

# AN ASSESSMENT OF THE CHALLENGES OF AGING ON CONTEMPORARY HUMAN SOCIETY: A NIGERIAN STUDY

**Benedict Orhioghene AKPOMUVIE**

Department of Sociology

Delta State University, Abraka,

Delta State, Nigeria

Email: [bakpomuvie@yahoo.co.uk](mailto:bakpomuvie@yahoo.co.uk)

## **Abstract**

*The paper is aimed at understanding adult developmental process and how this process unfolds for individuals; what is it like to grow old? , why are older people the way they are? , what changes as people age and why are there so many differences among people of the same age? In addition, it is also aimed at exploring ways of slowing the process of aging, prolong life and reduce the period of dependency that most often precedes death. The paper which employed secondary methods of data collection, revealed that we are in the midst of a monumental revolution; the fundamental restructuring of the population from one that is dominated by youth to one that includes many older people as well. It further revealed that in most developing countries particularly Nigeria, aging has not emerged as a dominant social problem. Rarely are special resources directed to meet the needs of people over 60years, regardless of their contribution to the development of the country. The paper however, recommended comprehensive formal social support systems for the elderly who have served the nation in various capacities during their younger days.*

## **Introduction**

**W**e are reminded nearly every day of the fact that we are growing older. Yet the process of aging is, for many of us, a mysterious one, born out of our biases and lack of information. While we all carry around a vague picture of what our adult years will look like, we rarely take the trouble to ever find out whether that picture is an accurate one. Paradoxically, we seem to cling to definite ideas or opinions about how we or others should age. Some of us dread getting older while others look forward to it. Still others have mixed emotions. In any event, our feelings colour our own experiences as well as our

relationships with others who are younger or older than us (Hayslip and Panek,1993). As Hayslip and Panek (1993) further noted, learning about adult development and aging is important and valuable for many reasons. It can lead us to new insights about our own lives, as well as deepen our relationships with our children, parents or grand parents. It can help us to set realistic and attainable goals for ourselves in the future. It might be helpful to think about the years that lie ahead of you as a journey that we all must undertake. For some of us, the journey may be a difficult one while for others it may be a pleasant trip. As with any journey, there are many roads and some

are bumpier than others. Which road you take for a variety of reasons, then, being able to describe and explain what happens in our lives as we grow older can be very useful to us. Hayslip and Panek (1993) however, cautioned that while we cannot predict with certainty which of the many paths ones journey would take, we could provide some road signs to guide a person. That is why, we cannot say what would happen, we can help one to understand what might happen in the years ahead. It is hoped that by learning about adult development and aging, one will be able to avoid taking a wrong turn that would make ones journey more difficult or more painful than it needs to be.

Schaefer and Lamm (1995) reported that around the world, there are more than 330 million people aged 65 or more; they represent about 6 percent of the world's population. In an important sense, the aging of the world's population represents a major success story which has unfolded during the later stages of the twentieth century. Through the efforts of both national governments and international agencies, many societies have drastically reduced the incidence of diseases and their rates of death. Consequently, these nations – especially the industrialized countries of Europe and North America – have increasingly higher proportions of older members. This does not mean, however, that such nations have aged gracefully. Belated recognition of the demographic and socio-economic changes associated with aging has often resulted in suffering (Haub and Yanagishita, 1993;

Kinsella, 1988 cited in Schaefer and Lamm ,1995).

In most developing countries, aging has not yet emerged as a dominant social phenomenon. Rarely are special resources directed to meet the needs of people over 60, even though they are likely to be in poorer health than their counterparts in industrialized nations. Since many younger adults in developing nations emigrate to the cities, rural areas have higher proportions of older people. Formal social support mechanisms are less likely to exist in rural areas, yet at least family caregivers are present. In the cities these caregivers enter the work-force, which makes it more difficult for them to care for elderly family members. At the same time, urban housing in developing countries is often poorly suited to traditional extended - family arrangements (Kinsella, 1988; Neysmith and Edwardh, 1984).

In industrialized nations, Heisel (1985) and Kinsella (1988) observed that governmental social programs, such as social security, are the primary source of income for older citizens. However, given the economic difficulties of developing countries, few of these nations are in a position to offer extensive financial support to the elderly. Regionally, South American countries provide the most substantial benefits, often assisting older people in both urban and rural areas as observed by Heisel (1985) and Kinsella (1988). By contrast, such governmental support is non-existent in many African States. In many parts of Nigeria, poor

senior citizens are treated like lepers. They face various levels of social, economic and even state rejection which often result in frustration and invariably push them prematurely to their graves. For a long time, the federal and state governments in the country have shown little concern for the plight of the elderly who served the nation in various capacities during their younger days. For instance, in many parts of the country, various tiers of government have demonstrated little or no obligation to the payment of entitlements of the nation's deserving senior citizens. As a result of this, many of them have been subjected to untold hardship (Ndiribe, 2004).

Aging places strains on society as well as on the individual. A major source of structural strain in modern societies is the long-term failure of social institutions to accommodate the increasing proportion of the population who are elderly. For example, the family has failed to adapt to the presence of older members and there is considerable tension in the labour force as younger workers find their careers blocked and older ones are forced to leave their jobs before they are ready to do so. The result is that "human resources in the oldest – and also the youngest – strata are underutilized and excess burdens of care are imposed upon the strata in the middle years" (Riley, 1987).

According to Atchley (1978), the social problems associated with certain age groups, especially the very young and the very old, are aggravated by three factors: labeling, the concept of work as

the basis of personal value and economic deprivation. These three factors are inextricably linked and each reinforces the others. Labeling leads to discrimination against older workers, which reduces responsibility while still on the job and pushes them into retirement whether or not they feel ready for it. Characterized as weak and incompetent, older people often lose their self-confidence and begin to conform to the stereotype. Retirement often removes people from the mainstream of life and diminishes their status and social contacts, consigning still-vital people to a vaguely defined position on the fringe of society. In a world where one's job is the basis of one's worth and acceptance, retired people are relegated to a position of low esteem. People who once described themselves as accountants, salespeople, or secretaries are suddenly looked upon as non-contributors – a status that lowers both their incomes and self-esteem. It is against this background, that this paper examines the phenomenon of Aging and Its Challenges in Human Society under the following broad sub-headings; Concept and Typology of Age, Challenges and Dimensions of the Aging Process, Perspectives on Aging, Changing Attitudes towards Older Persons and Conclusion.

### **Concept and Typology of Age**

When one thinks of the concept of age, perhaps the first thing that comes to mind is "chronological age", which simply refers to the number of years that have passed

since birth. Although chronological age is widely used by people to classify themselves or others as young, old and so forth, professionals in the field of adulthood and aging have expressed great dissatisfaction with the use of chronological age as an indicator of change or as a research variable (Neugarten, 1988; Hagestad and Neugarten, 1985; Wohlwill, 1970b). When we assume someone's age causes that person to behave in a certain manner, we are ascribing to age the status of an "independent variable". But if age is truly an independent variable, we would have to be able to independently assign individuals to a given age group when investigating the effect of age on behaviour or performance. Obviously, this is not possible; one cannot arbitrarily designate a 20-year-old as one of a 40-year-old group of individuals. Thus, chronological age should be regarded as a non-psychological "dependent variable" (Birren and Cunningham, 1985; Wohlwill, 1970a, 1970b).

Hayflick (1987) contends that aging which is a process of getting old, starts at the beginning of the end of the determinants of longevity; that is precisely when "genes" promotive of longevity slow down in their functioning. To the social gerontologist, who seeks to understand aging and the aged through the social prism, agedness is seen either "chronologically or functionally" (Holmes, 1983; Bentson and Haber, 1975). Functional delineation of the old relies on perceived social functionality of a person

to determine whether he is still productive and if the determination is in the negative, then the person is taken as old, irrespective of his numerical age. While this approach has the advantage of flexibility in "old age" determination, its main drawback is the probable arbitrariness in the specification of who is deemed old. However, when a certain age is fixed as the beginning of old age, irrespective of the health status and social functionality of the person, we then refer to chronological old age specification as earlier highlighted. Because of its objective criterion and universality, the chronological age has been more or less adopted in extant literature. This approach is bound to be problematic in Nigeria because of illiteracy and poor record keeping by governmental agencies.

Diagnostic and Statistical Manual of Mental Disorder (2000) ; Cavanaugh (1993) ; Butler (1981); Barren (1964) suggest that in order to discuss the age of a person in a meaningful way, we must consider three types or indices of age. These are; biological age, psychological age and social age. Each of these types of age is thought to be independent. That is, a person's biological age does not necessarily affect his or her psychological and social age and vice versa. However, in reality, for most individuals they are somewhat related.

There are two aspects to biological age. First, it can be considered to be the relative age or condition of the individual's organ and body systems. For example, does the 80-year-old individual's bodily

process, such as the cardiovascular system or nervous system, in fact function like those of an 80-year-old? It is quite possible for an 80-year-old who has remained physically active through exercises to have a cardiovascular system characteristic of someone much younger. On the other hand, a 30-year-old who has lived a very sedentary lifestyle and engaged in poor dietary and health practices (e.g, a diet high in cholesterol, cigarette smoking etc) may have the cardiovascular characteristic of someone much older. The other aspect of biological age is an individual's present position relative to potential life span, that is, how many years the organism could theoretically or potentially live. This varies from species to species. Social age refers to the habits, behaviours and activities of an individual relative to the expectations of society. Those behaviours and activities to which our actions are compared, are often called "developmental tasks" (Austard, 1997; Myers, 2001).

Psychological age according to Cavanaugh (1993), is the "adaptive capacities" of an individual, such as one's coping ability, problem solving skill or intelligence. These are usually inferred from the person's behaviour in everyday situations or on the basis of interview or test data. While our psychological age may be related to both chronological and biological age, it cannot be fully described by their combination. For example, although an individual may be chronological 80years of age and bedridden with severe pains, yet may still

be quite alert. He or she may be very conversational, keep abreast of current local and world events and have sound reasoning skills. Therefore this individual's ability levels could easily be similar to those of someone in his or her twenties. "Functional age" on the other, is an index of one's level of "capacities". Capacities can range from performance on a particular job to the condition of various organ systems of the body. For example, although a person has chronological age of 40years, the condition of his or her cardiovascular system may be similar to that of a 30-year-old. In addition, this person may be just as productive on the job as someone who is 25 years of age. Functionally, this persons is 25 to 30 years of age, not 40years.

### **The Challenges and Dimensions of the Aging Process.**

The dramatic increase in the population of older people in the world, particularly Nigeria, has stimulated interest in the aging process and its causes. The field of study and practice known as gerontology attempts to identify the physical causes and effects of the aging process and to control the factors that diminish the rewards of a long life.

Aging as a process starts relatively at the age of fifty for females and later for the males, until death (Elimel, 1974). During this process, there are natural physiological changes in every aging person with the consequent psychological and sociological perception attached to the aging phenomenon. There are two

categories within the aging process: primary aging and secondary aging. Primary aging is as a result of molecular and cellular changes while secondary aging is “an accelerated version of normal aging” (Arehart – Triechel, 1977; 38). It is caused by environmental factors such as lack of exercise, stress, trauma, poor diet, disease, etc.

Primary aging is responsible for the characteristics that we associate with advancing years: gray hair, wrinkles and susceptibility to disease. As the body ages, its system degenerates. The brain for example, loses thousands of cells daily from birth onwards. Some of the body's systems, like the skin, are able to regenerate their cells, although they do so less effectively with each passing year. Others such as the kidney, lacks regenerative powers and eventually wear out. More significantly, however, is the fact that there is a general decline in the body's immune defenses, which fight off infections like pneumonia. As a result, elderly people often die of diseases that would not usually be fatal to younger people (Kornblum and Julian, 1992).

Kornblum and Julian (1992) also reported that aging is a gradual process; not all of the body's systems age at the same rate. These scholars contended that the process of decline usually starts early in life. By the mid-20s, the skin begins to lose its elasticity and starts to dry and wrinkle; by 30, the muscles have begun to shrink and decrease in strength. As time passes, the capacity of the lungs is reduced and less and less air is drawn into the body;

circulation slows and the blood supply decreases; bones become brittle and thin; hormonal activities ebb; and reflexes become lower. Aging they conjectured, is not a disease but it does increase susceptibility to disease. In old age, therefore, diseases are chronic rather than episodic.

Some researchers are convinced that each of us carries a personal “timetable” for aging within our cells, one that is controlled by our genes. Others believe that secondary aging factors are also involved in how an individual ages. The role of stress is particularly important. One of the most salient age-related changes is the decline in homeostatic capacity – the ability to tolerate stress. This makes older people more susceptible to stress and it takes them longer to return to normal after being exposed to a stressful situation. The reduced capacity to cope with stress is a result of primary aging; stress itself is an agent of secondary aging. Together they may be responsible for many of the illnesses that plague the elderly.

Similarly, Fischer (1978) observed that physically, the aging individual is characterized by facial and body wrinkles caused by the loss of fat tissues under the skin. The aged are also physically characterized by hair loss, stooped posture, nervousness, slow or sluggish movement of all parts of the body, dry and stiff fingers. In addition, the aged have reduced appetite, due to reduction of taste buds in the tongue; loss of muscle tone as a result of lack of energy and

vigour; reduced libidinal instincts causing low sexual performance of activity in men; in women, menstruation gives way to menopause with its attendant health problems (Crook and Stein,1991). Health Canada (2007) however, observed a general decline in the amount of sexual activity with age but also stressed that sexual interest and ability can remain fairly constant.

According to Arehart -Triechel (1977), there is evidence that many of the effects of aging are neither inevitable nor irreversible. For example, reduced oxygen intake, diminished lung capacity and slow circulation – and all the related mental and physical problems – are results not just of age but of the inactivity that generally accompanies it. Barron (1971) also noted that social gerontologists frequently refer to the aged as a minority group because like members of racial and ethnic minorities, they are subjected to prejudice, stereotyping and discrimination. However, some social scientists argue that although the elderly share many of the characteristics of minorities they are not a true minority group. In contrast to traditional minorities, the elderly do not exist as an independent subgroup; everyone has the potential to become old. It has been suggested that it would be more accurate to describe the elderly as a “quasi minority” (see Barron, 1971), reflecting their unique position in our society.

There is a stereotype (an image of members of a group that standardizes them and exaggerates certain qualities) of

an older person as one who moves and thinks slowly, resists change, suffers from declining physical and mental capacities and eventually becomes childlike in his or her dependence on others. This stereotype, according to Lauer and Lauer (2002), is the fallacy of misplaced concreteness when it is applied to all older individuals. For “old” is not equivalent to a deteriorated body and mind. The stereotype is true for some individuals but not for all. In fact, researchers distinguish between the “young old” and the “old – old” (Neugarten and Neugarten, 1987). A large number of retired people are “healthy and vigorous, relatively well-off financially, well-integrated into the lives of their families and communities and politically active” (Neugarten and Neugarten, 1987:30). There is also a tendency for people to become increasingly comfortable with themselves and their situations as they age (Gove, Ortega and Style, 1989).

Similarly, Kornblum and Julian (1992) averred that popular culture characterizes old people as senile, lacking in individuality, tranquil, unproductive, conservative and resistant to changes. These beliefs persist despite abundant evidence to the contrary. Many of the myths about older workers, for example, were disproved when they were drawn into the labour force during the Second World War. Other studies have demonstrated that the elderly are no more difficult to train than the young – and besides, they have a lower – than – average absentee rate and compare

favourably with younger workers in accident rates and productivity. Some of the most pernicious myths about the elderly are directed against older women. In our society women become devalued much sooner than men; therefore in old age, women tend to have more negative image (ageism) than men.

The aging process produces psychological as well as physical effects. Social factors also influence the psychological consequences of age. Self-concept and status are particularly important. One theory views older people as trapped in a shrinking social environment – their world grows smaller and smaller as they leave work, their friends and family die and their mobility decreases – at the same time that their social status changes and they become less influential and less important (Kornblum and Julian, 1992).

Kuypers and Bengston, (1973) observed that new roles require some adjustment. For the elderly, adjustment is harder because their new roles are poorly defined – there are few role models or reference groups on which they can pattern their behaviour. Given the nebulous quality of their new status, older people often become dependent on labels and on the opinions of others for their self-definition. The negative labeling is one of the causes of the psychological difficulties experienced by the aged. The old tend to accept the weak, incompetent, useless image imposed on them, even though that image is a negative one. They internalize it, until eventually their self-image and

behaviour correspond to it. For example, it is widely believed that intellectual ability declines with age, so many people are reluctant to place older workers in positions of authority or to retrain or reeducate them. But research according to Kornblum and Julian (1992) has shown that this belief is incorrect. True reflexes and responses slow with age but in the absence of organic problems, intellectual capacity remains unchanged until very late in life.

False assumptions about the inevitability of the condition known as senility account for much of this misunderstanding. Comfort (1976) noted that contrary to the widely held belief that everyone who lives long enough becomes senile, only one out of every 100 elderly people can expect to become mentally impaired. The human brain does not shrink, wilt, perish or deteriorate with age she asserted.

### **Perspectives on Aging**

From the functionalist perspective, aging is a problem because the institutions of modern society are not working well enough to serve the needs of the dependent aged. The extended family which once allowed elderly people to live out their lives among kin, has been weakened by greater social mobility and a shift to the nuclear family as the basic kinship unit. The elderly have been rendered less useful as their roles have been taken over by social institutions outside the family. As grandparents, older people once played important roles in



socializing the young, teaching them the skills, values and ways of life of their people. Now these functions are performed by schools and colleges, for it is assumed that the elderly cannot understand or master the skills required in today's fast – changing world. Instead, they must often be cared for either at home or in institutions such as old-age homes, which free the productive members of society to perform other functions (Kornblum and Julian, 1992).

Integrationists take a different view. They see the term elderly as a stigmatizing label that suggests that older people are less valuable because they do not conform to the norms of a youth-oriented culture. Integrationists view the elderly as victims of ageism – a form of prejudice and discrimination directed at the aged not only by individuals but by entire social institutions. The remedy is to fight this devaluation of the aged wherever it is found.

Finally, Kornblum and Julian (1992) further contended that conflict theorists, view the problems of the elderly as stemming from their lack of power to shape social institutions to meet the needs of people who are no longer in their productive years and have not accumulated the means to preserve their economic and social independence. In this view, the aged need to resist the debilitating effects of labeling and the loss of their roles by banding together in organizations and communities and voting blocs that will assert their need for more meaningful lives and adequate social services.

### **Changing Attitudes Towards Older Persons**

The current answer to whether or not there are negative attitudes toward older adults depends quite heavily on the situation or source of the materials. In fact, the study of attitudes towards older adults is quite enigmatic because of its contradictory and voluminous nature.

Perhaps a resolution of the paradox can be based on the difference between what individuals do and what they say. That is, in situations where individuals are asked to openly state negative attitudes toward older adults (as in a questionnaire), they either see through the situation or do not want to appear prejudiced toward older adults and therefore do not exhibit any bias. However, these same individuals may directly or indirectly react negatively toward older adults in terms of their actual behaviour. Support for this assumption has been found by Panek (1984). When negative attitudes toward older adults do exist, they are often based on a combination of factors such as misinformation, myths and presentations by the media as well as the result of other factors.

What can we do to change the view the young have of the old and of the experience of being old itself? Many have found in African and Western societies that the young come to see the aged in a more positive light and report less generational conflict with increased exposure to older persons both in general and within the context of the family unit

(Nardi, 1973; Weinberger and Milham, 1975). Kimmel (1978) suggests that ageism may be reduced by emphasizing diversity among older people.

Institutional intervention may also help matters, such as (1) by training teachers in life-span development to effect a shift in attitudes early in life (2) age integration of classes and training in life-span development at the elementary, high school and undergraduate levels (3) by designing courses around interest groups instead of age groups and (4) by encouraging the development of affective experiences and motivation (e.g. through small-group discussion) as well as cognitive skills in the classroom (Birren and Woodruff, 1972).

Keith (1990) in a discussion of the social position of the old stresses the importance of ethnicity. Each ethnic group has its own history of traditions that affect behaviours and values. Older persons “manipulate” these traditions in a way that not only helps them with social changes via their relationships with younger generations but also guarantees continued status and prestige within the family.

### **Conclusion**

There are a number of problems associated with classifying individuals into specific stages of development in terms of chronological age as well as with the meaning of such age periods. Overemphasis on age as a predictor of behaviour in combination with selective exposure to individuals varying in age, can

lead to unrealistically positive and negative ideas and expectations, termed stereotypes, of the aging process and older persons. Equally important is separating normal and pathological aging. There are individual differences among people in adulthood, as well as intra individual changes within individuals across time in adult development. As a general rule, differences between people increase with increasing age.

Aging is one important aspect of socialization—the lifelong process through which an individual learns the cultural norms and values of a particular society (Schaefer Lamm, 1995). Ironically, Cowgill (1986) observed that modernization in the developing world, while bringing with it many social and economic advances has at the same time undercut the traditionally high status of the elderly. Okunola (2002) observed that traditionally in Nigerian communities, the elderly is highly esteemed and respected both in private and public life, in civic and political matters. However, things are changing fast with the importation of foreign cultures, chiefly through the media, literature, films and videos. Our society is fast changing and we are gradually losing our cultural values. Okunola (2002) however, concluded that such cultural pollution and disorientation as now witnessed is outrageous.

The particular problems of the elderly have become the focus for a specialized area of research and inquiry known as gerontology. Gerontology is the scientific study of the sociological and

psychological aspects of aging and the problems of the aged. It originally developed in the 1930s, as an increasing number of social scientists became aware of the plight of the elderly (Schaefer and Lamm, 1995). These scholars further noted, that gerontologists rely heavily on sociological principles and theories, to explain the impact of aging on the individual and society. They also draw upon the disciplines of psychology, anthropology, physical education, counseling and medicine in their study of the aging process.

However, a public-health expert of the World Health Organization explained that some of the main factors affecting man's life expectancy are habits, environment and medical care. Thus the sounder your habits, the healthier your environment and the better your medical care, the lower those hurdles are and the longer your life may last. Although people's circumstances vary greatly, virtually everyone can do something to lower the hurdles in his or her life. Not only do persons with better health habits survive longer but in such persons, disability is postponed and compressed into fewer years at the end of life (Awake, 1999). Indeed the first hurdle can be lowered by changing such habits as eating, drinking, sleeping, smoking and exercise. Studies show that simple exercises in and around the home help the elderly, including the 'oldest old; to retain strength and vitality. "Exercise slows the process of aging, prolongs life and reduces the period of dependency that most often precedes

death. On mental – exercise habits; although aging is accompanied by some forgetfulness, studies conducted by the U.S Department on aging, show that an older brain remains flexible enough to handle the effects of aging. Hence, Professor of Neurology, Dr. Antonio. R. Damasio concluded: that "older people can continue to have extremely rich and healthy mental lives".

Similarly, the National Institute on Aging, a Division of the U.S Department of Health and Human Services (Awake, 1999) says, the chances of staying healthy and living a long time can be improved by following level – headed advice such as the following:

- Eat a balanced diet, including fruits and vegetables
- If you drink alcoholic beverages, do so in moderation
- 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 and
- Get regular health checkups.

Finally, the Federal Government of Nigeria recognizes that the elderly as a social category, have special needs as well as socio-economic and health problems, which require specialized attention. The

government should therefore, formulate policies to guarantee improvement in the quality of life of the elderly, ensuring total integration to society; provide adequate income security and strengthen the existing traditional institutions for the care of the elderly.

#### References

- Arehart – Triechel, J. (1977). "It's Never Too Late to Start Living Younger", *New York Magazine*, Pp 38-40.
- Archley, R.C. (1978). "Aging as a Social Problem: An Overview." In Seltzer M.M., Corbett, S.L. and Atchley, R.C. (eds), *Social Problems of the Aging*. Belmont, C.A: Wadsworth.
- Awake (1999). *The World is Growing Grayer*. Brooklyn, New York: Watchtower Bible and Tract Society.
- Birren, J.E. and Cunningham, W. (1985). *Research on the Psychology of Aging: Principles, Concepts and Theory*: In Birren, J.E. and Schaie, K.W. (eds). *Handbook of the Psychology of Aging*. New York; Van Nostrand Reinhold.
- Barron, M.L. (1971). "The Aged as a Quasi Minority Group" in Sagarin E. (ed). *The Other Minorities*. Lexington, M.A.: Ginn.
- Bodley, J.H. (2001). *Anthropology and Contemporary Human Problem*. London; Mayfield Publishing Company.
- Comfort, A. (1976). *A Good Age*. New York: Crown.
- Gove, W.R. Ortega, S.T. and Style, C.B. (1989). "The Maturational and Role Perspectives on Aging and Self through the Adult years: An Empirical Evaluation." *American Journal of Sociology* 5 (March): 1117-45.
- Hagestad, G.O. and Neugarten, B.L. (1985). *Age and the Life Course*. In R. Binstock and E. Shanas (eds) *Handbook of Aging and the Social Sciences*. New York, Van Nostrand Rein hold.
- Hayslip, B. and Panek, P.E. (1993). *Adult Development and Aging*. New York; harpers Collins College Publishers.
- Kornblum, W. and Julian, J. (1992). *Social Problems*. New Jersey: Prentice Hall, Engle woods (Liffs).
- Kupyers, J.A. and Bengston, V.I. (1973), "Social Breakdown and Competence", *Human Development* 16:181- 201.
- Lauer, R.H. and Lauer, J.C. (2002). *Social Problems and the Quality of Life*. New York; McGraw-Hill Companies, Inc.
- Ndiribe, O. (2004). *Old and Left in the cold*. Vanguard Newspapers, February 11.
- Neugarten, B.L. and Neugarten, D.A. (1987). "The Changing Meanings of Age". *Psychology Today* (May) 29-33.
- Panek, P.E. (1984). *Stimulating Classroom Discussion Regarding Negative Attitudes Towards Aging* (paper). Annual Meeting of the Association for Gerontology in Higher Education. Indianapolis, IN.
- Riley, M.W. (1987). "The Significance of Age in Sociology" . *American Sociological Review* 52:1-14 (February).
- Schaefer, R.T. and Lamm, R.P. (1995). *Sociology*. New York; McGraw-Hill Incorporation.
- Wohlwill, J.R. (1970b). *Methodology and Research Strategy in the Study of Development Changes*. In Goulet, L.R. and Baltes, P.B. (eds) *Life-span Developmental Psychology: Research and the Theory*. New York; Academic press.
- Hayflick, L. (1987), *Origins of Longevity*, in H.R Warner R.N. Butter, R. L. Sprott and E.L Schneider (Eds), *Modern Biological Theories of Aging* (pp.21-34). New York, Raven Press.
- Fischer, D.H (1978), *Growing Old in America* . New York; Oxford University Press.
- Kimmel, D.C (1978), *Adult Development and Aging. A Gay Perspective*. *Journal of Social Issues*, 34:113-130.
- Keith, (1990), *Age in Social and Culural Context; Antropological Perspectives*. In R.H. Binstock and L.K. George (Eds), *Handbook of Aging and the Social Sciences*. San Diego; Academic Press.
- WohlWill, J.R (1970a), *Age Variable in Psychological Research*. *Psychological Review*, 77:49-64.
- Woodruff, D and Birren, J.E (1972), *Age Changes and Cohort Differences in Personality*. *Development Psychology*, 6:252-259.
- Crooks, R. I and Stein, J (1991), *Psychology: Science, Behaviour and Life*. Chicago Holt: Rinehart and Winston, Inc.
- Health Canada (2007), *Seniors, Aging and Sexuality*. [H t t : / w w . E n o t a l o n e . Com/article/10336.html](http://www.enotalone.com/article/10336.html).
- Austard, S.N (1997) *Why We Age*. New York; Cambridge University Press.
- Myers, D.G. (2001), *Psychology* (6<sup>th</sup> edition). New York; Worth Publishers.
- Cavanaugh, J. C (1993), *Adult Development and Aging*. California; Books/Cole Publishing Company.
- American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*. Washington, D.C, American Psychiatric Association, 2000.
- Okunola, M, I, (2002), *A Handbook for Nigerian Social Workers*. Ibadan; Daybis Ltd.

