

Gender Differences and Prevalence of Psychopathological Symptoms among Geriatric Population of Ado-Ekiti

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Abstract

There is a general assumption that old age is a time of peace and tranquility, free from stress, but evidences show that Nigeria has one of the highest prevalence symptoms of depression, and also the rate of onset of new episodes among its geriatric population, in the world. This study investigated prevalence of psychopathological symptoms among the geriatric population of Ado- Ekiti. Gender - differences in the levels of manifested psychopathological symptoms was also examined, 446 Ekiti elderly (Mean age = 68.0 Years) residing in Ado-Ekiti responded to Awaritefe Psychological Index (Yoruba version of form x). The prevalence of psychopathological symptoms ranged from 16.1% (heat) to 41.9% (mood disorder and alimentary tract symptoms); while prevalence for general psychopathology was 44.0%. No significant gender-difference in the level of general psychopathology was reported in the study, though females manifested significantly higher level of alimentary tract symptoms while the males were significantly higher in general somatic/anxiety disorder.

Keywords: *Gender, psychopathology, Geriatric population Ado-Ekiti.*

Introduction

There are evidences that Nigeria have one of the highest, not only in prevalence of psychopathological symptoms, particularly depression, but also the rate of onset of new episodes among its geriatric population, in the world. The Global health survey of the Wellbeing of Older Persons ranked Nigeria 85th out of 91 Countries (Uwakwe, 2013). The poor mental health status of the Geriatric population in Nigeria has been found to be related to poverty, social isolation, status loss and impairment of quality of life (Ola-Ajayi, 2013).

Important as it is, there is no adequate research attention focusing on the psychological health status of Ekiti elderly, particularly residing in Ekiti community.

There are so many social factors that the elderly do not have control over, that could cause psychological distress to them in Nigeria and Ekiti in particular, majorly as a result of decline

in socioeconomic life faced by this population. Many of them depend on pension after retirement which apart from being meager, are not regularly paid.

Nigeria does not have adequate social security policy for the elderly as in other developed countries. As reported by Togonu-Bickersteth (2001), the children and relatives were found to be incapable of rendering adequate financial assistance. Many of the children are operating at subsistence level economically as a result of either unemployment or underemployment.

Other factors apart from economy, which could cause psychological distress among the elderly, could be decline in social network due to loss of friends or family members to either relocation or mortality, given the communal lifestyle that exist in the locality. This could result in feeling of loneliness, which, as explained by Nalungwe (2009) is a subjective experience of a lack of satisfying human relationships, and thus loneliness is a negative feeling causing distress to an individual. Studies have reported that elderly population is considered as the most neglected and poorest group in the Nigerian society (Ajomale, 2007; Anthony, 2010; Togonu-Bickersteth & Akinyemi, 2014). A more recent study by Ogundele, Babalola and Baiyewu (2015) reported geriatric depression to be common among rural community dwellers in Nigeria.

Gender also has been reported to have a significant impact on both risk and protective factors for mental health problems. Piccinelly and Wilkinson (2000) found that women are at greatly increased risk of depression and anxiety, eating disorders and self-harm.

With the recent economic recession, political crises and insecurity that characterize the society today, this study investigated prevalence of psychopathological symptoms among the geriatric population who seems to be at the receiving end with focus on Ado-Ekiti. Gender differences in their levels of manifested psychopathological symptoms was also examined in the study.

Problem Area:

The poor mental health status of the Geriatric population in Nigeria has been found to be related to poverty, social isolation, status loss and impairment of quality of life (Ola-Ajayi, 2013). Meanwhile, report from WHO (2018); shows that the pace of population ageing around the world is increasing dramatically, with the projection that by year 2020, the number of people aged 60 years and older will outnumber the children younger than 5 years old (WHO fact sheets, 2018). This should be seen as opportunity for the family members and even the society at large to share from the wealth of experience of the elders, which could only be

possible if they are healthy. Presently over 20% of adults aged 60 and above have been reported to suffer from a mental or neurological disorder, while 7% of the world's older population is affected by depression (WHO FACTSHEET, 2017).

There is no adequate research attention focusing on the psychological health status of Ekiti elderly, particularly residing in Ekiti community; Coupled with the government's policy that do not have welfare package for the elderly, the implication of this could be that, rather than the elders being assets to the society, they could turn out to being liabilities due to decline in their mental status and lack of adequate care.

The Objectives of this study therefore are to

- Investigate prevalence of psychopathological symptoms among the geriatric population of Ado- Ekiti, Nigeria.
- Examine gender - differences in the levels of manifested psychopathological symptoms among the geriatric population of Ado- Ekiti, Nigeria.

The essence of this is to pay attention to this important population, rather than they becoming liabilities, the understanding of their health status will help the plan to make them stay healthy and thereafter becoming asset to their family and the society at large.

METHODS

This study is a survey, having the elders in Ekiti State as the population of interest.

Sampling method: The elders from Ado Ekiti were purposively selected for the study. Ado Ekiti being a state capital has a large number of people, with different personality characteristics representing the people in Ekiti state.

The participants for the study consisted of Four hundred and forty six (446) Ekiti Elderly with mean age of 68 years. This comprises of 192 Male, 242 Female, with 336 Christians and 83 Muslims

Instruments: Questionnaire was employed in the study. The questionnaire has two sections, Section A contains questions on the demographic variables while section B has Awaritefe Psychological Index (API) Yoruba version of form X (Mokuolu, 2014) with seven subscales. The subscales include: Disordered Sleep, Intellectual impairment, Heat, Mood Disorder, Head Related Symptoms, Alimentary track Symptoms, General somatic/Anxiety. Global score could also be obtained for General psychopathology.

The Yoruba version of API Form X was employed because, the participants were predominantly Yoruba speaking population, it would avert interpretation bias that may occur from the use of non-familiar language.

Procedures: the elders were approached in their respective homes, the purpose of the research being explained. They were given enough time to respond to the questionnaire, while retrieval was as agreed upon.

RESULTS

Table 1 showing the mean scores and the percentages for the dimensions of Psychopathology

Variables	Mean	% Low High	%
Disordered Sleep	3.9	70.6	29.4
Intellectual impairment	1.9	76.9	23.1
Heat	1.5	83.9	16.1
Mood Disorder	17.8	58.1	41.9
Head Related Symptoms	2.1	72.0	28.0
Alimentary track Symptoms	4.7	58.1	41.9
General somatic/Anxiety	5.0	62.0	38.0
General psychopathology	36.98	56.0	44.0

Table 2: Independent t-test table showing the difference in the scores of male and female elders on each dimension of psychopathology

VARIABLES	MALE		FEMALE		t	95%CI
	Mean	SD	Mean	SD		
Disordered Sleep	3.86	2.79	3.92	2.34	-.23	[-.54, .42]
Intellectual impairment	2.10	1.82	1.84	1.92	1.26	[-.13, .58]
Heat	1.65	3.17	1.44	3.25	.65	[-.41, .81]
Mood Disorder	17.12	7.08	18.29	8.92	-1.48	[-2.72, .38]
Head Related Symptoms	2.18	2.69	1.95	2.56	.92	[-.26, .73]
*Alimentary track Symptoms	4.01	3.28	5.11	3.45	-3.36**	[-1.74, -.43]
General somatic/Anxiety	5.50	4.05	4.68	4.54	1.94	[-.01, 1.63]
General psychopathology	36.38	16.89	37.22	18.17	0.49	[-4.19, 2.49]

* = sig at 0.05

** = sig at 0.01

df = 432

N = 434

N (Male) = 192

N (Female) = 242

DISCUSSION

In this study 38% of the respondents are high in general somatic and anxiety, male (mean = 5.50) are significantly higher than female (mean = 4.68) in general somatic and anxiety. This may be due to the inactivity of the men who had been used to strenuous activities at earlier age, now finding themselves living sedentary lifestyle, and the females on the other hand have enough activities to spend their time on such as nursing their grandchildren at old age leaving their husband at home and the old males do not have the luxury of going to stay with their children at old age due to the belief shared among Ekiti people that it is shameful for a man to die in the in-law's place.

Although Baiyewu et al (1997) said that males are higher than females in anxiety because of the fact that females less frequently utilize the health facilities, but this study did not depend on hospital reports, rather self-reported questionnaire was employed. Also 41.9% of the people are high in mood disorders, though there is no significant sex difference, this result corroborates the findings of Gureje et al (1995) and Abiodun (1993) who found depressive neurosis to be the most common psychiatric disorder in primary health settings. Researchers in Nigeria have reported high level of depression among older people (Ihezue & Okpara, 1989; Baiyewu et al, 1997a).

Meanwhile, female (mean = 5.11) is significantly higher in Alimentary track Symptoms than male (mean = 4.01), $t(442) = p < .05$, but there is no significant difference in the score of male and female in other dimensions of psychopathology.

The study shows that prevalence of psychopathological symptoms ranged from 16.1% (heat) to 41.9% (mood disorder), having mood disorders and alimentary track symptoms reporting the highest prevalence, followed by General somatic/Anxiety, then Disordered sleep.

With general psychopathology reporting so high among the elderly, it is important that institutions in charge of physical and mental health-care and the society at large should show more concern to tackling the issues of health and especially the sources of emotional distress in the elderly, as evidenced in this study, having mood disorder reporting as one of the highest.

There is a need to create age friendly environments in the communities where individuals of the same age groups can come together to interact share information that concern them. In the olden days, the local people had the tradition of going out in the evenings, after the day's work to relax with friends at local game centers, where games such as '*Ayo Olopon*' would

be played in turns, it was a way of dealing with boredom by those who were too old to go to work, and a means of relaxation for those who had worked hard during the day. Many issues that would have been bottled up in individuals would be discussed, thereby relieving them of pent-up anxiety.

Rather than holding on to age long stereotypes that older people are a burden to the society, the society should rather help to keep them healthy so their wealth of experience could be an asset to the society rather than seeing them as a burden. As has been opined by Shabalin (2018), the problem of psychopathology in the elderly requires special attention. Findings in this study may be useful in planning preventive and intervention programmes for Geriatric population in Nigeria and Countries with similar socio-economic backgrounds.

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