In this context, it has to do with adequate functional capability. WHO (2001) further defined mental health as an illness experienced by a person which affect their emotion, thought or behavior which is contrary to their cultural beliefs, personality and producing negative effects on their lives and families. The goal of genetic Counselors are to provide families

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with complete and appropriate information to aid people in making informed decisions that is in the best interest of their families and help them take best alternatives available that can prevent loss live and possible adjustment to any situation,(Effiom et al, 2021). However, there seems to be a consensus, that mental health is beyond lack of mental disorders; maintaining mental health is maintaining physical health. Sumaira (2014) says a person who is mentally healthy is well adjusted to societal norms, aspect realism and remains optimistic in life even when he gets along with challenges and stress of life.

Mental health and well-being is important in older age as any other time, and has an impact on physical health. In older adult, mental functioning diminish with advanced years where older adult can no longer function independently resulting to adult children admitting parent to stay with them or take them to nursing homes. Ageing according to WHO (2008) is a course of biological reality which starts at conception and ends at death, this biological process is common to all human beings. It is a human biological clock ticking always and occurs naturally. The aged in this paper is referred to 60 years above. Baron (2001) describe this stages as a second childishness. Ageing is caused by several different mechanism and result from complex interplay between environment, genetic and social factors. As the individual grows old, cumulative damage to the body from both external and internal sources set in, because such damage is not repaired, there is wear and tear. The way in which an individual live, our habit and behaviour ultimately determine our physical health and changes. Aged people often have limited regenerative abilities and more prone to disease and could easily become maladjusted. Ageing is the last stage of human development which comes with deteriorating health and loss of energy. Akwaji (2020) opine that social, psychological and health problems are the special concern of the aged who may live alone or in health facilities. Loneliness set in at ageing because most often children are grown up and some have started their families resulting to the “empty nest” syndrome. The

aged are lonely at times because of loss of spouse, friends and acquaintances, resulting to psychological distress and depression. This can be most stressful of all live events which signify the end of long relationship and companionship. The causes of depression in aged could also result from inadequate social support and companionship especially in Nigeria where there is no social support policy for the aged. Inadequate income resulting from delay in payment of retirement benefits after retirement. Emotional loss resulting to bereavement, nagging health issues, general slowing down (Ngwu, Ekeng, Arop & Akwaji, 2022). The impact of the loss can be devastating and lead to loneliness, hopelessness and purposelessness if no adequate social support, it could lead to depression. The risk factors of depression include poor health, lack of social support are more likely in the old but not in all cases. Victor (2018) study on psychosocial health challenges of the elderly in Nigeria, the component of psychosocial health in overall quality of life and well being, absence of a social security system present unique challenges to the elderly. Changes in family dynamics, increased demand on healthcare services, increased economic stress and decreased functional dependents all posed challenges to the aged. Good social support can play a part in preventing mental ill-health and can help people recover from mental health problems.

The age of 60 and above is also the age of retirement for some aged, which brings major life changes with drop in income and social status, this may lead to some aged starting another career after retirement or accepting part time job to supplement income. The need for retirement preparation can not be over- emphasized, it involve avoidance of the burden of illness. The human body cannot afford to be idle, thinking of how to occupy oneself during retirement is vital; one also need to consider things such as health, financial position and lots more,(Ngwu & Uche , 2019) Ageing is highly individualized while some come up with disability early, others even at 80 are still full of life and vigor. But frailty is more in the age of 75 and above, because of this



individual differences their physical and social needs vary enormously.

Psychological condition and changes could result to irritability, anxiety, depression, memory loss, stress, sleeping disorder. This negative emotion could be associated with poor medical and mental health challenges This include emotional response to stress, unhappy marriage, disappointment in job or job loss and financial woes. View of mid-life conjures a negative image of bodies beginning to age, increased forgetfulness, menopause in females, children leaving home, depression, loss of purpose and meaning (Ngwu & Uche, 2020). However, Salsman, Brown Brechting and Calson (2005) believed that someone who has social support has beneficial impacts on mental well-being, it may benefit well-being because it brings about positive emotions that can combat stress, which can positively affect psychological health while loneliness or lack of social support, social disconnectedness was associated with worse physical health. Waite (2009) found that socially disconnected older adults who felt isolated tended to have worst mental health than those who had opposite feelings, loneliness is strongly associated with mental health and social isolation was strongly associated with physical health.

Baron (2001) observed that one of the things that differentiate this group is the risk of significance health challenges and disability. In addition, they are a number of physical and mental functioning that shows a more rapid decline including hearing loss and aerobic capacity which can lead to communication problems and social isolation and unhappiness leading to depression.

The physical problem or diseases could lead to some form of functional disability like arthritis, cardiovascular problem, including heart attack and hypertension. Women are more prone to this due to loss of estrogen that occurs after menopause resulting to being disabled in movement and task of daily living and osteoporosis. Women are also likely to be widowed, lack partner who will assist them with daily task.

Another major disease system found in the aged is Dementia which is the deterioration of intellectual

functioning including loss of memory, judgement, social functioning and control of emotion (Baron 2001). Another mental disabilities (Alzheimer's disease) is a pathological condition that produces difficulty in mental functioning resulting to loss of memory, behavior and personality changes and decline in thinking ability, in some cases not able to recognize family member (Seeman, 2001)

Physical signs of ageing include wrinkles, grey hair, baldness, sagging skin, extra pound, looking unattractive in some cases. The aged looks frail in poor health and most often unable to take care of themselves. But in the united states with good health care, large proportion of people in this age bracket report good health and excellent health, others physicals change include decline in sensory abilities, decline in vision, resulting to some using glasses, smell and taste, slowness in responding to reflexes and speed (Baron, 2001). As a result of the mental problems of the aged, they become psychologically maladjusted.

Psychological adjustment is the condition of accommodation of a person to a life uttering event or situation. Adjustment is the individual's ability to deal successfully or unsuccessfully with life problems or the way environment fashions out events for individuals to adopt and cope with. A person who is capable of dealing successful with life problems, is well adjusted, (Effiom & Ntui, 2021). It is the ability of the individual to get adapted to a new way of living by adjusting to the psychological and social condition that appears to him or her. Socially, the aged is not able to socialize as before, there is a general slowing down and need to be more dependent on children and family members, psychologically some aged suffer many neurological disorders and as such there is a decline in the brain to function effectively (Okoye, 2013). Psychological adjustment has to do with the physical, emotional, social, mental, adjustment of the aged. This emotional, physical needs of the aged lead to mental illness which needs to be addressed. There is a strong alignment between religiosity and mental health of the aged. Helm (2010) examined the relationship between religiosity and



mental health among USA samples in a Protestant Christian context and significant association was revealed between religiosity and mental health. Frequently of religious activities (prayer and bible study) has also revealed a significant association with good mental health outcomes. To this end, this paper seeks to explore the mental problem associated with the aged and how to cope with the psychological needs.

Bee, Lusignolo, Albert, Bookman (2001) included the factor determining the trajectory of adult physical or mental statues over 65 to include lack of exercise because of disabilities which results to more rapid decline in physical and mental functioning. Social supports affect both physical and cognitive functioning in old age. Elderly who were more socially isolated had higher risk of illness or death than those with adequate social network. Agorastos (2016) present literature relevant to the relationship of religiosity, spirituality and personal beliefs with mental health, in particular, anxiety disorders. The result showed a significant association among the variables.

Radha, Horton, Parker & Brown (2002) in reflecting on the study by Mac Arthur on successful ageing concluded that high level of physical and cognitive functioning are factors that contribute to successful ageing. Seeman (2000) in his assertion supported the study on successful ageing by examining physical and cognitive functioning of male and female volunteers between the ages 50 and 70, participants were interviewed including detailed assessment of their physical and cognitive abilities, overall health status, social and psychological and lifestyle characteristics. In conclusion, the implication for successful ageing are exercise, proper nutrition, abstinence from smoking, staying socially involved, keeping a positive mental attitude, acquiring strategy for managing anger and reducing anxiety.

Counselling can help individual achieve optional level of wellness throughout life span. Counsellor who work with the older adults do so with other team which include, social workers, physicians, physical therapists, occupational therapists, nurses, home care providers, family members and gerontological counsellors.

Activity theory by Harvighurst, emphasizes relationship between activity and well- being where the frequency of activity promotes life satisfaction and good health. The theory holds that as disability and other related functions set in, social roles become difficult to attain. It further states that if the roles of activities associated with old age are lost, it is important to develop new set of roles and activities in order to replace the existing ones. Replacement of roles for the aged increase the degree of life satisfaction and well-being, as the aged stay active and maintain social interaction. The activity theory is relevant to the aged because it stresses the need for the aged to engage in alternative social roles that will promote their life satisfaction, good health and happiness. The purpose of this study therefore, is to ascertain the extent to which psychosocial adjustment of aged will aid them address their mental health problems.

Research Questions:

1. How does interpersonal relationship influence mental health of the aged?
2. How does adjustment in health influence the mental health of the aged?

Statement of hypotheses

1. There is no significant influence of interpersonal relationship on mental health of the aged.
2. There is no significant influence of adjustment in health on mental health of the aged

METHODOLOGY

The survey design was utilized for the study. The area of the study was Calabar Municipality area of Cross River State, Nigeria. The Sample of the study consisted of 163 aged people in old people home and selected aged found in the community. The instrument that was used for the study is the psychosocial and mental health questionnaire (PSMHQ). The questionnaire consists of two parts. The first part requires biographical information such as gender, age, education, religion and occupation, facilities. The second part consists of 10 Likert scale questions, that sought information on psychosocial adjustment and mental need of the aged, with scoring ranging from Strongly Agreed, Agreed, Disagreed, and Strongly Disagreed. Items were given to



expert in the area of measurement and evaluation, and counsellors for their comments and suggestion, Thus establishing the validity of the instrument. The Cronbach alpha estimate was used to ascertain the reliability of the instrument with an estimate of 0.67. In some cases, the researcher read the questions to the aged and filled the questionnaire accordingly, the data was analyzed with independent t-test and Analysis of variance (ANOVA)

PRESENTATION OF RESULT

TABLE 1

Independent t-test analysis of the influence of interpersonal relationship on mental health of the aged (N=20)

Interpersonal relationship	N	\bar{X}	SD	t-value	p-value
Cordial	98	33.44	2.95	3.53*	.000
Uncordial	65	29.61	1.03		
Total	163	31.14	4.02		

* Significant at P< .05 level, df = 161.

The result in Table 1 revealed that the calculated t-value of 3.53 is higher than the p-value at .05 level of significance with 161 of degrees of freedom. With this result the null hypothesis that interpersonal relationship does not significantly mental health of the aged was rejected. This implies that interpersonal relationship significantly influence mental health of the aged.

4.2.2 Hypothesis two

There is no significant influence of adjustment in health on mental health of the aged

The independent variable in this hypothesis is adjustment in health, high, moderate and low; while the dependent variable is mental health of the aged. The statistical analysis technique deployed to test this hypothesis was

TABLE 2

Summary data and one-way ANOVA of the influence of adjustment in health on mental health of the aged (N=20)

Adjustment in health	N	\bar{x}	SD			
High	53	35.50	2.54			
Moderate	85	35.77	3.33			
Low	25	37.03	2.70			
Total	163	31.14	4.02			
Source of variance	SS	Df	Ms	F	Sig of F	
Between group	99.877	2	49.938	3.034	.006	
Within group	2633.691	160	16.461			

Hypothesis one

There is no significant influence of interpersonal relationship on mental health of the aged.

The independent variable in this hypothesis is interpersonal relationship (cordial and uncordial); while the dependent variable is mental health of the aged. The statistical analysis technique deployed to test this hypothesis was Independent t-test analysis. The results of the analysis are presented in Table 1.

one-way analysis of variance (ANOVA). The results of the analysis are presented in Table 2.

The result on Table 2 revealed that the calculated F-value of 3.034* is higher than the p-value at .05 level of significance with 2 and 160 degree of freedom. With this result the null hypothesis was rejected. This result therefore implied that, adjustment in health has a significant influence on mental health of the aged. Since adjustment in health had a significant influence on mental health of the aged, a post hoc analysis was using Fishers’ Least Significant Difference (LSD) multiple comparison analysis. The result of the analysis is presented in Table 3



Total 2733.568 162

*Significant at $P < .05$ level, $df = 2, 17$.

TABLE 3

Fishers’ Least Significant Difference (LSD) multiple comparison analysis of the influence of adjustment in health on mental health of the aged

LSD

(I) Adjustment in health	(J) Adjustment in health	Mean Difference (I-J)	Std. Error	Sig.
Low	Moderate	-.27844	.59503	.640
	High	-1.53704(*)	.64382	.018
Moderate	Low	.27844	.59503	.640
	High	-1.25859(*)	.41751	.003
High	Low	1.53704(*)	.64382	.018
	moderate	1.25859(*)	.41751	.003

*The mean difference is significant at the .05 level.

The result of the analysis in Table 3 showed that respondents whose adjustment in health as low were significantly different in their mental health from those whose adjustment in health was either moderate or high. Also respondents whose adjustment in health was moderate were significantly different from those who were high in their mental health.

Discussion of findings

The result of the first hypothesis revealed that interpersonal relationship significantly influence mental health of the aged. The finding of this hypothesis is in line with the view of Salesman, Brown, Bretching and Calson (2005) believe that the aged with social support has beneficial impact on mental well-being, because it brings about positive emotions that can combat stress, which can positively affect psychological health. Helm (2010) further support this findings that there is a strong relationships between religiosity and mental health of the aged, as frequency of religious activity also reveal a significant association with good mental health outcome. Bee, Lusignolo, Albert, Bookman (2001), Victor (2018) supported this finding that social support affects both physical and cognitive functioning in old age. Elderly who were more socially isolated had higher risk of illness or death than those with adequate social support network.

The result of the second hypothesis revealed that adjustment to health significantly influence mental health of the aged. The finding of this hypothesis is in line with the view of Akwaji (2021) who opined that social, psychological and health problems are the special concern of the aged who may live alone or in health facilities. Loneliness set in at ageing because most often children are grown up and some have started their families resulting to the “empty nest” syndrome. The aged are lonely at times because of loss of spouse, friends and acquaintances, resulting to psychological distress and depression. This can be most stressful of all live events which signify the end of long relationship and companionship. The causes of depression in aged could also result from inadequate social support and companionship especially in Nigeria where there is no social support policy for the aged. Inadequate income resulting from delay in payment of retirement benefits after retirement. Emotional loss as a result to bereavement, nagging health issues, general slowing down. The impact of the loss can be devastating and lead to loneliness, hopelessness and purposelessness if no adequate social support, it could lead to depression.

The findings also is in support of Seeman (2001) study on successful ageing and the result revealed that those who engaged in physical exercise were half likely to



show physical decline as those who were inactive. Subject who participated in social activities or group volunteering, socializing with friends experienced protective factors against physical decline, cognitive ability was found to be influenced by exercise and social involvement. Those who had regular social activities were less likely to lose mental activity than those without regular exercise. Those with emotional and social support through network of social relationship tended to have higher cognitive functioning, positive mental attitude was found to relate to better physical and cognitive functioning (exercise, social involvement and positive attitude predicted better outcomes).

Conclusion

Based on the results and findings of the study, it was concluded that interpersonal relationship and adjustment in health has a significant influence on mental health of the aged. Creating living conditions that support wellbeing and allow people to lead a healthy life, promoting mental health also depends on older people having necessary resources to meet their needs.

Recommendations

Based on the findings of the study, the following recommendations were made:

1. There will be growing need for gerontological counselor.
2. Family support for the aged is very key at this time of their lives.
3. Physical and mental exercise is encouraged to affect cognitive functioning.
4. Social support for older people and their care givers.
5. Health and social programmes targeted at vulnerable groups such as those who live alone and those who suffer from chronic or relapsing mental illness.



REFERENCES

Agorstos, S. (2016). The influence of religious aspect and personal beliefs on psychological behaviours: Focus on anxiety disorders. *Social Indications Research*, 39, 247-266.

Akwaji, A. O. (2021). Religiosity and Psycho-social Adjustment of the Aged in Cross River State, Nigeria. Unpublished Ph.D thesis. Calabar. University of Calabar.

Anyin, N. N. & Effiom, B. E. Life Adjustment And Mental Health Education Of The Elderly (Gerontological Education) . *International Journal of Education, Learning and Development* , 9(10), 1-9.

Baron, R. A. (2001). *Psychology*. Needham Heights, M. A.

Bee, H. (1994). *Life span development*. New York: Harper Collins College Publishers.

Florence A. U. , Effiom, B. E. , Godwin, M. U. (2021), Correlation and Regression Analysis of Age and Body Mass Index (BMI) Among Nsidung Fisher Folks, Calabar South, Cross River State, Nigeria: The Counselor Sensitization Strategy. *Annual Research & Review in Biology*, 36(7): 77 - 85.

Helm, G. (2010). The religion-health connection: Evidence, theory and future direction. *Health Education and Behaviour*, 25, 700-720.

Ngwu, M. E. & Uche, R. D. (2020). Midlife crisis and perceived health challenges among women in Tertiary institutions in Cross River State. *Research*. Vol. 156(4) 419-428.

Ngwu, M. E. & Uche, R. D. (2019). Assessment of Retirement Anxiety and Preparation among local Government staff of Cross River State Nigeria . *Prestige Journal of Counselling Psychology*, vol. 2(2) 129 - 138.

Radha, J., Horton-Parker & Nina, W. Brown (2002). *The unfolding Life counseling across the lifespan*. United States of America: Greenwood Publishing Group. Inc.

Salsman, Brown, Brechting & Calson (2005). Introduction to economics of religion. *Journal of Economic Literature*, 36(3), 1465-1495.

Seeman T. E, Lusignolo T, Albert M & Bookman L (2001). Social relationships, Social support and pattern

of cognitive aging in healthy, high functioning older adults. *MacArthur Studies of successful ageing*.

Sumaira, R. (2014). Marital quality and family typology: Effects on Pakistani Adolescent's mental health. *European Scientific Journal*, June 2014/Special/edition vol. 2 ISSN: 1857-7881 (print) e-ISSN 1857-7431.

Victor, G. (2018). Psychosocial health challenges of the elderly in Nigeria: A narrative review. *Aging Neuropsychology and Cognition*, 11, 68-791.

WHO (2001). *The world health report: 201 Mental health: New understanding, new, hope*. Geneva.

WHO (2017). *Mental Health of Older Adults*. WHO's work on mental health. <https://www.who.int/news-room/fact-sheets/detail/menta-lhealth-of-older-adults>.

Retrieved 30th June 2021.