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## Abstract

This study investigated the need for counselling the aged in Jos metropolis. Through stratified random sampling, two hundred aged were selected. One hundred and forty-five (145) were returned representing 72,5% of the questionnaire distributed. The raw data were gathered from the respondents, collected, computed and tabulated into frequency distribution table. The chi-square were used in testing the null hypothesis. The major findings of the study were as follows: both male and female respondents do not value rest and exercise. It was established that the aged in Jos metropolis have a total responsibility in the preparation of their wills and burial arrangement. The finding further revealed that the aged have a narrow perception of the imputation of guidance and counselling, therefore, they are not aware of its guiding ability on the ageing issues. Based on these findings, it was recommended that counselling psychologists should be encouraged financially to organize village or community based counselling for the adults in towns. To that effect, government should provide adequate fund to the state co-ordinators of guidance and counselling services through out the country.

## Introduction

Old age is a stage that is inevitable in human development. It is the final stage before death. As far as it is known, no living organism lives indefinitely, Kolawole, (1999). People of course aspire to live forever, as shown by their religious beliefs. This is consistent to the book of Psalms 118:17 which says "I will not die, but live to proclaim the works of the Lord" in this world. The stages of

birth, life, ageing and death appear to be universal in the plant and animal kingdoms. Living things including man, adapt to their environment, Indeed, the ability to adapt is the key to survival (Erickson, 1980).

Oyekan, (2005) defines ageing as the time-sequential deterioration that occurs in most animals, including weakness, increased susceptibility to disease and adverse environmental conditions, loss of mobility and agility and age-related physiological changes. This implies that ageing is a progressive decline in fitness. Ageing has been defined by Hutt (1980) as "a continuous but uneven process, which depends on genetic factors as well as those of environmental and circumstance". This indicates that the individual rate of ageing differ, while some people look old at 40, others retain a comparatively youthful appearance even at 70. Like sex and skin colour, age too is an ascribed status (Hutt, 1980). He later explained the difference that although we can't change our age, our age changes. We were all young once, and if we do not die young, we will all one day be old. Old age, we often say is inevitable for most of us. Yet it appears we often refuse to accept this inevitability. Ajate, (1979) captures the prevailing attitude towards ageing in our society when he says: "in a changing world, where machines have a very short run of life, man must not be used too long. Everyone over fifty-five should be scrapped". Often when a person is young, the apparent advantages of being an adult make it easier to grow up. But growing old has few redeeming qualities. For many, it looms as a catastrophe. The aged is often not economically independent and is frequently considered unable to make

decisions for himself. In another sense, though they are the furthest from youth - both in terms of age and in terms of perspective, youth looking ahead and the elderly looking back. The point that ageing is inevitable at certain stage of human life requires adjustment.

In some developed countries such as England and the United States of America, the trend has been towards isolating the elderly from the more youthful members of the society by providing nursing homes, homes for the aged, or retirement villages. Industrialization has contributed to the difficulty that aged persons have in remaining a part of their community. In the days of skilled craftsmen, ability increased with age and experience. Even though an old person is capable at his or her job, however, competing with younger people can be a source of anxiety. In one case, a seventy-two year old man performed as well as a man of thirty-five when he was tested. But when he knew he was competing with a thirty-five-year-old, he failed (Kolawole, 1991). Certainly, our age affects our expectations and interactions. It is also true that age never remains the same, thus, the need for counselling the aged. Many authors have, however, supported the idea that slow aging can prolong youthful portions of our lives, notably, Hersen and Hasselt (1996) plus Denga and Udoh (2005) on the feelings of genetic and environmental factors in the ageing process said, there is an interplay of genetic and environmental factors in the ageing process. Many humans may have the potential of living more than 70 years, but their lives may be shortened by external factors, which could have been avoided with wise counsel. The decline in cognitive abilities, that is so often attributed to ageing is simply the result of lack of mental stimulation. Researchers have found that healthy older people who remain involved in intellectually stimulating activities maintain a high level of mental functioning in old age (Schnie, 1991).

### The Problem

Most aged do not like to admit that life is not going well or they may have made mistake in managing their lives. Denga and Udoh

(2005) explain that most human beings across the globe today exhibit some psychological nervousness at least covertly, when the court-down to old age starts in earnest. They further add that, this phobic and neurotic fear is understandable mainly because death is regarded as the next door neighbour to old age, even though we believe that death can take life at any age. Those who are old may be worried about the certainty of death because the inevitable and natural trajectory towards it cannot be reversed. No wonder, Havighurst, (1972) stated that, the futility of our efforts in trying to reverse the ageing process is quite unsettling in a world that is increasingly becoming youth-oriented.

String of losses that accompany ageing is another problem of the aged. As people get older, they may sustain losses in physical strength. The youthful, vibrant and beautiful appearances begin to fade. Aggressiveness in business and other forms of economic pursuits begin to wane, their level of participation in social life declines. Thus, the need for counselling.

The state of ignorance and poverty of some aged, especially those of them who see little reason to get a formal education, health management does not seem to work for them. In some cases, the individual is usually limited, a lot of financial problems are usually faced by the aged especially those who only have social security check or a modest pension to depend upon (that is, where it even exists). Oyekan, (2005) explains that when people have been historically locked into poverty or into victomology, it may be difficult for them to construct positive ways of growth in an empowered society.

In spite of the assorted things, many graying adults have tried to slow down the rate of ageing, yet the ageing process has stubbornly refused to budge. The rate at which they dye their gray hair and skin-cut their hair (age declaration), walking so briskly to regress to a youthful stage. Denga and Udoh (2005) in consistent with this view, said that

we are well aware that many graying adults have tried assorted things to slow the rate of ageing. Some have used prayers to ask God to renew their youth like the eagle's (Isaiah 40:31) some have placed their faith in yogurt, they further added that some have relied on mystical powers to continue to be young, and others have even subjected themselves to injections of goat and dog testicle extracts in order to remain young.

Some have spent stupendous amounts of money on life-rejuvenating drugs, and others have employed special dietary habits to slow down the ageing process. The question is, what is wrong with the aged in Jos metropolis? What special role would counselling play to prove more viable alternative to reduce the problems of the aged? Thus, this study is designed to look into the counselling intervention strategies towards achieving a lasting solution among the aged in Jos metropolis which can be extended beyond Jos. Three hypotheses were tested to guide the study:

There is no significant difference between the aged who have problems and those who do not.

There is no significant status difference (level of education) between the aged who have problem and those who do not.

There is no significant difference between the aged who as a result of counselling actively participated in rest and exercises and those who participated without counselling.

## **Literature review**

The literature indicates that various social, biochemical, medical, economic, psychological, cultural and dietaries factors tend to influence the rate of ageing. Thus, Denga and Udoh (2005) reveal that social and economic pressures may accelerate a child's maturity because of the compelling need for him to assume adult responsibilities. The key cause of influence in ageing process is observed in the autonomic nervous system and in the endocrine system (Finch and Landfield 1985). culturally, Lombana (1976) observed that, high involvement in activity may not be the solution for all oldies' problem.

Karps (1991) also stated that, studies support the claim that ageing is disabling. Psychologically, Chauhan, (2004) opines that one of the ways to grow old fast is to drift into sadism which manifest in wrinkles on the face and internal combustion in addition to a solemn, sober and melancholic look most of the time Nwoye, (1990) of course, said that a lack of physical exercise may lead to overweight and a general lack of physical fitness, in fact, those who are married to their work most of the time tend to stop the circulation of blood from the heart. They, thus create opportunities for heart-diseases in addition to several other physical disorders. He further said, most older persons do not mind, what they eat and drink. "Junk food" he said does not nourish the body. It makes a person vulnerable to diseases and consequently renders the body emasculated. This implies, an unbalanced or poor diet accelerates ageing.

These studies show that ageing problems is mainly lack of wisdom and counselling among the aged, in spite of the many ways the most graying adults have tried to slow down the rate of ageing. It is in this mood that this study not only becomes necessary but essential.

## **Population**

The population of the study consist of two hundred (200) of all aged civil servants, social workers, religions leaders, counsellors and others aged outside Jos metropolis, between the age range of 55 65 years.

## **Methodology**

### **Design:**

The study was a descriptive research that surveyed the problems of the aged towards gaining insight into counselling of the aged in Jos metropolis.

### **The Sample:**

The sample of the study consisted, of two the hundred (200) respondents obtained through stratified random sampling technique.

Distribution of respondents aged Table 3.0

1. Civil servants	40 respondents
2. Social workers	40 respondents
3. Religious leaders	40 respondents
4. Counsellors	40 respondents
5. Others	40 respondents (some other aged out side Jos metropolis.)
Total	200 respondents

**Instruments:**

The instruments used for data collection were questionnaire and unstructured interview. The questionnaire was divided into two sections. Part "A" solicited data on personal information, such as name of respondent, sex, status, job description, religion and age range part "B" comprised of 27 items. Counsellors' questionnaire comprised of 6 items, while the rest questionnaire comprised of 21 items based on the following areas: coping strategies, problems and counselling. Respondents were instructed to tick responses that are in agreement with their views. The validation of the instruments were done by experts in measurement and evaluation in the department of arts and social science education, University of Jos. The instruments was administered to the aged in Jos

metropolis. The instrument was objectively scored using the following scoring procedure. Strongly agree (4 points); agree (3 points); disagree (2 Points); strongly disagree (1 point); and undecided (zero) for positive statements. For negative sentences, the reverse was the situation, this implies, strongly Agree (1 point); agree (2 points); disagree (3 points); and strongly Disagree (4 points). In presenting findings relevant to these areas of focus, table of figures or results drawn are around each of the items explored in the study; table of result are also organized and presented around each of the hypothesis tested.

Determining degree of freedom df is  $(r-1)(c-1)$  Where r = no of rows, C = no\_ of columns  
 hence,  $df = (2-1)(2-1) = 1 \times 1$   
 $Df = 1$

Critical value i.e. level of significant confidence chosen is 0.05

**Data Analysis:**

Data gathered for the study were analysed using chi-square to test the hypotheses one, two and three

**Hypothesis one.**

There is no significant difference between the aged who have problems and those who do not.

**Table 1: Chi-square testing gender on frequent sickness**

Category	A	B	C	D	E	Total
Male	3 (1)	5 (4)	29 (23)	18 (19)	9 (4)	64
Female	2 (4)	3 (4)	14 (20)	23 (22)	5 (10)	47
Total	5	8	43	41	14	111

**KEY**

- A** Undecided
- B** Strongly Disagree
- C** Disagree
- D** Agree
- E** Strongly Agree

Degree of freedom =  $(2-1)(5-1) = 4$

Calculated ( $X^2$ ) value = 17.713

Critical ( $X^2$ ) value = 9.48

(4) (0.05)



## Decision:

The data shows that calculated  $X^2$  (17.713) is higher than the critical  $X^2$  (9.48) for  $df = 4$  at a = 0.05 level.

As the calculated value (17.713) is greater than the table value the null hypothesis is rejected and accept that, there is a connection between the aged and problem of sickness.

**Table 2. Chi-square testing Gender on alcohol drinking**

Category	A	B	C	D	E	Total
Male	5 (8)	10 (12)	30 (32)	11 (8)	5 (6)	61
Female	4 (1)	9 (7)	22 (20)	9 (12)	4 (3)	48
Total	9	19	52	20	9	109

$$Df = (r-1)(c-1) = (2-1)(5-1) = 4$$

$$\text{Calculated } (X^2) \text{ value} = 13.729$$

$$\text{Critical } (X^2)_{(4)} \text{ value} = 9.488$$

The data in table 2 indicate that calculated  $X^2$  (13.729) is greater than critical  $X^2$  (9.488) for  $df = 4$  at a 0.05 level. It was concluded that both genders of the respondents affect the drinking of alcohol.

## Hypothesis Two.

There is no significant status difference (level of education) between the aged who have problems and those who do not

**Table 3: chi-square testing respondents on educational status on rest**

Category	A	B	C	D	E	Total
Illiterate	2 (3)	1 (10)	2 (2)	1 (8)	1 (12)	7
Primary	2 (2)	0 (2)	2 (3)	4 (10)	10 (14)	18
Secondary	2 (2)	0 (1)	2 (4)	6 (12)	5 (20)	15
Tertiary	3 (2)	14 (2)	11 (8)	29 (10)	44 (14)	101
Total	9	15	17	40	60	141

$$df = (r-1)(c-1) = (4-1)(5-1) = 12$$

$$\text{Calculated } X^2 \text{ value} = 221.978 \quad \text{Critical value} = 21.026$$

This shows that calculated  $X^2$  (221.978) is greater than critical  $X^2$  (21.026)

$df = 12$  at a 0.05 level. It was then concluded that educational status of respondents affected their rest.

## Hypothesis Three

There is no significant difference between the aged who as a result of counselling actively participate in exercises and those who participate without counselling.

**Table 4: chi-square testing respondents on the choice of Wills and Burial Arrangement.**

Category	A	B	C	D	E	Total
Illiterate	0 (1)	2 (2)	0 (2)	1 (10)	2 (4)	5
Primary	3 (4)	1 (2)	3 (3)	6 (9)	2 (5)	15
Secondary	0 (2)	2 (2)	3 (3)	4 (15)	4 (8)	13
Tertiary	8 (4)	2 (1)	7 (5)	63 (40)	21 (12)	101
Total	11	7	13	74	29	134

Df = 12

Calculated  $X^2$  value = 53.491

Critical  $X^2$  value = 21.026

(12)(0.05)

The above data indicated that calculated  $X^2$  (53.491) is higher than critical  $X^2$  (21.026) for df = 4 at 0.05 level. That means counselling affects respondents' choice of Wills and Burial arrangement which implies, majority are willing to play their will and burial arrangement.

**Table 5: chi-square testing aged actively participated in rest and exercises through counselling and those who participated without counselling.**

Category	Counselling Exposure	Non counselling Exposure	Total
Civil Servant	38 (39)	32 (30)	70
Religious Leader	6 (8)	4 (1)	10
Counselor	5 (6)	2 (6)	7
Others (aged outside			
Jos metropolis)	6 (2)	6 (5)	12
Total	63	48	111

Df = 4

Calculated ( $X^2$ ) value = 21.358

Critical ( $X^2$ ) value = 9.488

This data shows that calculated  $X^2$  (21.358) is higher than critical  $X^2$  (9.488) for df = 4 at a 0.05 level. This is leading to the conclusion that there is a significance difference in the aged who had counselling exposure with rest and exercise and those who do not.

### Discussion of findings:

Counsellors have a duty to create awareness among the public with counselling strategies that can slow ageing with the various problems and challenges faced among the aged in Jos metropolis. This view is backed up by the total agreement of the aged in this study of the serious need of counselling the aged. This is supported by the fact that ageing comes naturally and artificially, one needs to take steps to accept the natural ageing and age joyfully but slow down the circumstantial ageing or avoid it where possible.

This result is further agreed by Denga and Udoh (2005) observation on ageing with the following health tips for the ageing thus:

### Health Tip's for the ageing.

- Eat a balanced diet, including fruits and vegetables
- Avoid alcoholic beverages.
- Don't smoke. It's never too late to quit.
- Exercise regularly. Check with a doctor

- before starting an exercise programme.
- Stay in contact with family and friends.
- Stay active through work, play, and community.
- Keep a positive attitude toward life.
- Do things that make you happy but pleasing God.
- Get regular health checkups.

This research also indicated that there is significant difference between the aged who have problems and those who do not. Those who with their level of education have problems and those who are illiterates with problems.

The effects of problems of the aged are well observed. For example Lar, Okpede and Bulus (1992) discovers that problems of the aged come with several losses if care is not taking, that makes ageing a dreadful process. This finding is further in consistent with (Hutt, 1980) study, which discovered that bad habits cause premature ageing as a result of

social habits such as cigarette smoking, excessive alcohol intake, unbridled sexual indulgence, and other social orgies can lead to premature ageing. Smoking and excessive alcohol intake can damage very important organs in the body as well as reproductive organs. Since those who drink alcoholic drinks and smoke cigarette have a decrease appetite for food, they suffer additionally from malnutrition. Malnourished persons age fast. The analysis of the data again show that the problems of the aged is found among all aged adults, irrespective of their level of education and illiteracy. Similarly, there is significant difference between the aged who as a result of counselling actively participated in rest and exercise and those who participated without counselling. This implies, every adult aged in Jos metropolis and beyond must pass through the process of ageing. The finding is further affirmed by Kaslish, (1982) study which discovered that certainty of ageing has provoked enormous nervousness and psychosocial unrest in mankind, especially among Nigerians whose society is youth oriented. The aged, especially the illiterate old people, are disdained and often isolated.

Karps, (1991) data collection report confirmed that the spate of losses which human beings sustains they grow old is such that men and women tend to dread ageing just like we fear atomic or hydrogen bombs. As we grow old, we begin to lose our beautiful, youthful look and our strength. Our aggressive

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economic pursuits begin to slow down, our social participation declines.

The implication of this finding is that counselling should be at the disposal of all adult aged in respective of their status. This will assist them over come bad habits that are capable of accelerating ageing which have been identified earlier that it does not matter the age, gender, and the status of the aged.

## Recommendations

From the practical indication from this findings, it is recommended that:

The guidance counsellor psychologist should be encouraged financially to organize village or community based counselling for the adults in towns. To that effect, government should provide adequate fund to the state coordinators of guidance and counselling services throughout the country.

## Conclusion

The findings of the study indicated the fact that the aged in Jos Metropolis are going through serious developmental task. The need to advance some coping strategies for the aged. Since there are relatively limited energy available to the older person for adaptation, the individual and those working with the aged need to consider ways to prevent stress and conserve energy. It is worth noting that many debilitating physical changes may be avoided or lessened in severity by proper diet, exercise and preventive health care.

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