

Assessment of The Quality of Life of Older Adults Dwelling in a State in Nigeria and Potential Interventions for Improving their Wellbeing.

(Flinders, South Australia), Dip. Strategic Mgt. and Leadership (MSBM, UK),
PhD (LAUTECH), RN, RPHN, FWAPCONM, FICMC.

Oyadiran, Gifty O² BSc. Nursing, M.Phil., MSc., PhD Nursing, RN, RM,
RPHN.

Akpooyovwere, Obataze J³ PhD, LLB, RN, RM

¹Head Of Department, Education, Nursing and Midwifery Council of Nigeria, Part Time Lecturer, Gerontology Nursing Programme, University of Benin Teaching Hospital, Benin City, Edo State, Nigeria.

²Head of Department of Community/Public Health Nursing, Ladoke Akintola University of Science and Technology, Ogbomoso, Oyo State, Nigeria

³Department of Nursing Science, Edo State University, Uzairue, Nigeria

Abstract

Assessment of the quality of life of older adults can provide significant insight required for the design and implementation of evidence-based interventions for promoting health, wellbeing and longevity. Some causes of morbidity, mortality and disabilities among older adults are preventable. This study was designed to assess the quality of life of the older persons 50 years and above in Oyo State, Nigeria, with the aim of identifying low-cost strategies that could improve the wellbeing of these elders.

This was a descriptive cross-sectional study. Using Slovin's sample determination model, a multistage sampling technique was adopted to select 480 older adults 50 years and above who met the inclusion criteria. A standardized validated WHO questionnaire on quality of life of older persons was used to obtain data from the participants on their perceived quality of life. Data collected from 468 respondents were analysed using univariate and bi-variate analysis levels. The level of significance was set at p -value < 0.05 .

The results showed that the mean age of the participants was 62.53 ± 10.89 years. Among the respondents 116 (24.8%) earned between 1000 - 30,000 naira monthly, and 140 (29.9%) had no monthly income. Those who reported having ailments were 323 (69.0%), 124 (26.5%) had perceived high quality of life, 336 (71.8%) reported being satisfied with various aspects of their lives. Factors such as age ($p = 0.001$), level of education ($p = 0.001$), marital status ($p = 0.001$), current health status ($p = 0.001$), and monthly income ($p = 0.001$) were associated with the overall quality of life of the elders.

In conclusion, most of the older adults were indecisive about their quality of life while, a good number considered it to be good. Some of them acknowledged not having enough health information. Regular health education and counselling were identified as interventions that could improve their awareness, wellbeing and QoL.

Keywords: assessment, wellbeing, quality of life, interventions, older adults.

Date of Submission: 13-01-2025

Date of Acceptance: 23-01-2025

I. Introduction

Quality of life is a valuable indicator of population wellbeing, health, and satisfaction with life. It indicates the influence of various factors such as living conditions, educational status, support and involvement in community activities (Akinyemi *et al.*, 2012). It also encompasses health, wellness, and fitness enabling them to do the things they want to or enjoying doing (WHO, 2012). Quality of life refers to individuals' perception of their status and wellbeing in life, taking into consideration the influence of internal or personal and environmental circumstances, their values and expectations (Rojo-Perez *et al.*, 2021). The quality of life of senior citizens is an issue of concern to healthcare professionals and gerontologists because of the vast socioeconomic benefits that could be derived if programs for older persons such as healthcare, social support, timely information, education, housing and environmental design are aged specific and based on needs. The elders' perception of their position in life in the context of their culture, value systems, goals, expectations,

standards, and concerns can provide valuable information for health and agedcare experts, policy makers, administrators and the government in general.

II. Literature Review

Population ageing is increasing in developed economies but accelerating in developing and less developed countries, thanks to improvements in science, technology, standard of living and medicine (UNDESA, 2015: p.9; UNDESA, 2014: p.8). The 2017 World Population Ageing Report stated, that in about twenty years the population of older persons is expected to grow fastest in Africa, where individuals aged 60 years or over would increase over three times in size between 2017 and 2050, from 69 million to 226 million (UNDESA, 2017: p.5). Therefore, going by the demographic trend, in the next three decades by 2050, about 80% older adults globally will exist in developing economies, namely Asia, Africa and Latin America (WHO 2021; UNDESA, 2017: p.5).

With increased population ageing the issues of concern for experts in the field of ageing include life expectancy, longevity with good health, quality of life, functional ability, active engagement, satisfaction, independence and dignity not just long life alone (Marengoni *et al.*, 2011; World Health Organization, 2015; Martinez *et al.*, 2020; Alagili & Bamashmous, 2021). Quality of life of older adults would be above average if the cumulative effects of positive factors contributing to health and wellbeing are more than the negative ones (Dannefer, 2018; Dannefer, Han, Kelley, 2018). According to WHO (2014b) as people live longer, prolonged ill health arising from chronic diseases and disability would become higher, but appropriate measures taken at the right time can improve the health and wellbeing of these elders. Healthcare professionals, experts in the field of ageing and family members are rightfully concerned about adding good health and wellbeing to long life of the older persons by promoting actions, practices and services that improve the quality of life (WHO, 2019; WHO, 2020b; WHO, 2021).

The changes associated with ageing produce varying limiting effects on all systems of the body, though this is not uniform for all older people. These changes can cause reduction in the functional ability of older adults over time, interfering with their ability to engage in activities that they enjoy doing. Therefore, if appropriate interventions, care and support services are not instituted for the elders, they are bound to experience difficulties the later years of life (Barber *et al.*, 2020). The factors that affect the ageing curve could be physical, emotional, and mental health status, socioeconomic and environmental factors. These factors are influenced significantly by dietary pattern, physical activity, rest and sleep, social support, substance use (habits), timely medical examination and appropriate health care (Chalise, 2019; Amarya, Singh & Sabharwal, 2018; Daskalopoulou *et al.*, 2018). No programme for improving the quality of life of older people could be appropriately designed without first finding out the actual situation, needs and challenges of the senior citizens themselves. It is with the above background that this study was designed to assess the quality of life of elders who are 50 years and above in Oyo State, Nigeria.

III. Statement Of The Problem

Currently, the life expectancy in Nigeria is very low, about 55 years for males and 56 years for females, compare to their counter part across the globe such as, 85 years in Hong Kong, 85 years in Japan, 84 years in Switzerland, 84 years in Italy, in neighboring Benin Republic 62 years, 60 years in Cameroon and in Ghana 64 years (World Population Review, 2022; Worldometer, 2022). In Nigeria older adults 65 years and above make up about (3%) of the population, while it about 28.2% in Japan, 18.3% in UK, 17.2% in Canada, in US 16%, Mauritius 13.03%, 5.6% in South Africa and 5.4% in Egypt (World Population Review, 2022). This indicates that, adults in Nigeria are not living long enough or may not be enjoying a good quality of life. The low percentage of older persons in the population of Nigeria is also an indication of a poor ageing trajectory and early deaths (Lawanson and Umar, 2021).

It is therefore necessary to examine the quality of life of older adults to determine innovative strategies and programs that could be adopted to improve their health and wellbeing in the community in an inclusive manner.

Objectives

The broad objective was to explore the quality of life of older adults in Oyo State, Nigeria.

Specific Objectives

The specific objectives were, to

1. Determine the quality of life of the older adults in Oyo State, as they perceive it.
2. Determine how satisfied these older adults are with various aspects of their life.
3. Identify major interventions which if implemented would promote healthy ageing and better quality of life among these older adults.

Significance of the Study

The determination of the quality of life of older adults is a right step towards envisioning of viable options for addressing the identified deficiencies. So, the assessment of the quality of life or the functional ability of older adults in Oyo State will bring to the fore specific needs of these senior citizens and the interventions required.

The findings will encourage health care professionals working with older people and those in community/public health to actively explore cost effective ways of integrating care of older persons into the Primary healthcare system, enhancing inclusivity, healthier society, and sustainable development.

It will bring to the fore strategies that should be introduced or adopted to improve the quality of life of older adults, thereby improving their longevity and wellbeing.

IV. Theoretical Framework

The World Health Organization's Model of Healthy Ageing and the Theory of Cumulative Advantages and Disadvantages by Crystal, Shea and Reyes (2017), were used as the conceptual model and theory respectively to support this study. Some aspects of the Theory of Successful Ageing by Topaz, Troutman-Jordan and Mackenzie (2014) was also used to explain some of the phenomenon and concepts in this study. The World Health Organization's conceptual model of healthy ageing was designed with three main elements: intrinsic capacity, the environment, and the interaction of the older person with the environment (WHO, 2020c; WHO, 2021). This concept is multidimensional in nature and likewise health itself. The broad idea of active and healthy ageing was conceptualized by WHO 'as the process of optimizing opportunities for health to enhance quality of life as people age' (Bousquet *et al.*, 2015). Healthy ageing is 'the process of promoting and maintaining functional capacity that allows wellbeing in old age' (World Health Organization, 2015). The intrinsic capacity of the older adults refers to all the capabilities of the individual to think, move around, work, remember, engage, and do anything they feel like doing. The environment is the sum total of the physical, biological, social, economic, and political environment. The physical ability and health condition have direct impact of the intrinsic capacity and functional ability of older persons. The availability of timely interventions for health promotion, disease and disability prevention, and rehabilitation are necessary for promoting healthy ageing. The environment and the variety of interactions that occur within and around it also determines the state of health, and wellbeing of the individuals. The living environment and living conditions, the educational status, socioeconomic conditions determine how individuals grow old. This directly determines the advantages and disadvantages that individuals are exposed to over the life course (Rivadeneira, Mendieta and Buendia, 2021).

The theory of Cumulative advantages and disadvantages by Crystal, Shea and Reyes (2017), posits that the socio-economic, educational, environmental and other conditions that place certain individuals in a better position in life over time, ultimately determine how their later lives turn out compared with those who did not enjoy those opportunities or advantages. The ageing trajectory is a result of the cumulative effects of the positive environment, privileges, optimal support, care, and opportunities that individuals enjoy over the life course or the deprivations, ignorance, poverty, lack of opportunities and non-support that they suffer over the years of growing up with the attendant consequences (Dannefer, 2018; Dannefer, Han, Kelley, 2018). Therefore, whatever opportunities in terms of education, healthcare and social support, lifelong learning provided to elders over time can add up to empower and improve the lives of older adults over time have great potentials to positively affect the life expectancy, life span, quality of life, satisfaction with various aspect of life and the overall ageing trajectory (Dannefer, 2003; 2012). In the light of the above theory, health education, counselling, regular health assessment, prompt attention to healthcare needs and social support if made available for older adults over time would therefore have cumulative positive effect of ageing and quality of life. The theory of successful ageing states that the later years of life are that of adjustment and self-appraisal, whereby the older adult assess their overall experience over the life course. It is a time for selective choices on what really matters in life and where the environment is age friendly and the required resources, information and support are made available, better quality of life and wellbeing can be assured right into old age.

V. Methodology

This was a descriptive cross-sectional study. This design was adopted to find out firsthand the characteristics, needs and concerns of these older adults. Fakoya *et al* (2018) used a descriptive design with the same instrument, WHO QoL BREF to study the QoL of adults that accessed treatment in a clinical facility in Southwest Nigeria, with success.

The research setting was Oyo State in the Southwestern region of Nigeria, with thirty-three (33) Local Government Areas (LGAs) and covers a land mass of about 28,454 square kilometers. The state is divided into three (3) senatorial zones: Oyo North with thirteen (13) LGAs, Oyo Central with eleven (11)

LGAs, and Oyo South with nine (9) LGAs. The state had a projected population of about 7,970,000 people in 2022. With the annual population growth rate of 4% -6%, it is estimated that the population of adults 50 years and above is about over 896,954 people (Oyo State, 2022; Manpower Nigeria, 2022; Ajuwon & Sandhu).The various LGAs are divided into wards. The population of this study included older adults who at the point of conducting this study were resident in Oyo State, within 2020-2023. Older adults who were very sick were excluded to allow for prompt healthcare in the Primary Health Centre or referral to secondary or tertiary facilities for further care. Also, older adults who were not residing in the selected LGA or on visit were excluded.

The sample size was determined using Slovin formula. This formula is suitable when working with a known or finite population that is easily accessible.

The Slovin's formula is as follows: $n = \frac{N}{1 + Ne^2}$

n = minimum required sample size in population

N = Population (N = 896,954)

e = Margin of error= 0.05

$n = \frac{896,954}{1 + 896,945 (.05)^2}$

n= 896,954/2243.4

n=400(Approximately)

Therefore, the calculated number of respondents was 400.

10% attrition rate was added to make up for non-response.

$10/100 \times 400 = 40$

The sample size after attrition rate was added: $400 + 40 = 440$

The sample size was further rounded up to 480 (to cater for equal distribution across the 12 selected PHCs).

Instrument for data Collection

The abbreviated Older People Quality of Life (WHOQOL-BREF) Questionnaire developed by WHO in 1993 was adopted. The instrument has four domains with 26 facets. The World Health Organization (WHOQOL) domains and facets are:Physical health: dependence on medical substances and medical aids, energy and fatigue, pain and discomfort, sleep and rest and work capacity. Psychological health: bodily image and appearance, feelings, self-esteem, spirituality/religion/personal beliefs, learning, memory, and concentration. Social Relationships: personal relationships, social support, and sexual activity. Environment: measures financial resources, freedom, physical safety, and security.Health and social care: accessibility and quality, home environment, opportunities for acquiring new information and skills, participation in and opportunities for recreation/leisure activities, physical environment (pollution/noise/traffic/climate) and transport (WHO,1996). The WHOQOL-BREF was measured using different scales based on a different construct of the original questionnaire. Correct, or positive responses were ascribed one (1) and incorrect or negative response were ascribed zero (0).

Procedure

Ethical approval was obtained from the Research Ethics Committee of Oyo State Ministry of Health (Reference Number AD 13/479/303).Twelve (12) Research Assistants (RAs), from various field of Nursing, mental health, public health, health educators and senior community health workers were train and used for data collection, four (4) RAs for each of the Senatorial District. The RAs for each senatorial district accompanied the researcher to the three senatorial districts for feasibility of the area of interest, which included familiarity with the gate keepers. The wards were selected across rural and urban centers.

VI.Results:

Socio-demographic Characteristics of the Respondents

Table 1: Frequency Distribution of Socio-demographic Characteristics

Variable	Categories	Frequency	Percent
Age (years) Mean Age: 54.53 ± 8.89	50- 60	195	41.7
	61-70	150	32.1
	71-80	88	18.8
	81-90	29	6.2
	91 and above	6	1.2
Gender	Male	148	31.6
	Female	320	68.4
Highest Education	None at all	80	17.1
	Primary school	132	28.2
	Secondary school	201	42.9
	Tertiary	55	11.8

Marital Status	Separated	25	5.3
	Married	138	29.5
	Divorced	53	11.3
	Living as married	48	10.3
	Widow/Widowed	204	43.6
Currently ill	Yes	338	72.2
	No	130	27.8
Location	Rural	234	50.0
	Urban	234	50.0
Financial Resources (Income per month)	Non	140	29.9
	1000 - 30,000	116	24.8
	31,000 - 50,000	72	15.4
	51,000 and above	140	29.9

Source: Researcher's Computation, 2023

Ailments that Respondents Had at the Time of Study

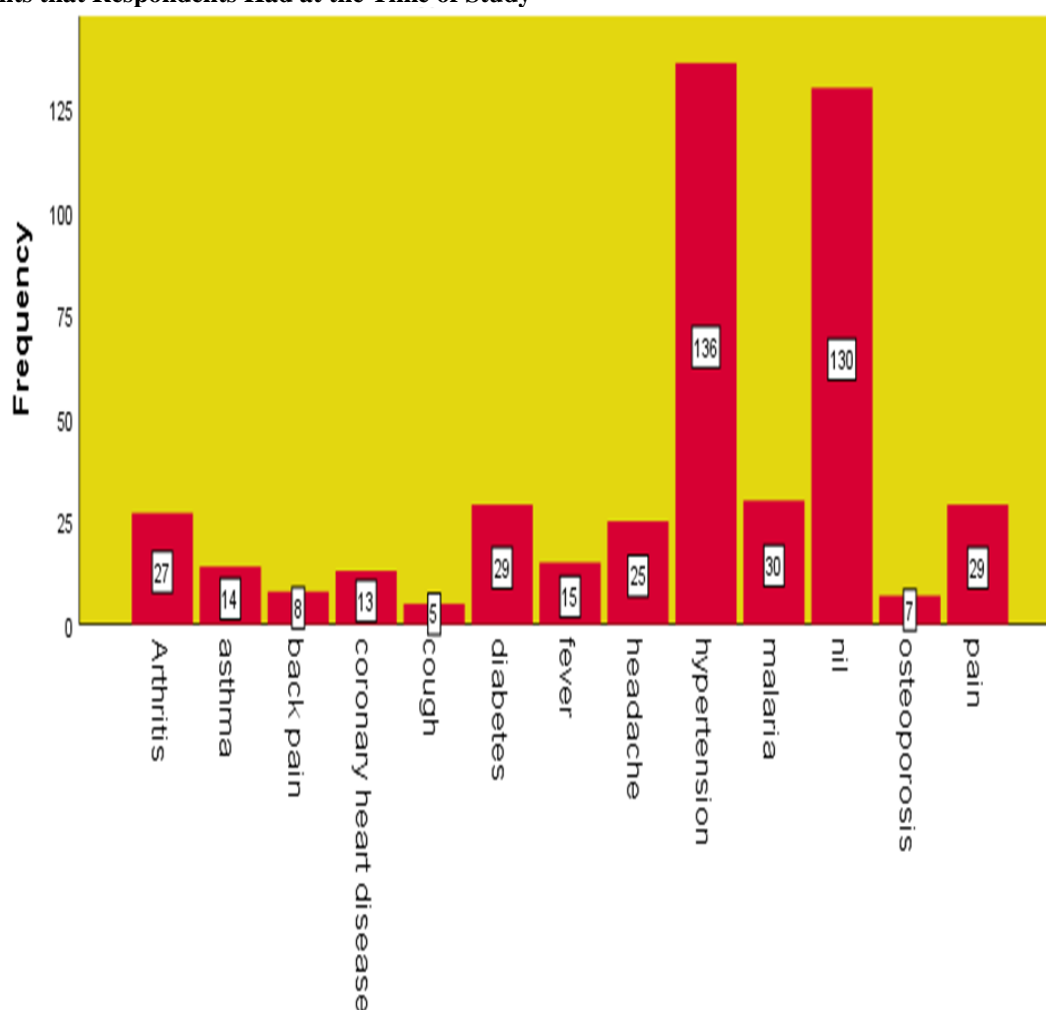


Figure 2: Ailments that Respondents Had at the Time of Study

Table 2: Quality of Life of the Older Adults as they Perceive It

Items	Categories	Frequency	Percent
Kind of support from others that you need	Not at all	56	12.0
	Not much	114	24.4
	Moderately	220	47.0
	A great deal	47	10.0
	Completely	31	6.6
Quality of life	Very poor	10	2.1

	Poor	8	1.7
	Neither poor nor good	240	51.3
	Good	204	43.6
	Very Good	6	1.3
How satisfied are you with your health	Very dissatisfied	25	5.3
	Dissatisfied	41	8.8
	Neither satisfied nor dissatisfied	190	40.6
	Satisfied	206	44.0
	Very satisfied	6	1.3
Pattern of pain felt	Not at all	40	8.5
	A little	219	46.8
	A moderate amount	126	26.9
	Very much	83	17.7
Medical treatment to function in your daily life	Not at all	41	8.8
	A little	158	33.8
	A moderate amount	179	38.2
	Very much	90	19.2
Do you enjoy life?	Not at all	21	4.5
	A little	169	36.1
	A moderate amount	229	48.9
	Very much	49	10.5
Extent you feel your life to be meaningful	Not at all	23	4.9
	A little	174	37.2
	A moderate amount	213	45.5
	Very much	58	12.4
How much do you enjoy life	Not at all	21	4.5
	A little	169	36.1
	A moderate amount	229	48.9
	Very much	49	10.5
To what extent do you feel your life to be meaningful	Not at all	23	4.9
	A little	174	37.2
	A moderate amount	213	45.5
	Very much	58	12.4

Source: Researcher's Computation, 2023

Table 3: Survey responses related to Pattern of satisfaction with health (n=468)

Items	Categories	Frequency	Percent
How well are you able to concentrate	Not at all	43	9.2
	A little	112	23.9
	A moderate amount	230	49.1
	Very much	64	13.7
	An extreme amount	19	4.1
How safe do you feel in your daily life	A little	42	9.0
	A moderate amount	211	45.1
	Very much	196	41.9
	An extreme amount	19	4.1
How healthy is your physical environment	A little	49	10.5
	A moderate amount	274	58.5
	Very much	126	26.9
	An extreme amount	19	4.1
Do you have enough energy for everyday life	Not at all	8	1.7
	A little	26	5.6
	A moderate amount	264	56.4
	Very much	162	34.6
	An extreme amount	8	1.7
Are you able to accept your bodily appearance	Not at all	8	1.7
	A little	46	9.8
	A moderate amount	292	62.4
	Very much	103	22.0
	An extreme amount	19	4.1
Have enough money to meet your needs	Not at all	5	1.1
	A little	97	20.7
	A moderate amount	336	71.8
	Very much	15	3.2
	An extreme amount	15	3.2
How available to you is the information that you need in your day-to-day life	Not at all	17	3.6
	A little	131	28.0
	A moderate amount	217	46.4

	Very much	72	15.4
	An extreme amount	31	6.6
What extent do you have the opportunity for leisure activities	Not at all	22	4.7
	A little	87	18.6
	A moderate amount	225	48.1
	Very much	118	25.2
How well are you able to get around	An extreme amount	16	3.4
	Poor	53	11.3
	Neither poor nor good	171	36.5
	Good	222	47.4
	Very good	22	4.7

Source: Researcher’s Computation, 2023

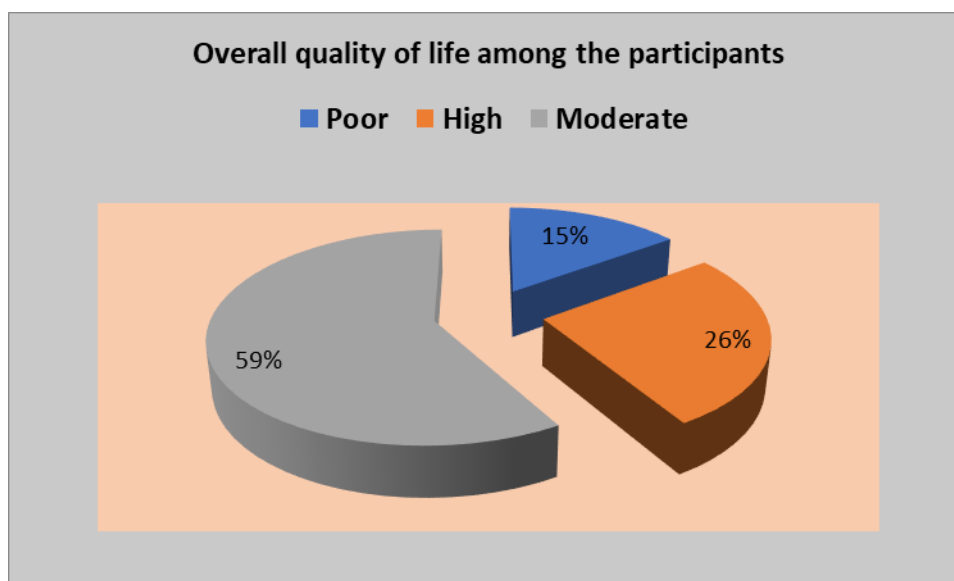


Fig 3: Pie Chart Showing the Quality of Life of the Respondents

Satisfaction of the Older Adults with various Aspects of Life

Table 4: Pattern of Satisfaction about various aspects of life (n=468)

Variable	Very dissatisfied (%)	Dissatisfied (%)	Neither satisfied nor dissatisfied (%)	Satisfied (%)	Very Satisfied (%)
How satisfied are you with your sleep	5(1.1)	16(3.4)	58(12.4)	325(69.4)	64(13.7)
How satisfied are you with your ability to perform your daily living activities	0(0.0)	25(5.3)	84(17.9)	332(70.9)	27(5.8)
How satisfied are you with your capacity for work	11(2.4)	16(3.4)	69(14.7)	356(76.1)	16(3.4)
How satisfied are you with yourself	8(1.7)	13(2.8)	76(16.2)	331(70.7)	40(8.5)
How satisfied are you with your personal relationships	5(1.1)	16(3.4)	71(15.2)	336(71.8)	40(8.5)
How satisfied are you with your sex life	25(5.3)	38(8.1)	66(14.1)	291(62.2)	48(10.3)
How satisfied are you with the support you get from your friends	0(0.0)	28(6.0)	112(23.9)	283(60.5)	45(9.6)
How satisfied are you with the conditions of your living place	8(1.7)	23(4.9)	72(15.4)	317(67.7)	48(10.3)
How satisfied are you with your access to health services	0(0.0)	36(7.7)	76(16.2)	308(65.8)	48(10.3)
How satisfied are you with your transport	15(3.2)	79(16.9)	92(19.7)	266(56.8)	16(3.4)
How often do you have negative feelings such as blue mood, despair, anxiety, depression	9(1.9)	81(17.3)	121(25.9)	222(47.4)	35(7.5)

Source: Researcher’s Computation, 2023

Quality of Life of Older Adults in Oyo State, Nigeria

The majority of the older persons (51.3%) accessing primary healthcare services in Oyo State perceived their quality of life as "Neither poor nor good," with 44.9% considering it "Good." Only a small

percentage rated their quality of life as "Very poor" (2.1%) or "Poor" (1.7%). This study also indicated that an equally large number of participants 336 (71.8%) reported being satisfied with various aspects of their lives. This was intriguing because a large percentage over 60% of these elders acknowledged requiring support of various levels. More so, considering the socioeconomic condition of the country, which appears to be not so favorable, one would have expected lower percentages in terms of satisfaction with life. The National Bureau of Statistics (2022) in its multidimensional poverty index survey, where 56,000 households across the 36 States and the Federal Capital Territory participated, conducted from November 2021 and February 2022, indicated that 133 million (63%) of Nigerians are multidimensional poor. The above National survey also indicated that over 50% of Nigerians 'cook with dung, wood or charcoal, rather than cleaner energy. High deprivations were also apparent nationally in sanitation, time taken to access healthcare, food insecurity, and housing'. In view of the above statistics, the number of participants of this study who indicated good quality of life was not in total agreement with the findings of that National survey. The high percentages of participants with perceived high quality of life, however, may be an indication of the resilience of these older adults. As noted by some experts older adults in Nigeria, especially women, are exposed to numerous marginalization due to non-inclusive socioeconomic policies leaving them vulnerable yet, they still muster up the strength to cope and move on with life despite these disadvantages because of their resilience. This was noted in studies in the Southwestern Nigeria which Oyo State is a part (Voice of Nigeria, 2022; Agunbiade & Akinyemi, 2017). Resilience according to American Psychological Association (2022), involves successful adaptation or adjustment to life stresses, threats and adversities using internal and external resources at the disposal of the individual. In a similar study conducted by Usman (2012), 1000 older adults 50-99 years, in San Diego, USA, where interviewed and despite their poor health they responded that they were satisfied with the way they were ageing.

A large segment of the respondents perceived their quality of life as "Neither poor nor good.". This could be understood when considering Troutman-Jordan Theory of Successful Ageing that the later years is a time of stock taking and self-appraisal, whereby the older adult assess the overall experience of life (Topaz, Troutman-Jordan & Mackenzie, 2014). So, some of these respondents may still be in the process of self-appraisal and are not yet through, hence were unable to have a definite response.

It also appears that some of the respondents are unaware of the true situation of their physical health. Those who reported being currently ill during the time of the study were 323 (69.0%) while 145 (31.0%) stated that they had no illness. Out of the 323 that were ill, 136 (29%) acknowledged being diagnosed in the past with hypertension. However, the blood pressure measurement taken as part of this study indicated that 145 (31.0%) of the respondents had blood pressure above the normal range of 140/90mmHg. This was very significant because it points to the fact that some of the older adults may not have known that they have hypertension and therefore have not been reviewed by a healthcare provider and placed on treatment. In the same vein those with glycosuria were 36 (8%) while the number that acknowledged having been diagnosed in the past as having diabetes were lesser 29 (6.2%). The urinalysis also revealed that 5% of the respondents tested positive for proteinuria, which is an indication for further investigation. These findings were instructive as it indicated that a substantial number of these adults would benefit from regular checkup, comprehensive assessment, health education, counseling, aged care and social support services, social protection and social security to enjoy better quality of life and healthy ageing. These findings agreed with that of Abdi, Spann, Borilovic, et al. (2019) who noted that most care needs of older adults are not met. This could occur due to limited mobility, inadequate funds, inaccessibility of personnel and services as a result of distance, ill health or other factors.

On the older adults' satisfaction with health an above average (55%) percent were "Neither satisfied nor dissatisfied, and this was more than those who were "Satisfied," (41.9%) percent. This is an indication of the need for qualitative healthcare to address the health needs of these individuals. This aspect agrees with the National Bureau of Statistics (2022) survey on poor access to healthcare across the country. The study also explored the pattern of pain felt and medical treatment needed for daily functioning, where some participants reported experiencing pain at various levels. Accordingly, to, Vlachantoni (2017) and The House of Lords (2016) the unmet care demand and increasing social care need of an increasing population of older persons is a major public health issue that must be responded to by many nations as a result of population ageing. Additionally, the extent to which older adults felt their lives to be meaningful was examined, with the majority (45.5%) reporting a "Moderate amount" of perceived meaningfulness. These results agree with that of Marengoni et al (2011) who noted that older adults with multi morbidity and co-morbidity are often affected by poor quality of health, high expenses due to healthcare and decline in functional ability. In all, age, socioeconomic factors, physical health, psychological factors, and environment contributed to how older adult perceive the quality of life. There were variations in the need for support, satisfaction with health, pain experiences, and perceptions of life's meaningfulness.

These findings highlight the diverse perceptions of quality of life among older adults accessing Primary Health Care services in Oyo State.

Major interventions which if implemented would contribute to the promotion of healthy ageing and better quality of life among these older adults.

This study revealed that older persons in Oyo state would benefit more if integration of care of older persons into the Primary health care system is made possible. This model has been recommended and encouraged by the World Health Organization as a better way of bringing health, agedcare and social support services to older adults close to where they live and linking the care of older people with already existing healthcare system (WHO, 2018). This study also showed that the elders in Oyo State are in dire need of health education and information. According to Nevada Adult Day Healthcare Centers (2018), health education is a powerful tool that can empower older adults to take responsibility for their health by engaging in healthy behaviours and practices. This type of education along with counseling and motivation could assist these elders to make positive changes in habits, practices, and behaviours, which ultimately could lead to healthy ageing and better quality of life. As noted by Kuo-Song et al (2017) in their study, health education for middle age and older adults at the community level was, 'effective in raising awareness of health promotion behaviours'. This in turn can lead to better quality of life and healthy ageing. This study also revealed that using the period of health education and counselling to do health screening can have better multiplier effects, such as early detection of health challenges or identification of long-lasting morbidity, commodities or complications, referral for appropriate management and lifelong education on selfcare

VII. Conclusion

This study concluded that the majority of the older adults in Oyo State considered their quality of life to be neither poor nor good, while a substantial number considered it to be good because of their resilience. The fact that a large number were undecided agrees with the major theory used in this study which is, Troutman-Jordan theory of successful ageing, that considers the year of later life as a period of stock taking, whereby older persons do an appraisal of their life experience. It does appear that most of the adults are still assessing their life hence a large number were undecided. On the other hand, the large number that perceived their quality of life as good and expressed satisfaction with all aspects of their lives indicate the resilience of the older adults who have continued to readjust and move on with life happily and with despite the odds. Readjustment, resilience and coping are also common features in later life according to Troutman Jordan Theory. However, most of the older adults expressed the need for more support in terms of economic, social, psychological, and physical dimensions. This can be understood when looking at the socio demographics of the participants, with a large number have one or more chronic ailments, most being widows and widowers, with a large percentage not having any monthly income. A good number acknowledged not getting enough health and related information for action and some were dissatisfied with their health. These findings supported the need for intervention in the form of education, enlightenment, counseling, and motivation on appropriate actions required to safeguard the health and wellbeing of older adults as well as promote healthy ageing and better quality of life.

Contribution to Knowledge and Practice

1. The health and social care system should be reorganized to include programs and services that cater for the specific health and social care needs of older adults. If these adjustments are not made now, the acute care health facilities will become over stretched with a large number of older persons with chronic conditions, multi morbidity, comorbidity and disabilities.
2. This study reinforced the fact that the Primary health care system provides one of the closest platforms for mobilization of senior citizens for cost effective health promotion, disease prevention and other aged care related activities which if properly utilized for these programs would have significant positive impact on healthy ageing and quality of life of older people in the community.
3. The elders in Oyo state need appropriate information for promotion of healthy ageing and better quality of life. Some of these information as well as counselling was given to over 400 adults 50 years and above free of charge through this work. The post intervention assessment indicated that some awareness has been created and positive impact on health and wellbeing of these elders would be achieved if the health education and counselling is continuous and regular.

Recommendations

1. Educational institutions, health regulatory agencies, Ministry of Education/ Ministry of Higher Education should develop strategies for capacity development in the field of ageing, so that more geriatricians, gerontology and geriatric nurses, gerontologists, geriatric social workers are produced to provide specialized care for older people at homes, communities, primary healthcare centers, long term care facilities, secondary and tertiary facilities.

2. More research works in the field of ageing should be done to explore acceptable and sustainable community-based interventions for promoting better quality of life among older adults.
3. Healthcare personnel should mount formal health education, counseling and screening sessions in Primary healthcare centers and at the community for older persons and their families. This is a viable strategy for improving health and preventing illness among the population.
4. The Nursing and Midwifery Council of Nigeria, Medical and Dental Council of Nigeria, National Senior Citizens Center and other Regulatory Agencies and stakeholders should advocate and actively explore ways of supporting the training of more professionals who are specialists in caring and supporting older citizens. These include gerontology nurses, geriatricians, gerontologists, geriatric social workers, geriatric social skill care and personal support workers. This will be a very viable steps towards improving quality of care of senior citizens in the health facilities especially in the Primary Health care facilities, thereby improving life expectancy in Nigeria.

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Appendix 1: Map of Oyo State Showing LGAs Used for the Study

