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Health-Related Problems among Retirees in Enugu East Senatorial Zone of Enugu State

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Abstract

The purpose of the study was to ascertain health-related problems –HRPs among retirees in Enugu East Senatorial Zone of Enugu State. Three research questions and two null hypotheses guided the study. The study adopted descriptive survey research design. The population for the study consisted of all the registered retirees in Enugu East Senatorial Zone of Enugu State totaling 2173 pensioners. A total of 324 respondents were randomly sampled. A researcher designed questionnaire known as HRPQ was used for data collection. Face validity of the instrument was established through constructive criticism of three experts. The reliability index of .77 was obtained. The statistical tools used for data analysis include mean, standard deviation, t-Test and ANOVA. The study revealed that weight problems, back pains, painful joints (Arthritis), loss of balance, loss of strength, cramps, bone problems, joint problems, cardiac or heart problems, hearing problems, vision and eyesight problems, foot problems, knee Osteoarthritis, loss of memory, and loss of attention constitute their ageing problems. It was also found that HRP differ according to gender and marital status. Based on the findings, recommendation was made that health workers, government and non-governmental organizations should embark on collaborative efforts in organizing conferences and seminars, focusing on educating the general public and employees in particular on the nature of health-related problems and appropriate measures for ameliorating them.
Keywords: Health-related problems, ageing, gender, marital status, retirees.

Introduction

The unavoidable fact about ageing process places an individual in a particular state of health which is usually characterized by the existence of multiple health-related problems. Health-related problems are inevitable in old age (Kathryn, Diana, Tamara, Jack, David & Andrew, 2013) and perhaps have remained a threat to the ideal healthy ageing; though depending on how healthy ageing is defined. Healthy ageing is associated with positive perceptions to life, controlled HRPs, enhanced functional health, improved functional independent and maintenance of optimum wellness (Ugwu, Nwala, & Ene, 2013). Association for Gerontology in Higher Education –AGHE (2013) considered healthy ageing from the paradigm of gerontology as one of the terms in the semantic network of ageing, together with others such as successful, active, competent, graceful, productive and functional ageing. Healthy ageing is desired by all retirees, particularly in this century, where individuals live longer years after retirement. As stated by Kinsella and Velkoff in their report presented by United State Census Bureau on ageing world in 2001, globally, the population of older adults is experiencing rapid increase (Kinsella & Velkoff, 2001). In addition, a similar report presented by World Health Organization in 2002 on active ageing revealed that the world population of retirees was estimated at 420 million in 2000 which is a 9.5 million increase from 1999 and was further projected to increase by approximately 550 million to 970 million by 2030 (World Health Organization -WHO, 2002).

Ageing, which occurs in processes, is associated with physiological decline in musculoskeletal, cardiovascular, pulmonary, neurological, psychiatric and general domains of human health (Tiedemann, Rourke, Sesto & Sherrington, 2013). In the view of Valdez, Angeles, Parega-Coupuz and Harnabdez (2013), ageing is seen as the changes in the signs of physical and psychological growth of individual that starts from birth and ends at death. According to Akubue in his "Health Checks and Health Promotion", ageing was described as a natural, unavoidable and inevitable consequence of life, that every living creature must undergo (Akubue, 2009). Other scholar such as Harman conceived ageing from the physiological perspective as a process characterized by gathering harmful substances into the body that causes cells and tissues to die, resulting to a person's fragility and vulnerability to different illnesses (Harman, 2003). The physiological decline or deterioration of human body cells, tissues, organs and systems poses challenges to physical health and functional efficacy resulting to disability, functional limitations, dependency and impairment. Such challenges as considered in the present study are referred to as HRPs and are usually chronic in nature.

There are indications that the chronological increase in a person's age paves ways for multiple risks of chronic diseases, functional limitations, health-related problems and dependency particularly in old age (Akubue,

2009, AGHE, 2013). This, however, suggests that as one age increases, he becomes more prone to HRPs. According to McLaughlin, Connell, Heeringa, Li and Roberts (2010) who conducted a study on successful ageing in United States, health-related problems were described as deviations from normal health which are also among the major challenges of the retirees. The authors further maintained that these deviations occur in different parts of human health and pose challenges to physical performances and functional efficiency.

The retirees also known as senior citizens constitute about 95% of ageing population worldwide and fall within the chronological ages of 65 years and above. According to Manuel, James and Neil (2013) who studied age-related differences in maintenance of balance during forward reach to the floor, they described retirees as those older adults who may have successfully retired from active service. Chronological ageing is based on a person's age counted from birth and has remained the key determinant for productivity and efficacy. Based on the chronological age descriptions, Hayward and Zhang (2010) categorized the elderly into three major age groups namely; young-old (65-74 years); old-old (75-84 years) and oldest-old (85 years plus). These categorizations have consistently been applied in the study of older adults in the field of gerontology and geriatrics.

Although, literature evidence revealed that the retirees are more prone and vulnerable to multiple HRPs, little is known on whether male retirees are more prone to the problems than their female counterparts or whether the married retirees are more vulnerable when compared to their divorce or single counterparts. Thus, finding out the differences in gender and marital status of the retirees regarding HRPs becomes necessary for research comparisons and generalization of findings. Based on available literature and researcher's observations, it is obvious that a good number of HRPs are unknown to the retirees irrespective of gender and marital status. A close observation on the retirees in the study location showed that most of them are very active and engage in engage in other activities of daily living such as farming, meson and bricklaying works after retirement, which could serve as predisposing factor to HRPs.

Enugu East Senatorial Zone of Enugu State, the area of the study, is one of the three Senatorial Zones in Enugu State that consists of four main branch offices of National Union of Pensioners Enugu State Council found in Abakpa, Enugu, Agbani and Ikem. There are evidence of ministries and establishments such as health institutions, educational institutions, among others that are heavily occupied by State employees. Enugu State as an employer of labour retires her workers who have duly served for stipulated period of years either by 35 years of service or by 65 years of age of person, based on state civil service regulations. The present study focused on the retirees within the ages of 65 years and above, who are dully registered with National Union of Pensioners, Enugu State Council. Thus, ascertaining HRPs among this population was the gap the present study filled.

Statement of the Problem

Life after retirement is usually faced by multiple HRPs which usually affect the ideal healthy ageing as desired and hoped for on retirement. Ageing as inevitable fact of life, is accompanied by the existence of multiple ageing challenges, HRPs and chronic conditions such as cardiovascular diseases, cancer, chronic obstructive pulmonary diseases, dementia, arthritis, diabetes mellitus, and osteoporosis that affect health and functional abilities negatively on daily basis. The government as well as other employers of labour in recognition of the above facts came up with some positive measures in the form of pension and gratuity, to provide financial support to enable them enjoy their retirement and have control over HRPs, improve their functional health and as well promote healthy ageing.

Unfortunately, the above efforts by the government and employers of labour have not been found reliable enough to achieve the expected aims since there are still increased cases of HRPs among the retirees. There are reports that older men tend to suffer more cases of HRPs than their female counterparts. Studies have also revealed that divorced retirees are more prone to cases of HRPs when compared with their single and married counterparts. Thus, finding out the HRPs among the retirees with considerations on gender and marital status differences was the focus of this study. Based on the available relevant literature, there are indications that no study of this kind has been conducted in Enugu East Senatorial Zone of Enugu State, thus emphasizing the need for the present study. The findings of the study may be of immense benefit to professionals and educational institutions.

Purpose of the Study

The purpose of the study was to ascertain HRPs among retirees in Enugu East Senatorial Zone of Enugu State. Specifically, the study:
1. identified HRPs among retirees in Enugu East Senatorial Zone of Enugu State.
2. ascertained HRPs among retirees in Enugu East Senatorial Zone of Enugu State based on gender
3. investigated HRPs among retirees in Enugu East Senatorial Zone of Enugu State based on marital status

Research Questions
1. What are the HRPs among retirees in Enugu East Senatorial Zone of Enugu State?
2. What are the HRPs among retirees in Enugu East Senatorial Zone of Enugu State based on gender?
3. What are the HRPs among retirees in Enugu East Senatorial Zone of Enugu State based on marital status?

Hypotheses
1. There is no significant difference in the mean responses on HRPs among retirees in Enugu East Senatorial Zone of Enugu State based on gender.
2. There is no significant difference in the mean responses on HRPs among retirees in Enugu East Senatorial Zone of Enugu State based on marital status.

Method

The study adopted descriptive survey research design. Enugu East Senatorial Zone, the area of the study, has four branch offices where retirees from Enugu State civil service register and hold their monthly meetings. The population for the study consisted of all the registered retirees in Enugu East Senatorial Zone of Enugu State totaling 2173 pensioners comprising 1162 males and 1011 females. The sample size of 324 respondents comprising 171 males and 153 females; as well as married, single and divorced retirees, were randomly selected and used for the study. This is in line with the suggestion of Cohen, Manion, and Morrison (2011), that when a population size is 2000 and above at 95 per cent confidence level (5 per cent interval), the sample size should be 322 and above. Random sampling was employed to select 81 respondents from each of the four branch offices in the zone.

A researcher designed questionnaire known as health-related problems questionnaire - HRPQ was used to collect data from the sampled respondents. The face validity of HRPQ was established through the judgment of three experts of which two were lecturers from Department of Health and Physical Education, and one lecturer from Department of Psychology all in University of Nigeria, Nsukka. The instrument was considered reliable at index of 0.77.

With the approval of the branch chairmen, the researcher administered the copies of the instrument to the respondents in their respective branches during their monthly meetings. The completed copies were collected on the spot and used for data analysis. Mean, standard deviation, t-Test and one-way analysis of variance were the statistical tools used for data analysis. In determining HRP, limit of odd numbers in a four-point response options of strongly agree (SA) = 3.50-4.00; agree (A) = 2.50-3.49; disagree (D) = 1.50-2.49; and strongly disagree (SD) = 0.50-1.49 were used. Thus, any item that fell between 2.50 and 4.00 was considered HRP while those that fell between 0.50 and 2.49 were adjudged not health-related problem -NHPR. The null hypotheses were tested using t-Test and one-way analysis of variance at .05 level of significance. The null hypothesis ought to be rejected when the calculated value is less than the table value, but where the calculated value is greater than the table value, the null hypothesis will be accepted.

Results
Table 1: Mean Score Rating of HRPs among retirees in Enugu East Senatorial Zone of Enugu State (N = 301)

S/N	Health-Related Problems		$\bar{x}$	SD	Int.	
1.	Weight problems	2.57	.300	HRP		
2.	Back pains		2.55	.198	HRP	
3.	Painful joints (Arthritis)		2.54	.410	HRP	
4.	Loss of balance		2.52	.120	HRP	
5.	Loss of strength		2.57	.300	HRP	
6.	Cramps		2.51	.100	HRP	
7.	Bone problems		2.53	.098	HRP	
8.	Joint problems		2.50	.049	HRP	
9.	Cardiac or heart problems	2.54	.098	HRP		
10.	Hearing problems	2.50	.097	HRP		
11.	Vision and eyesight problems		2.53	.186	HRP	
12.	Foot problems		2.51	.001	HRP	
13.	Knee Osteoarthritis		2.55	.103	HRP	
14.	Loss of memory	2.57	.501	HRP		
15.	Loss of attention	2.56	.201	HRP		
	Cluster mean		**2.54**	**.191**	**HRP**	

$\bar{x}$= *mean; SD= standard deviation; Dec= decision; Int. = interpretation.*

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Table 1 shows that the cluster mean response value of HRPs (x̄=2.54, SD=.191) fell within the range of 2.50-4.00 implying that the HRPs constitute ageing problems to the retirees. The table further showed that the mean response values of weight problems, back pains, painful joints (Arthritis), loss of balance, loss of strength, cramps, bone problems, joint problems, cardiac or heart problems, hearing problems, vision and eyesight problems, foot problems, knee osteoarthritis, loss of memory, and loss of attention fall within the range of 2.50-4.00, implying that all the items constitute their ageing problems. It was also revealed in the Table that the standard deviations range from .001 to .501, which is an indication that the responses are not far from one another.

Table 2: Mean Score Rating of HRPs of Enugu East Senatorial Zone of Enugu State based on gender (N = 301)

S/N	Health-Related Problems	Male (161) x̄	SD	Int.	Female (140) x̄	SD	Int.
1.	Weight problems	2.57	.120	HPR	2.51	.070	HPR
2.	Back pains	2.55	.198	HPR	2.27	.110	NHPR
3.	Painful joints (Arthritis)	2.54	.111	HPR	2.37	.220	NHPR
4.	Loss of balance	2.52	.051	HPR	2.52	.190	HPR
5.	Loss of strength	2.57	.201	HPR	2.55	.020	HPR
6.	Cramps	2.55	.120	HPR	2.51	.130	HPR
7.	Bone problems	2.51	.408	HPR	2.57	.169	HPR
8.	Joint problems	2.61	.129	HPR	2.50	.090	HPR
9.	Cardiac or heart problems	2.64	.490	HPR	2.37	.990	NHPR
10.	Hearing problems	2.54	.211	HPR	2.57	.230	HPR
11.	Vision and eyesight problems	2.53	.499	HPR	2.31	.920	NHPR
12.	Foot problems	2.51	.230	HPR	2.33	.110	NHPR
13.	Knee Osteoarthritis	2.55	.329	HPR	2.45	.980	NHPR
14.	Loss of memory	2.57	.450	HPR	2.50	.300	HPR
15.	Loss of attention	2.56	.219	HPR	2.51	.210	HPR
	Cluster mean	**2.56**	**.251**	HPR	**2.47**	**.316**	**NHPR**

x̄= mean; SD= standard deviation; Dec= decision; Int. = interpretation.

Data in Table 2 shows the cluster mean response values of HPRs among retirees in Enugu East Senatorial Zone based on gender. As shown in the Table, there was a clear difference in the responses of the male and female respondents regarding the items of HRPs. For instance, the cluster mean (x̄=2.56, SD=.251) response of the male retirees fall within the range of 2.50-4.00 which indicates that HRPs constitute their ageing problems while the responses of the female retirees indicates otherwise since their cluster mean value (x̄=2.47, SD=.316) falls within the range of 0.50-2.49 which is below 2.50.

Table 3: Mean Score Rating of HRPs of Enugu East Senatorial Zone of Enugu State based on marital status (N = 301)

S/N	HRP	Married x̄	SD	Int.	Single x̄	SD	Int.	Divorced x̄	SD	Int.
1.	Weight problems	2.51	.302	HPR	2.57	.594	HPR	2.58	.041	HPR
2.	Back pains	2.53	.212	HPR	2.54	.251	HPR	2.42	.021	NHPR
3.	Painful joints	2.51	.022	HPR	2.81	.612	HPR	2.52	.101	HPR
4.	Loss of balance	2.55	.101	HPR	2.13	.101	NHPR	2.51	.120	HPR
5.	Loss of strength	2.58	.100	HPR	2.17	.212	NHPR	2.55	.109	HPR
6.	Cramps	2.45	.120	NHPR	2.25	.220	NHPR	2.52	.201	HPR
7.	Bone problems	2.56	.101	HPR	2.57	.330	HPR	2.29	.111	NHPR
8.	Joint problems	2.86	.490	HPR	2.50	.333	HPR	2.67	.113	HPR
9.	Cardiac problems	2.12	.201	NHPR	2.51	.011	HPR	2.15	.011	NHPR
10.	Hearing problems	2.59	.990	HPR	2.12	.051	NHPR	2.45	.132	NHPR
11.	Vision problems	2.23	.106	NHPR	2.56	.111	HPR	2.58	.202	HPR
12.	Foot problems	2.21	.110	NHPR	2.64	.402	HPR	2.53	.312	HPR
13.	Knee Osteoarthritis	2.95	.409	HPR	2.16	.122	NHPR	2.51	.221	HPR
14.	Loss of memory	2.75	.300	HPR	2.50	.010	HPR	2.53	.321	HPR
15.	Loss of attention	2.53	.099	HPR	2.17	.210	NHPR	2.57	.111	HPR
	Cluster mean	**2.53**	**.244**	HPR	**2.41**	**.238**	NHPR	**2.49**	**.142**	NHPR

x̄= mean; SD= standard deviation; Dec= decision; Int. = interpretation.

Data in Table 3 shows the cluster mean response value of HRPs among retirees in Enugu East Senatorial Zone regarding marital status. As shown in the Table, only the married retirees have cluster mean response values ($\bar{x}$=2.53, SD=.244) which fall within the range of 2.50-4.00, indicating that the HRPs constitute their ageing problems. Both single and divorce members of the retirees indicated differences on their responses, although none of them is above 2.50. The Table shows that the retirees who are single have cluster mean response values of ($\bar{x}$=2.41, SD=.238) and the divorce members ($\bar{x}$=2.49, SD=.142) which fell within the range of 0.50-2.49, indicating that HRPs as shown above do not constitute their ageing problems.

Table 4: Summary of t-Test Statistic on the Mean Responses on HRP among Retirees in Enugu East Senatorial Zone of Enugu State Based on Gender.

Health-Related Problems	Gender	n	$\bar{x}$	SD	t-cal	df	P-Value	Dec
Health-Related Problems	Male	161	69.57	2.441	.362	300	.718	Accepted
	Female	140	69.48	2.474				

Table 4 shows the t-calculated value and the corresponding p-value on HRPs (t-cal=.362, P=.718) which is greater than .05 level of significance at 300 degrees of freedom. The tables also revealed .09 mean score differences of male and female retirees. The null hypothesis of no significant difference in the mean responses on HRPs among retirees in Enugu East Senatorial Zone of Enugu State based on gender was therefore accepted since the calculated value is greater than the table value at .05 level of significance. This implies that HRPs of the retirees did not differ significantly according to gender.

Table 5: Summary of ANOVA Statistic on the Mean Responses of HRP among Retirees in Enugu East Senatorial Zone of Enugu State Based on Marital Status

HRP	Source of Variance	Sum of Squares	Df	Mean Square	F	P-value	Dec
Health-Related Problems	Between Groups	22.675	3	7.558	1.258	.289	Accepted
	Within Groups	2253.885	297	6.010			
	Total	2276.559	300				

Table 5 shows the calculated F-value and the corresponding P-value for health-related problems (F = 1.258, P = .289) which is greater than .05 level of significance at 3 and 297 degrees of freedom. The null hypothesis of no significant difference in the mean responses on HRPs among retirees in Enugu East Senatorial Zone of Enugu State based on marital status was therefore accepted since the calculated value is greater than the table value at .05 level of significance. This implies that HRPs of the retirees did not differ significantly according to marital status.

Discussion

Based on the data analysis, there was a convincing response that weight problems, back pains, painful joints (Arthritis), loss of balance, loss of strength, cramps, bone problems, joint problems, cardiac or heart problems, hearing problems, vision and eyesight problems, foot problems, knee Osteoarthritis, loss of memory, and loss of attention constitute health-related problems among retirees in Enugu East Senatorial Zone of Enugu State. This obvious remark was not surprising. However, the finding concurs with Paula, Stephen, Anne, Calvin & Russell (2013) who noted that the health of older adults declines with age. Similarly, the finding also agrees with Kathryn, Diana, Tamara, Jack, David and Andrew (2013) who revealed that the body mass index, occupational activity, and leisure-time physical activity among others are associated with knee osteoarthritis. Thus, ageing according to the authors was perceived as been associated with multiple challenges that affect the musculoskeletal system (joints, bones and muscles).

The study further revealed HRPs of the retirees differ based on gender. As contained in Table 2, it was evidenced that weight problems, back pains, painful joints (Arthritis), loss of balance, loss of strength, cramps, bone problems, joint problems, cardiac or heart problems, hearing problems, vision and eyesight problems, foot problems, knee Osteoarthritis, loss of memory, and loss of attention constitute HRPs for the males. Among the female retirees, it was shown that back pain, painful joint, cardiac problems, vision problems, foot problems and knee osteoarthritis did not constitute their ageing problems. The finding is unexpected and highly controversial since relevant literature has shown that health-related problems in ageing are inevitable irrespective of gender. The finding agrees with Bouxsein and Karasik (2006) who found that differences exist in the measures of bone geometry and skeletal fragility when compared with male and female older adults. In addition, the finding also concurs with Robin, Bjorn, Gayani, Henrik, Ingemar and Magnus (2013) who found gender specific differences on age-related changes in bone density, muscle strength and functional performance in elderly; this probably might be the reason for the difference.

The result of Table 3 indicated statistical differences on HRPs among retirees based on marital status. The findings revealed that HRPs constitute ageing problems for only the married retirees; while HRPs did not constitute for single and divorce members of the retirees. The finding was expected and could be attributed to family pressure and marital stress. The finding agrees with Szulc (2006) who noted that married male hold different views on bone density, geometry and fracture in old age than their unmarried counterparts.

The implication of the accepted null hypothesis of no significance difference on HRPs based on gender is that both male and female retirees; married, single and divorced are vulnerable to HRPs that comes with age and therefore, makes education of this kind more important. The expected finding was in accordance with Stenholm, Harkanen, Sainio, Heliovaara and Koskinen (2012) who reported no statistically significant difference on long-term changes in handgrip strength in men and women accounting the effect of right censoring due to death.

Conclusions

Based on the literature reviewed and the major findings of the study, it was concluded that weight problems, back pains, painful joints (Arthritis), loss of balance, loss of strength, cramps, bone problems, joint problems, cardiac or heart problems, hearing problems, vision and eyesight problems, foot problems, knee Osteoarthritis, loss of memory, and loss of attention constitute ageing problems. The cases of HRPs among the retirees differ based on gender and marital status.

Recommendations

Based on the discussion and conclusion thereof, the recommendation was made that health workers, government and non-governmental organizations should embark on collaborative efforts in organizing conferences and seminars, focusing on educating the general public and employees in particular on nature of HRP and appropriate measures for ameliorating them.

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