

**AN ASSESSMENT OF THE ELDERLY BEHAVIOUR TOWARDS DRUG
TAKING FOR THEIR WELL-BEING IN SABONGIDA-ORA
COMMUNITY, EDO STATE**

BY

ASURIEMEN CHRISTOPHER

MAT NO: SSC1910382

**DEPARTMENT OF SOCIAL WORK
FACULTY OF SOCIAL SCIENCES
UNIVERSITY OF BENIN
BENIN CITY**

OCTOBER 2023

**AN ASSESSMENT OF THE ELDERLY BEHAVIOUR TOWARDS DRUG
TAKING FOR THEIR WELL-BEING IN SABONGIDA-ORA
COMMUNITY, EDO STATE**

BY

ASURIEMEN CHRISTOPHER

MAT NO: SSC1910382

**BEING A PROJECT WORK SUBMITTED TO THE DEPARTMENT OF
SOCIAL WORK, FACULTY OF SOCIAL SCIENCES, UNIVERSITY OF
BENIN, BENIN CITY, NIGERIA IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE AWARD OF BACHELOR OF SCIENCE
[B.SC.] (HONS) DEGREE IN SOCIAL WORK**

OCTOBER 2023

CERTIFICATION

This is to certify that this original research work was carried out by **ASURIEMEN CHRISTOPHER** with matriculation number **SSC1910382** under our strict supervision and has been approved as adequate in scope and content in partial fulfillment for the award of Bachelor of Science (B.Sc) Degree in Social Work, University of Benin.

.....
Dr. Osagie Egharevba
(Project Supervisor)

.....
Date

.....
Dr. S.O. Ibobor
(Head of Department)

.....
Date

DEDICATION

I dedicate this project to God Almighty, my source of inspiration, wisdom, knowledge and understanding. He has been the source of my strength throughout this programme.

ACKNOWLEDGEMENTS

I would like to express my gratitude and appreciation to those who have contributed in one way or the other to the successful completion of this project work.

I am so grateful to God Almighty, my source of support.

I specially want to use this medium to thank y sweet mother, Mrs. Helen Asuriemen and my daddy Mr. Edward Asuriemen for their love, care, prayers and financial support. You shall live long to eat the fruit of your labour. I also appreciate my brothers, Austin, Smart, and David, you guys are the best siblings.

Special thanks to my project supervisor, Dr. Osagie Egharevba, whose guidance, constructive criticism has led to the successful completion of this project. Thank you sir. My sincere appreciation goes to my Head of Department, Dr. S.I. Ibobor and other lecturers in the Department; Dr. Sunny Omigie, Dr. K. Imafidon, Dr. O. Ukponahiusi, Mr. C. Mfon, Mr. Essien, Mrs. Imudia and a host of others. Thank you for the knowledge you imparted on me.

Finally, I want to specially thank my friends who have supported and proven their love for me in one way or the other during this journey amongst whom are Anyanwu Godswill, Emechete Awele, Destiny Ehimen Okoumenlen, Awurum Joseph, Ugochukwu, thank you all.

TABLE OF CONTENTS

Title page	i
Certification	ii
Dedication	iii
Acknowledgements	iv
Table of contents	v
Abstract	vii

CHAPTER ONE; INTRODUCTION

1.1	Background of the study	1
1.2	Statement of the problem	3
1.3	Aims and Objectives of the Study	4
1.4	Research Questions	5
1.5	Significance of the Study	5
1.6	Definition of Concepts	6

CHAPTER TWO; LITERATURE REVIEW

2.1	Concept of the Elderly	8
2.2	The Elderly Behaviour Towards Drug/Medication Taking	18
2.3	Improving the Behaviour of the Elderly Towards Drugs and Medication in Nigeria	21
2.4	Theoretical Framework	24

CHAPTER THREE; RESEARCH METHODOLOGY

3.1	Research Design	26
3.2	Area and Scope of the Study	26
3.3	Study Population	27

3.4	Sample Size and Sampling Technique	27
3.5	Research Instrument	28
3.6	Validity and reliability of the research instrument	29
3.7	Method of data collection	29
3.8	Method of data analysis	29
3.9	Ethical consideration and informed consent	30

CHAPTER FOUR; DATA PRESENTATION AND ANALYSIS

4.1	Introduction	31
4.2	Section A: Demographic characteristics of the respondents	31
4.3	Research Question one: What are the elderly behaviour towards drug taking in Sabongida-Ora community	34
4.4	Research Question two: What are the causes of the elderly behaviour towards drug taking in Sabongida-Ora community	37
4.5	Research Question three: What are the best method to improve the elderly behaviour towards drug taking in Sabongida-Ora community	40

CHAPTERFIVE; SUMMARY CONCLUSION AND RECOMMENDATION

5.0	Introduction	44
5.1	Summary	44
5.2	Findings	45
5.3	Conclusion	45
5.4	Recommendations	46

	REFERENCES	48
--	------------	----

	APPENDIX	52
--	----------	----

ABSTRACT

The study investigated the elderly behavior towards drugs taking for their well-being in Sabongida-Ora community, Edo State, Nigeria. The objective of this study was to investigate and highlight the elderly behavior towards drugs taking for their well-being in Sabongida-Ora community. The research questions asked to achieve the objective of the study were as follows; what are the elderly behaviour towards drug taking in Sabongida-Ora community, What are the causes of the elderly behaviour towards drug taking in Sabongida-Ora community and What are the best method to improve the elderly behaviour towards drug taking in Sabongida-Ora community. The sample size was 294 participants chosen from the study population using the Proportionate Stratified Random Sampling, the research instrument utilized was the questionnaire. Conclusion drawn from the analysis of the data retrieved from the questionnaire indicates that the growing awareness of the drug use problems of the elderly clearly points up the fact that real understanding and indepth knowledge of the area is lacking. Although it is true that some elderly people are receiving too much of too many psychoactive medications, it is also true that many are not now using psychoactive drugs that could significantly help them. These and other issues need intensive study. It is crucial, then, that at this juncture, NIDA actively participate and assist in the development of new knowledge and innovative service delivery models in order to provide every assurance that the elderly population who are experiencing difficulties associated with their drug use can be accurately identified and provided quality care. Recommendations were made based on the findings and they include: Physicians must always review all medications used. Special attention must be paid to nonprescription drugs, herbs and supplements. Various criteria sets exist in the literature that identify medications to be avoided, or prescribed with caution.

CHAPTER ONE

1.1 Background of Study

Despite the fact that drug consumption is an important issue in all age groups, this subject has been more extensively studied amongst aged individuals, largely due to the structural and functional changes associated with the aging process (Nóbrega, Melo, Karnikowski, 2015). Generally, adverse drug reactions are observed 2 to 3 times more frequently in geriatric patients than in younger adults (Turnheim, 2018).

The growing percentage of the elderly in the society has raised questions about societies' ability to meet their medical needs and about the economic and social consequences of supporting them. With the acceptance of western culture, education and the pursuit of modernization, Nigerians necessarily imbibed the mechanistic ideals of industrial revolution which sought to free humanity from its chains of nature and tradition (Akukwe, 2000). Today, both in the urban and the rural areas, the aged people are getting more visible. Increasing number of people are living up to their 60th birthday due to the advancement in the health sector. Available statistic show that the population of the elderly is increasing. For instance, by 2025, one out of every four persons (25%) in the developed countries is projected to be 60 years or older (Cox, 2001; Lassey & Lassey, 2001). In developing countries, it is projected that only about 12% will be over 60 years.

The percentage of the elderly population is increasing throughout the world as a result of an increased average lifespan, and due to this, the National Institute on Aging and the National Institute of Health, have redefined the term “elderly” as referring to the age group greater than or equal to 65 years old (Parker et al, 2017). However, in 1984 the World Health Organization defined the concept of elderly in a slightly different way, in a report from the Expert Group on Epidemiology and Aging. From a chronological point of view, the elderly group encompasses the population aged 60 years or older in developing countries, while in developed countries they have maintained the age of 65 years or older for the definition of elderly (WHO, 1984). Elderly patients are characterized by age-specific problems such as multi-organ functional decline, alterations in mental status, depression, reduced nutritional status and the absence of social support, all of which have the potential to interfere with the pharmacotherapy of these patients. The biological age of the patient is one of the most important parameters and should be defined individually, based on co-morbidities and performance status (Balducci, Beghe, 2001).

As they age, older adults may develop health conditions that can be treated with over-the-counter medications, or those that have been prescribed by a physician. Research from the National Institute on Drug Abuse found that more than 80 percent of older patients took at least one prescription medication on a daily basis, with more than half of this population taking more than five medications or supplements daily. Given these

statistics, it is particularly important that older adults pay special attention to the instructions on their medications. Wise use of medications is critical to one's health and well-being. In fact, it can be lifesaving (Umar, 2010).

1.2 Statement of the Problem

According to United States Bureau of Census (2008) older people represent approximately 280 million across the globe. In Africa the population of older adults is projected to increase four-fold from the current 45.7 million to 182.6 million in 2050, while the proportion of the total population will double from 5% to 10% in the same period and in Nigeria the population of older adults is among the most aged populations in Africa. The population of Nigerians (aged 60 years or older) was projected from 8.8 million which it was in the year 2012 to 28 million by 2050(UN, 2012). Several factors contribute to the great number of adverse drug reactions that affect the elderly besides their high drug consumption (Castleden, Pickles, 2018). For example, they are more likely to suffer from chronic illness, so long-term use of medicine may increase the risk of adverse drug reactions (Ritz, Vellas, 2007). In addition, multiple health problems and polypharmacy (multiple drug usage) are common amongst the elderly population, which increases the probability of confusion during drug administration and the risk of interactions (Turnheim, 2004; Posner, 2009). Another factor that leads to drug toxicity and Adverse Drug Reactions (ADRs) in elderly people is inappropriate administration

of the medication. The study conducted by Aparasu and Mort (2004) found a high prevalence of elderly persons in the United States that received potentially inappropriate psychotropic medications. Moreover, Correr et al. (2007) evaluated the prescriptions and risks of drug-related problems in a geriatric institution, and found that 13.5% of the drugs used were considered inadequate, increasing the risk of problems with drugs, mainly concerning the safety of the therapy. This has led us to look at the elderly behaviour towards drugs taking for their well-being.

1.3 Aims and Objectives of the Study

The main aim of this study is to investigate and highlight the elderly behavior towards drugs taking for their well-being in Sabongida-Ora community. The specific objectives were to:

- i. Identify the elderly behaviour towards drug taking in Sabongida-Ora community.
- ii. Ascertain the causes of the elderly behaviour towards drug taking in Sabongida-Ora community.
- iii. Ascertain the best method to improve the elderly behaviour towards drug taking in Sabongida-Ora community.

1.4 Research Questions

- i. What are the elderly behaviour towards drug taking in Sabongida-Ora community?
- ii. What are the causes of the elderly behaviour towards drug taking in Sabongida-Ora community?
- iii. What are the best method to improve the elderly behaviour towards drug taking in Sabongida-Ora community?

1.5 Significance of the Study

The findings of this research will help in clarifying the elderly behavior towards drugs taking for their well-being in Sabongida-Ora community, Edo State. Social work practice in the field of elderly needs to be understood within a contemporary cultural and historical context. An expanding knowledge base, changing technologies, and increasingly complex human and social concerns affect practice. As the proportion and the world population increases, so, too, does the demand for geriatric services. Demographic changes have been so far reaching that the emerging social, economic, and demographic realities have shaken the very foundations of existing patterns regarding the elderly. As a result of changes in the age composition and the associated political, economic, and social transformations, there is renewed interest in how people age how gerontologists view the ageing process. Ageing is a natural and irreversible life

process. Like every other period in the life span, old age is characterized by certain physical and psychological changes on the individual, determines to a large extent, whether he will make good or poor personal and social adjustments. Old age is characterized by both physical and mental decline, is slow, known as senescence. The characteristics of old age, however, are likely to lead to poor adjustments than to good ones and to unhappiness rather than happiness.

This research will further more help policy maker in the formulation and implementation of social welfare and development programmes and how to care for the elderly can be improved. This study could be very beneficial to the government during policy formulation and implementation; It would also draw the attention of the government to method to be used to improve the general behaviour of the elderly towards drug taking. The usefulness of this research to the students, lectures, parents, schools and society at large cannot be over emphasized.

1.6 Definition of Concepts

- ◆ **Assessment** : The action or an instance of making a judgment about something : the act of assessing something : appraisal
- ◆ **Behaviour** : The way in which one acts or conducts oneself, especially towards others

- ◆ **Elderly** : rather old. especially : past middle age. : of or relating to later life or elderly persons.

- ◆ **Drug:** a medicine or other substance which has a physiological effect when ingested or otherwise introduced into the body.

- ◆ **Well-being** : the state of being comfortable, healthy, or happy.

CHAPTER TWO

LITERATURE REVIEW

2.1 Concept of the Elderly

Although human ageing and old age are as ancient as humanity, gerontology began to emerge as a scientific field only in the twentieth century. The term gerontology is usually defined as the scientific study of ageing throughout the life course as well as referring to older adults. It is a multidisciplinary field that draws from numerous areas, such as Anthropology, Biology, Biochemistry, Nursing, Psychology, Social work and Sociology. Social gerontology focuses on what it means to age in society; that is, the personal concerns and social issues associated with growing older and the ways that these studies are influenced by the society in which we live (Markson, 2013).

In the traditional Nigerian society therefore, the care of older adults are provided by informal networks including the families, community members, neighbours, churches and friends. They usually provide support for older adults such as food, drinks at home until their dying days. The extended family usually accounts for the large proportion of support for older adults more than any other support systems. The family in Nigeria usually consist of members of the extended lineage, which include the parents, grandparents, aunts, uncles, brothers, sisters, cousins, nephews, nieces. The family

usually serve as a form of social insurance (safety net) for older adults (Egunyomi, 2012). There was a feeling that older adults (parents) make utmost sacrifices to raise their children such that the grown-up children will in turn have to sacrifice for their ageing parents (Abanyam 2011). For this reason, some married adult children usually send their children home to live with the grandparents so that they can provide instrumental assistance to them while the grandparent teach them cultural and moral values (Abanyam, 2013). Family members equally provide care-giving assistance to older adults by way of telephone calls, visits, financial support and physically caring for the older parent. The family members of older adults also assist them in lifting heavy objects, shopping, daily monitoring, housing, health care, material care, scrubbing, cooking, bathing, banking, and transportation for essential comfort. These care from family are most often influenced by traditional values, norms, and behaviour which are socially initiated and not as a result of the emotional tie that consist of blood or marital relationship (Okoye, 2012).

Problems of the Elderly:

The problems associated with the elderly can be grouped into two classifications namely: medical and psychosocial problems. Kingsley (2014) listed the medical/health problems to include depression and mania, paraphrenia and chronic schizophrenia. Depression and mania is a major depressive illness. Psychologically, problems of the

aging mostly take the form of emotional and adjustment problems. Elderly persons often experience reactions to depression. Loss of loved ones and lack of emotional support often give rise to depression in the elderly. Shuman (2015) contends that adjustment to losses is a recurring problem which ageing persons must face because it is a constant reminder to the person that his/her days are numbered coupled with the removal of extra support. The knowledge that they are no longer able to be as effective as others may equally be emotionally disturbing (Somavia, 2015). Most elderly people in the rural areas in Nigeria suffer from loneliness and isolation because most (if not all) of their children live in the cities and only come once in a while to visit them. The elderly experience some sociological problems which has to do with issues like the loss of important roles, social status and accompanying prestige. Chawla (2016) opines that as these vital roles which previously provided them a leeway to economic, social and psychological necessities of life are lost through retirement and discriminatory practices, the elderly become marginalized. Again, too emphasis placed on material wealth has further eroded the influence of the elderly in Nigeria. Town unions are no longer headed by the eldest person around but by the wealthiest. Chieftaincy titles have equally become the exclusive reserve of those who has the capacity to donate lump sums to the community. These categories of people are equally those who decide what happens in the community.

The elderly tend to feel helpless in situations like this. Ajomale (2017) sees the elderly person as being in constant need of physical, material and mental support. Due to old age older persons become physically and mentally dependent. This increase the incidence of physical abuse. Most personal duties they can no longer perform by themselves. They are also too weak and frail to defend or fight back when abuse. A wheel chair-bound, elderly man shared his experience on the maltreatment he daily received from the houseboy (male servant) employed to take care of him. He recounted that most times the mood of the boy determined the level of physical abuse he suffered. According to him, “the violent pushing of the wheelchair creates a lot of fear in me. Sometimes when I need to be exposed to sunshine, the boy abandons me in the sun until such a time that is convenient for him to push me back into the house. I cannot complain to my only daughter who engaged the boy’s services because she once told me to endure all the mistreatment that getting a replacement could be very difficult”. Caregivers for the elderly are very difficult to secure (Ajomale, 2017). Ajomale (2017) contends that the elderly also suffer psychological or emotional abuse. These are quite common and constitute a source of depressive moods in the elderly. Psychological abuse touches the self-dignity of the elderly personal. Most times the abuser does not realize or consider his actions as being responsible for so much harm. Younger relations usually attribute indicators of psychological or emotional abuse to old age. When a family member caregiver behaves in a way that causes fear, mental anguish, and

emotional pain or distress to the older person, it can be termed psychological or emotional abuse. Such behavior could be insults, jokes made to ridicule the older person, threats and indifference affecting the person's mental well-being. Others include name calling, intimidating and threatening the individual with isolation and neglect and deliberately not talking to the older person, which is called the „silent treatment“ or „keeping malice“. Unlike every other group in the society, older adults are faced with such problems as economic, physiological, psychological, and sociological problems (Okoye, 2011).

A) Economic Challenges

The significant roles played by older adults in ensuring societal growth and development, in many contexts, is met with economic challenges (Fajemilehin & Odebiyi, 2011). This is as a result of lack of governmental interventions in the financial well-being of Nigeria's older adults. Study by Gureje et al (2008)) shows that in Nigeria, poverty is rife and older adults are more at risk since most of them are no longer in the economically active phase of life and there is no national social security to provide economic support in old age. Also, in Nigeria, ability, potentiality, capacities are often considered by people based on age which has affected the economic activities of older adults as well as poor access to essential services when older adults need them. Most often, when one is growing older especially in Nigeria, the importance attached to

social status may not be altered, but the person's social and economic prospects tend to be reduced (Omorogiwa, 2016). When one is growing older, there is great tendency of decline in physical energy which in most cases results to diminishing in economic activities. Unlike developed countries, Nigerian government has not responded as they should towards economic well-being of her older adults and as a result, older adults constitute the poorest and most vulnerable group in the society.

B) Psychological/emotional challenges

Psychological/emotional problem is one of the problems confronting the older adults in Nigerian society (UN, 2013). The sense of psychological loss tends to worsen the fear of getting old as loss and grief present a serious emotional challenge for the older adults (Abiodun, Adekeye & Iruonogbe, 2011). In Nigeria, older adults experience certain physiological changes that may accompany some psychological reactions such as:

i. **Depression:** This is one of the very general psychological problems among Nigerian older adults. Most often, Nigerian older adults get depressed as a result of illnesses that accompany old age such as heart disease, diabetes or cancer. The symptoms of depression include changes in sleep pattern, loss of appetite, feeling sad or struck by despair, lack of energy and motivation, weight loss/gain and so on.

ii. Amnesia/memory problems: As the name of this disease is indicative of its circumstances, a person suffering from memory amnesia loses parts or all of his/her memory. It is not a plain everyday forgetfulness but is a complete eradication of any or all events and relations. Symptoms include memory loss, confusion, in ability to recognize places and so on.

iii. Dementia: This is probably the most common psychological problem of older adults. People suffering from dementia generally lose mental ability to function normally in their daily life. Symptoms include change in mood, confusion, short term memory changes etc.

iv. Sleep-related disorders: There are many sleep related disorders to which the elderly are more prone than the younger adults. Insomnia which includes not falling asleep quickly (more than 45 minutes after lying down), trouble in staying asleep, waking up early are all primary causes of stress and anxiety. There is also sleep apnea, which is a sleeping disorder which is primarily inclusive of irregular breathing due to an obstruction of the upper air way.

C) Physiological Challenges

In humans, ageing begins the moment adulthood is attained and is as much a part of human life. The performance of many organs such as the heart, kidney, brain, lungs

show a gradual decline over the life span due to loss of cells from these organs with resultant reduction in the reserve capacities of the individual (Amarya, Singh & Sabhawal, 2015). Some physiological effects of ageing include:

i. **Cardiovascular system:** This refers to diseases of heart and is the single largest cause of death after age 60. Thus, with increasing age, the heart becomes more vulnerable to diseases and shows gradual reduction in performance with advancing age.

ii. **Nervous system:** Changes in the structures of the brain due to normal aging are not striking. It is true that with advancing age there is slight loss of nerve cells in the brain.

iii. **Skeletal system:** With aging the bones gradually lose calcium. As a result, they become more fragile and are more likely to break, even with minor falls and healing becomes slower.

iv. **Vision:** Aging also brings about a reduction in the ability to change the focus of the eye for viewing near and far objects. This change in vision is related to gradual increase in rigidity of the lens of the eye that takes place primarily between the ages of 10 and 55years. After the age of 60, incidences of diseases of the eye such as glaucoma and cataracts increase. Hearing: Above the age of 60, there is a gradual reduction in the ability to perceive tones at higher frequencies. The loss of perception of high frequencies interferes with identifying individuals by their voices and with

understanding conversation in a group but does not ordinarily represent a serious limitation to the individual in daily life.

v. Skin: The primary age change in the skin is a gradual loss of elasticity. Other factors such as exposure to weather and family traits also contribute to the development of wrinkles.

Maltreatment/Neglect of older adults in Nigeria

When people grow old there is every tendency that they will depend more on people such as family members, neighbours and significant others for their activities of daily living (ADL). Quite noticeably in Nigeria, older adults who usually depend on other people for most of ADL are vulnerable to maltreatment. Maltreatment is a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person (Action on Elder Abuse [AEA]). In Nigeria there are several forms of maltreatment against older adults. They include physical, psychological, financial, sexual, and neglect (Health in Aging Foundation, 2017; WHO, 2010).

I. Physical maltreatment: Nigerian older adults usually suffer physical maltreatment from the younger ones who may be either family members or not. This physical

maltreatment most often result in wounds, bruises, fractures, welts, punctures, burns, bite marks, cuts, and other unexplained injuries (National Center on Elder Abuse, 2014).

ii. Psychological/Emotional maltreatment: Psychological maltreatment includes verbal assault, threat of abuse, harassment, or intimidation, which may result in resignation, hopelessness, fearfulness, anxiety, or withdrawn behaviours (National Center on Elder Abuse, 2014). Some of the emotional maltreatment applicable to Nigerian society include name calling, humiliation, intimidation, yelling, insult, threat, lack of respect, lack of consideration for his/her wishes, denial of access to significant others, failure to meet their health and social needs.

iii. Sexual maltreatment: Sexual maltreatment involves a nonconsensual touching or sexual activities with older adults when they are unable to understand, unwilling to consent, threatened, or physically forced into the act or sexual comments or jokes, or leering (National Center on Elder Abuse, 2014). Several symptoms accompany sexual maltreatment. They include the following: torn, stained or bloody underwear, difficulty in walking or sitting, unexplained venereal disease or genital infections and so on. Ajomale (2007) noted that sexual maltreatment in Nigeria in most cases are ritual or robbery- related.

iv. Financial maltreatment: Financial maltreatment include the misuse or withholding of an older adult's resources to their disadvantage, unexplained changes in power of

attorney, wills, or legal documents, missing money and missing belongings (National Center on Elder Abuse, 2014). It also related to extraordinary interest of the caregiver in the assets of the older adults, unwillingness to spend money for the needs of the elderly even when they can afford it and disparity between the income of the older adult and the quality of care.

v. Neglect: This is perceived as the most common form of maltreatment meted against older adults in Nigeria. It entails failure to provide necessary care, refusal or failure to fulfill any part of an obligation or duties to older adults, especially by those responsible to provide such. According to Osunderu and Abimbola (2018) some of the areas older adults are been neglected include such life necessities as food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety and social activities. Also, older adults are emotionally neglected where the emotional needs of warmth and empathic care giving are denied them.

2.2 The Elderly Behaviour Towards Drug/Medication Taking

The degree to which an individual follows medical advice is a major concern in every medical specialty (Osterberg & Blaschke, 2015). Much attention has focused on methods to persuade patients to adhere to recommendations, without sufficient acknowledgement that avoidance of sometimes complex, costly and unpleasant

regimens may be entirely rational (Mitchell, 2017). Equally overlooked is the influence of communication between patients and healthcare professionals.

Despite the fact that drug consumption is an important issue in all age groups, this subject has been more extensively studied amongst aged individuals, largely due to the structural and functional changes associated with the aging process (Nóbrega, Melo, Karnikowski, 2015). Generally, adverse drug reactions are observed 2 to 3 times more frequently in geriatric patients than in younger adults (Turnheim, 2018). There are some age-related alterations in their pharmacokinetics and pharmacodynamics, as consequences of age-related changes occurring in the body's physiological functions.

The percentage of the elderly population is increasing throughout the world as a result of an increased average lifespan, and due to this, the National Institute on Aging and the National Institute of Health, have redefined the term "elderly" as referring to the age group greater than or equal to 65 years old (Parker et al, 2017). However, in 1984 the World Health Organization defined the concept of elderly in a slightly different way, in a report from the Expert Group on Epidemiology and Aging. From a chronological point of view, the elderly group encompasses the population aged 60 years or older in developing countries, while in developed countries they have maintained the age of 65 years or older for the definition of elderly (WHO, 1984). Elderly patients are characterized by age-specific problems such as multi-organ functional decline,

alterations in mental status, depression, reduced nutritional status and the absence of social support, all of which have the potential to interfere with the pharmacotherapy of these patients.

The biological age of the patient is one of the most important parameters and should be defined individually, based on co-morbidities and performance status (Balducci, Beghe, 2001). Several factors contribute to the great number of adverse drug reactions that affect the elderly besides their high drug consumption (Castleden, Pickles, 2018). For example, they are more likely to suffer from chronic illness, so long-term use of medicine may increase the risk of adverse drug reactions (Ritz, Vellas, 2017).

In addition, multiple health problems and polypharmacy (multiple drug usage) are common amongst the elderly population, which increases the probability of confusion during drug administration and the risk of interactions (Turnheim, 2014; Posner, 2019). Another factor that leads to drug toxicity and Adverse Drug Reactions (ADRs) in elderly people is inappropriate administration of the medication. The study conducted by Aparasu and Mort (2014) found a high prevalence of elderly persons in the United States that received potentially inappropriate psychotropic medications. Moreover, Correr et al. (2017) evaluated the prescriptions and risks of drug-related problems in a geriatric institution, and found that 13.5% of the drugs used were considered inadequate, increasing the risk of problems with drugs, mainly concerning the safety of the therapy.

The elderly are more susceptible to the effects and side effects of many drugs, they also tend to take more drugs than younger people because they are more likely to have more than one chronic medical disorder, such as high blood pressure, diabetes, or arthritis. Most drugs used by the elderly are taken for years and up to half of these elderly persons do not take the drugs as directed by their doctor, this can be due to some reasons like forgetfulness, difficulty in swallowing pills, or the cost of the medication (Correr et al., 2017). It is important that the elderly take their drugs or medication as prescribed by their doctor to ensure they get the maximum benefits of the medication and to avoid adverse effects (Fick et al., 2013).

2.3 Improving the Behaviour of the Elderly towards Drugs and Medication in Nigeria

The best way to improve the behaviour of the elderly towards drugs taking is to improve geriatric social work and personal support workers in Nigeria. Geriatric social work is gradually gaining ground in Nigeria although institutionalization of older adults has not received much encouragement from the society. In the Nigerian society, older adults actually constitute a positive force; hence, it is important to build a society where older adults live in dignity, respect and have access to basic needs of life. In view of this fact, there are specific ways of intervention by social work practitioners in Nigeria in order to ensure successful ageing. One of the specific ways is to ensure coping

strategies through self-help development in old age. Through this concept, the older adults can be encouraged to act in various ways that demonstrate belief that they can cope with the realities and demands of life associated with the ageing process and that it is worth experiencing the joy and happiness. This can be done through encouragement of change of attitude that avoid comparison with other generations, discouragement of negative statements about self, identification of self-strength and its utilization as well as development of good communication skills that can help one stay socially connected (Ayangunna & Mojoyinola, 2010). Furthermore, traditional support and care systems for Nigerian older adults need to be strengthened. The need to re-awaken the African communalism and extended family system is imperative and should be encouraged. For instance, the neglect on the filial obligation and emphasis on the nuclear family of “me, my wife and children” at the expense of the older members of the wider network should be discouraged while love which is an integral part of human existence should be encouraged. Older adults should be loved, accepted and cared for. Special attention should be given to them by talking, listening and meeting their needs at appropriate time. They should be allowed to participate in social and community activities, uphold their privacy and make plans based on their wishes. To this effect, caregivers of the aged must be more supportive and caring. Another way of intervention for older adults is to implement the provision of free medical services for all Nigerian older adults in the health care services because ageing is a natural development process and health

problems tend to be more when one is ageing. For instance, the National Health Insurance Scheme (NHIS) is only meant for Nigerian civil servants but this health service can be made to encompass all older adults. Also, the Nigerian Society of Gerontology and Geriatrics should ensure the inclusion of geriatrics and social gerontology in the medical school, social work curriculum.

This will enable medical students to have better appreciation of older adults and be better acquainted with old age diseases and illness. Also it will provide medical social workers knowledge they can include in their therapy and interventions with older adults and their families (Olaore 2014). Furthermore, the social security programmes that address all-inclusive financial support for Nigerian older adults should be implemented. The contributory pension scheme (insurance) does not cover all older persons. The contributory pension scheme in Nigeria is mainly designed for those who work in formal sectors of the government. This scheme is yet to make appreciable impact on the lives of older adults across board. Therefore, there is the need to expand the scheme to include all older adults and also introduce tax relief for workers who have older adults they are taking care of.

Finally, Nigerian government should introduce various community based services and programmes to support Nigerian older adults and their families. Some of the community-based services needed in Nigerian for older adults include nursing homes,

senior centres, transportation services, friendly visiting programmes, adult daycare, adults protective services, hospital-at-home, family-friendly programmes, personal support workers etc (Okoye, 2013).

2.4 Theoretical Framework

This research embraced the Ecological Model as guiding framework. Urie Bronfenbrenner developed the Ecological Model in 1979. In this model, Bronfenbrenner identified five systems that affect an individual's behavior throughout the lifespan: microsystem, mesosystem, exosystem, macrosystem, and chronosystem. The microsystem pertains to factors at the individual level; the mesosystem relates to factors at the family/school level; the exosystem deals with community factors such as workplace and neighborhood; the macrosystem explains factors such policy, and social media (Bronfenbrenner, 1979). Bronfenbrenner's Ecological Model is popularly known in social work as the Person-in-Environment Perspective or Systems Theory. Utilizing a Systems Theory approach in mental health can provide important information about an individual's emotions and motivations as related to system dynamics. This perspective provides insights into how individual's behaviors are shaped by the larger social context. To use Bronfenbrenner's (1986) terminology, the process of getting old can be viewed as a macrosystem that affects development by influencing the nature of all lower-level

systems (e.g., microsystems, mesosystems), along with the interactions within and between those systems.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Research Design

Quantitative approaches was used in this investigation. The quantitative data was collected using the survey research design. The survey research strategy was chosen because it is the most effective technique to respond to the queries posed by the study's objectives. Survey research is the process of collecting information from a sample of people by asking them questions (Check & Schult, 2012). This kind of approach allows for the use of a wide range of participant recruiting, collecting, and instrumentation strategies. In order to achieve the primary goal of the study's design.

3.2 Area and Scope of the Study

This study focuses on the elderly behavior towards drugs taking for their well-being in Sabongida-Ora community of Owan west Local Government Area, Edo state. It has an area of 732 km² and a population of 97,388 at the 2006 census. The capital of the local government area is Sabongida-ora and the postal code of the area is 313. Owan west is made up of three districts which houses several villages. the districts and some of the villages are listed below: District of Iuleha -: Aropo, Avbiognula, Avbiosi, Eruere, Ikpeyan, Iloje, Ivbiodohen, Oah, Obii camp, Ogha Okpuje and so on; District of Ora -:

Eme-ora, Igho-usie, Ikpafolame, Ogakha, Ogbeturu, Oke, Orbiogharin, Sabongida-Ora, Sobe and so on; District of Ozalla-: Ozalla.

3.3 Study Population

This study focuses on the elderly behavior towards drugs taking for their well-being in . It The population of Sabongida-Ora community of Owan west Local Government Area, Edo state was 97,388 at the 2006 census. However, the study used a 2022 projected population figure of 1120. The study population will be chosen because it was expected to be a true representation of the elderly staying in Sabongida-ora community.

3.4 Sample Size and Sampling Technique

The basis for selecting a sample size is when a study entails a large population. Therefore, a size able population that could be used to make inference was used. The sample size of the study is 294. This was calculated using the Taro Yamane's formula for sample size estimation. A 95% confidence level and level of maximum variability ($P = 0.05$) were assumed. Hence, the formula for the sample size estimation is given as:

Where: $n = N1 + N (e)^2$

n = the sample size

N = the population size

e = the level of precision (allowable error) that is 5% or 0.05.

Therefore the sample size is calculated as:

$$n = 1120/1 + 1120 (0.05)^2$$

$$n = 1120/1 + 1120 (0.0025)$$

$$n = 1120 /1 + 2.8$$

$$n = 1120/3.8$$

$$n = 294$$

3.5 Research Instrument

The researcher developed a structured questionnaire on intimate partner violence and its impact on the female child and young girls which was taken into consideration as the instrument of data collection. The survey will be formatted in a Likert-style fashion with two-point scales for "agree" and "disagree" (A and D). To indicate how much they agree or disagree with the statements in the instrument, respondents will be given instructions. The questionnaire contains two sections. The section A of the questionnaire contains demographic data of the respondent. The section B of the questionnaire focus on the objective of study

3.6 Validity and Reliability Of The Research Instrument

The validity of research instrument refers to the ability of an instrument to measure what it is design to measure. There are different types of validity. However, this researcher in bid to ascertain the validity of his instrument presented the said instrument to his supervisor, and two other social workers; their comments, suggestions and criticisms were used to modify the initial research instrument. The research instruments in question were subjected to test-retest reliability.

3.7 Method of Data Collection

The questionnaire will be distributed personally to the respondents. The respondents should be able to answer the questions honestly after administering the questionnaires to them. The researcher will also guide the respondents with regards to filling questionnaires. The respondents were informed that their responses would be treated with utmost confidentiality

3.8 Method of Data Analysis

The quantitative data collected were analyzed using the Statistical Package for the Social Sciences (SPSS) software application version 19. The hypotheses will be tested using the chi-square statistic (χ^2). Analysis entailed use of statistical tables showing

frequency distribution and percentages of variables investigated, test of hypothesis using χ^2 statistics.

3.9 Ethical consideration and informed consent:

Participants who choose to participate in the study be given a permission form. Participants' responses were kept confidential and did follow international best practises. It's important to emphasise that there won't probably be any safety concerns. The participants won't experience any harm because this study won't carry any hazards. Participants will be given the opportunity to withdraw their consent at any point during the interview and will have the right to clarify any aspects of the study that are unclear to them.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This chapter presents the data presentation, analysis and interpretations of the various data collected for this study. Consequently, it entails the application of both mathematics and statistical techniques to provide the basis for analyzing the research objectives listed in chapter one. Hence, it is a vital part of this study since it forms the basis for conclusion and policy recommendations.

4.2 Data Presentation and Analytical Techniques

Tables and percentages were used in this research work; the use of table was the most appropriate means of interpreting information for easy understanding. In analyzing the data, judgment was based on the number of favorable or unfavorable responses received on each statement in the questionnaire. Generally, the favorable responses are, “strongly agree” and “agree” while the unfavorable responses are “disagree” and ‘strongly disagree’. The results of the data collected are analyzed below based on each research questions.

Section A: Demographic Characteristics of the Respondents

Table.1 demographic of respondents

1	Gender	Frequency	Percent
	Male	102	34.7%
	Female	192	65.3%
	Total	294	100%
2	Age		
	54 - 64 years	167	56.8%
	65 – 75 years	85	28.9%
	76 years and above	42	14.3%
	Total	294	100
3	Marital Status		
	Single	41	13.9%
	Married	111	37.8%
	Divorced	142	48.3%
	Total	294	100%
4	Religion		
	Christians	175	59.5%

	Muslim	85	28.9%
	Traditional Worshippers	34	11.6%
	Total	294	100%
5	Number of Children		
	0 - 2	78	26.5%
	3 - 5	201	68.4%
	6 and above	15	5.1%
	Total	294	100%

Source Field work 2023

Table 1 shows the demographic characteristics of the respondents. Accordingly, 34.7% of the total respondents are male while 65.3% percent of the total respondents are female. This implies that we had more female respondents. 56.8% of the total respondents are between the age brackets of 54 - 64 years; 28.9% of the total respondents are between the age brackets of 65 – 75 years; and 14.3% of the total respondents are between the age brackets of 76 years and above. It also shows that 13.9% of the total respondents are Single; 37.8% percent of the total respondents are married and 48.3% of the total respondents are in Divorced. This implies that the majority of the respondents are Divorced. It also indicated that 59.5% of the respondents are practicing Christianity; 28.9% of the respondents are practicing Islam and 11.6% are Traditional worshippers. This implies that the majority of the

respondents are Christians. It also indicated that 26.5% have 0-2 children, 68.4% have 3-5 children and 5.1% have 6 and above children.

4.3 Research Question one: What are the elderly behaviour towards drug taking in Sabongida-Ora community?

Table 4.5: Do the elderly population have a hard time following the doctors prescription?

	Frequency	Percent
Agreed	43	14.6%
Disagreed	26	8.8%
Strongly Agreed	176	59.9%
Strongly Disagreed	24	8.2%
Undecided	25	8.5%
Total	294	100.0

Source: Field Survey, 2023

Table 4.5 above revealed that 14.6% of the total respondents agreed that the elderly population have a hard time following the doctors prescription; 8.8% of the total respondents disagreed that the elderly population have a hard time following the doctors prescription; 59.9% of the total respondents strongly agreed that the elderly population have a hard time following the doctors prescription; 8.2% of the total respondent strongly disagreed that the elderly population have a hard time following the doctors prescription; and 8.5% of the total respondent were undecided about the question asked.

This implies that the majority of the respondents strongly agreed that the elderly population have a hard time following the doctors prescription.

Table 4.6: A large number of the elderly use over the counter drugs instead of getting a prescription from a doctor?

	Frequency	Percent
Agreed	51	17.3%
Disagreed	24	8.2%
Strongly Agreed	178	60.5%
Strongly Disagreed	27	9.2%
Undecided	14	4.8%
Total	294	100.0

Source: Field Survey, 2023

Table 4.6 above, it revealed that 17.3% of the total respondents agreed that a large number of the elderly use over the counter drugs instead of getting a prescription from a doctor; 8.2% of the total respondents disagreed that a large number of the elderly use over the counter drugs instead of getting a prescription from a doctor; 60.5% of the total respondents strongly agreed that a large number of the elderly use over the counter drugs instead of getting a prescription from a doctor; 9.2% of the total respondent strongly disagreed that a large number of the elderly use over the counter drugs instead of getting a prescription from a doctor; and 4.8% of the total respondent were undecided about the question asked. This implies that the majority of the respondents strongly

agreed that a large number of the elderly use over the counter drugs instead of getting a prescription from a doctor.

Table 4.7: Does the negative behaviour of the elderly towards drugs affect their health?

	Frequency	Percent
Agreed	67	22.8%
Disagreed	28	9.5%
Strongly Agreed	166	56.5%
Strongly Disagreed	22	7.5%
Undecided	11	3.7%
Total	294	100.0

Source: Field Survey, 2023

Table 4.7 above, it revealed that 22.8% of the total respondents agreed that the negative behaviour of the elderly towards drugs affect their health; 9.5% of the total respondents disagreed that the negative behaviour of the elderly towards drugs affect their health; 56.5% of the total respondents strongly agreed that the negative behaviour of the elderly towards drugs affect their health; 7.5% of the total respondent strongly disagreed that the negative behaviour of the elderly towards drugs affect their health; and 3.7% of the total respondent were undecided about the question asked. This implies that the

majority of the respondents strongly agreed that the negative behaviour of the elderly towards drugs affect their health.

4.4 Research Question Two: What are the causes of the elderly behaviour towards drug taking in Sabongida-Ora community?

Table 4.8: The negative behaviour towards drug taking is caused by forgetfulness of the elderly?

	Frequency	Percent
Agreed	83	28.2%
Disagreed	35	11.9%
Strongly Agreed	125	42.5%
Strongly Disagreed	25	8.5%
Undecided	26	8.8%
Total	294	100.0

Source: Field Survey, 2023

Table 4.8 above, it revealed that 28.2% of the total respondents agreed that the negative behaviour towards drug taking is caused by forgetfulness of the elderly; 11.9% of the total respondents disagreed that the negative behaviour towards drug taking is caused by forgetfulness of the elderly; 42.5% of the total respondents strongly agreed that the negative behaviour towards drug taking is caused by forgetfulness of the elderly; 8.5% of the total respondent strongly disagreed that the negative behaviour towards drug taking is caused by forgetfulness of the elderly; and 8.8% of the total respondent were

undecided about the question asked. This implies that the majority of the respondents strongly agreed that the negative behaviour towards drug taking is caused by forgetfulness of the elderly.

Table 4.9: The high cost of drugs also leads to the elderly skipping dosage of their medication?

	Frequency	Percent
Agreed	151	51.4%
Disagreed	15	5.1%
Strongly Agreed	88	29.9%
Strongly Disagreed	19	6.5%
Undecided	21	7.1%
Total	294	100.0

Source: Field Survey, 2023

Table 4.9 above, it revealed that 51.4% of the total respondents agreed that the high cost of drugs also leads to the elderly skipping dosage of their medication; 5.1% of the total respondents disagreed that the high cost of drugs also leads to the elderly skipping dosage of their medication; 29.9% of the total respondents strongly agreed that the high cost of drugs also leads to the elderly skipping dosage of their medication; 6.5% of the total respondent strongly disagreed that the high cost of drugs also leads to the elderly skipping dosage of their medication; and 7.1% of the total respondent were undecided

with the question asked. This implies that the majority of the respondents agreed that the high cost of drugs also leads to the elderly skipping dosage of their medication.

Table 4.10: Some of these drugs have bad odour and are very hard to swallow?

	Frequency	Percent
Agreed	51	17.4%
Disagreed	24	8.1%
Strongly Agreed	132	44.9%
Strongly Disagreed	20	6.8%
Undecided	67	22.8%
Total	294	100.0

Source: Field Survey, 2023

Table 4.10 above, it revealed that 17.4% of the total respondents agreed that some of these drugs have bad odour and are very hard to swallow; 8.1% of the total respondents disagreed that some of these drugs have bad odour and are very hard to swallow; 44.9% of the total respondents strongly agreed that some of these drugs have bad odour and are very hard to swallow; 6.8% of the total respondent strongly disagreed that some of these drugs have bad odour and are very hard to swallow; and 22.8% of the total respondent were undecided with the question asked. This implies that the majority of the respondents strongly agreed that some of these drugs have bad odour and are very hard to swallow.

4.5 Research Question three: What are the best method to improve the elderly behaviour towards drug taking in Sabongida-Ora community ?

Table 4.11: The elderly should have a personal support worker or family member close by to make sure they are taking their drugs?

	Frequency	Percent
Agreed	126	42.8%
Disagreed	37	12.6%
Strongly Agreed	58	19.7%
Strongly Disagreed	49	16.7%
Undecided	24	8.2%
Total	294	100.0

Source: Field Survey, 2023

Table 4.11 above, it revealed that 42.8% of the total respondents agreed that the elderly should have a personal support worker or family member close by to make sure they are taking their drugs; 12.6% of the total respondents disagreed that the elderly should have a personal support worker or family member close by to make sure they are taking their drugs; 19.7% of the total respondents strongly agreed that the elderly should have a personal support worker or family member close by to make sure they are taking their drugs; 16.7% of the total respondent strongly disagreed that the elderly should have a personal support worker or family member close by to make sure they are taking their drugs; and 8.2% of the total respondent were undecided with the question asked. This implies that the majority of the respondents agreed that the elderly should have a

personal support worker or family member close by to make sure they are taking their drugs.

Table 4.12: Social workers should advocate for the government to subsidize drugs and medical care for the elderly?

	Frequency	Percent
Agreed	74	25.2%
Disagreed	17	5.8%
Strongly Agreed	169	57.5%
Strongly Disagreed	18	6.1%
Undecided	16	5.4%
Total	294	100.0

Source: Field Survey, 2023

Table 4.12 above, it revealed that 25.2% of the total respondents agreed that social workers should advocate for the government to subsidize drugs and medical care for the elderly; 5.8% of the total respondents disagreed that social workers should advocate for the government to subsidize drugs and medical care for the elderly; 57.5% of the total respondents strongly agreed that social workers should advocate for the government to subsidize drugs and medical care for the elderly; 6.1% of the total respondent strongly disagreed that social workers should advocate for the government to subsidize drugs and medical care for the elderly; and 5.4% of the total respondent were undecided with the question asked. This implies that the majority of the respondents strongly agreed

that social workers should advocate for the government to subsidize drugs and medical care for the elderly.

Table 4.13: The social worker could provide counselling and guidance services for the aged?

	Frequency	Percent
Agreed	87	29.6%
Disagreed	12	4.1%
Strongly Agreed	177	60.2%
Strongly Disagreed	7	2.4%
Undecided	11	3.7%
Total	294	100.0

Source: Field Survey, 2023

Table 4.13 above, it revealed that 29.6% of the total respondents agreed that the social worker could provide counselling and guidance services for the aged; 4.1% of the total respondents disagreed that the social worker could provide counselling and guidance services for the aged; 60.2% of the total respondents strongly agreed that the social worker could provide counselling and guidance services for the aged; 2.4% of the total respondent strongly disagreed that the social worker could provide counselling and guidance services for the aged; and 3.7% of the total respondent were undecided about

the question asked. This implies that the majority of the respondents strongly agreed that the social worker could provide counselling and guidance services for the aged.

CHAPTER FIVE

SUMMARY, FINDINGS, CONCLUSION AND RECOMMENDATION

5.0 Introduction

This chapter presented the summary conclusion and recommendations of the study based on the results of the findings.

5.1 Summary

This study was structured into five chapters to effectively carry out this research. The study raised three objectives that guided the study. Based on these objectives, research questions and hypotheses were formulated, the assumptions and significance of the study were highlighted, area of study and scope were also discussed. Chapter two reviewed literature related to the research topic. The review critically examined and analyzed the views of some social workers and other concerned scholars on the concepts. The theoretical frame work used in the study was Ecological Model. In chapter three the design and methodology of the study were discussed. The research design was a cross-sectional survey design, the population of the study comprised of the aged people living in the area of study. A total of 294 persons were sampled using simple random sampling procedure. One instrument was used for data collection, the questionnaire. The returned questionnaires were analyzed using simple percentage table

for the demographic response collected from the respondents through the questionnaire. Chapter four presented the analysis of the data collected which were analyzed through the use of descriptive and inferential statistics.

5.2 Findings

The findings in this study after the analysis gave the following results:

1. It was discovered that, there are significant negative relationship between the elderly behaviour and poor drug usage in Sabongida-Ora community.
2. Finding also revealed that neglect from family members leads to poor drug taking behaviour in the elderly.
3. Finding also revealed that social work and personal support workers could be very important and useful in Sabongida-Ora community.

5.3 Conclusion

The growing awareness of the drug use problems of the elderly clearly points up the fact that real understanding and indepth knowledge of the area is lacking. Although it is true that some elderly people are receiving too much of too many psychoactive medications, it is also true that many are not now using psychoactive drugs that could significantly help them. These and other issues need intensive study. It is crucial, then, that at this juncture, NIDA actively participate and assist in the development of new knowledge and innovative service delivery models in order to provide every assurance

that the elderly population who are experiencing difficulties associated with their drug use can be accurately identified and provided quality care. Adherence to medications is important in ensuring that therapeutic benefits are delivered to patients. However, adherence to medications has always been an issue, especially amongst the elderly. It is important to keep the patient, medication, health care providers, health care system and socioeconomic factors in mind so as to be able to come up with suitable and individualized solutions to overcome these issues. Physicians are not considered to have treated a patient after writing a prescription. There is a need to ensure adherence to the medications prescribed so that the patient would be able to receive maximum therapeutic benefits.

5.4 Recommendations

Based on the revelations of this work, the following recommendations are made:

- i. Physicians must always review all medications used. Special attention must be paid to nonprescription drugs, herbs and supplements.
- ii. Various criteria sets exist in the literature that identify medications to be avoided, or prescribed with caution.
- iii. Physicians should avoid under-utilization, as much as over-utilization of drugs.
- iv. ADEs result in 4 times as many hospitalizations in older compared with younger adults.

- v. Causes of preventable ADEs include, among others: prescribing cascades, Drug-drug interactions and inappropriate drug doses.
- vi. Follow a step-wise approach to prescribing for older adults. Discontinue any potentially unnecessary therapy.
- vii. Consider non-pharmacological approaches.

REFERENCES

- Abanyam, N. L. (2013). The changing privileges and challenges of older people in contemporary African society. *Global Journal of Art, Humanities and Social Sciences*, 1(4), 34-43, December 2013. Retrieved from www.eajournals.org/.../The-Changing-Privileges-and-Challenges-of-Older-People-in-...
- Abanyam, N.L. (2011). The problem of the aged in Nigeria. *Journal of Research and Contemporary Issues*, 6 (1 & 2).
- Abiodun, M.G., Adekeye, O.A. & Iruonogbe, T.C. (2011). Counselling services for remediating the biopsychosocial challenges of the aged in Nigeria. *Journal of Functional Management*, 3 (1), 89–98.
- Action on Elder Abuse [AEA]. (2012). What is elder abuse? Retrieved from <http://www.elderabuse.org.uk/abuse.html>
- Ajomale, O. (2007). Country report: Ageing in Nigeria-Current state, social and economic implications. In A. Hoffman (Ed.), *Sociology of Ageing* (pp.15-20). Oxford. Oxford Institute of Ageing. Retrieved from www.rc11.sociologyofageing.org/system/files/Nigeria202007-O.pdf.
- Akukwe, F.N. (1992). *Senior citizens: A policy dilemma*, Onitsha: Veritas Printing and Publishing Co. Ltd.
- Amarya, S., Singh, K., & Sabhawal, M. (2015). Changes during aging and their association with malnutrition. *Journal of clinical Gerontology and Geriatrics*, 6, 78-84.

- Animasahun, Y.T. & Chapman, H.J. (2017). Psycho social health challenges of the elderly in Nigeria: A narrative review. *African Health Sciences. Makerere Medical Scholar Health*, 17 (2), 574-583.
- Dimkpa, D.I. (2015). Perspectives on elder bias and abandonment in Nigeria: Implications for gerontological counseling. *International Journal of Education and Research*, 3(4), 221-232.
- Dubois, B. & Miley, K.K. (1996). *Social work an empowering profession*. Boston: Allyn and Bacon.
- Egunyomi, D. A. (2012). The adults and aged: The Nigerian situation. In H. O. Osinowo, O. A. Moronkola and D. A. Egunyomi (Eds.), *The adults and aged in Nigeria: Issues and researches* (pp. 1-16). Ibadan: Royal People Nig. Ltd.
- Fajemilehin, B.R. & Odebiyi, A. I. (2011). Predictors of elderly persons' quality of life and health practices in Nigeria. *International Journal of Sociology and Anthropology*, 3(7), 245-252.
- Idris, S. (2012). Caring for the elderly in Nigeria. *The Tide Newspaper*. Retrieved from www.thetidenewsonline.com
- International Association of School of Social Work [IASSW] & International Federation of Social Work [IFSW] (2014). Global definition of social work. Retrieved from <http://ifsw.org/policies/definition-of-social-work/>
- National Center on Elder Abuse (2014). Types of abuse. Retrieved from http://ncea.aoa.gov/FAQ/Type_Abuse/

- National Population Commission Nigeria (2006). Population census of Federal Republic of Nigeria: Preliminary report. Abuja: National Population Commission.
- Odufowokan, B.A. (2011). Managing the aged in contemporary African society: Ogun State, Nigeria in perspective. *E-Leader Croatia*, 4 (2), 1-8.
- Okorafor, C. (2015). Caring for the aged: Why are homes for the elderly still “taboo” in Nigeria?”. *Ventures African.com*
- Okoye, U.O. (2013). Community-based care for home bound elderly persons in Nigeria: A policy option. *International Journal of Innovative Research in Science, Engineering and Technology*, 2 (12), 7089-7091.
- Okoye, U.O. (2012). Family care-giving for ageing parents in Nigeria: Gender differences, cultural imperatives and the role of education. *International Journal of Education and Ageing*, 2 (2), 139–154.
- Okoye, U.O. (2011). Social work with the aged. (an unpublished lecture note). University of Nigeria, Nsukka. Okoye, U.O. (2004). Knowledge of aging among secondary school students in South-Eastern Nigeria. *Educational Gerontology*, 30, 481-489.
- Omorogiuwa, T.B.E. (2016). The psychosocial problems of the elderly: Implications for social work practice. *Journal of Nursing, Social Studies, Public Health and Rehabilitation* 3–4, 111–118.
- Osunderu, O., & Abimbola, E. A. (2018). Elderly abuse and care of the aged in Nigerian society: A case study of old people’s home Yaba. *Gerontology & Geriatric stud.* 2(1), 1-6.

United Nations (2013). World population ageing. New York: Department of Economic and Social Affairs Population Division, United Nations.

United Nations, Department of Economic and Social Affairs, Population Division. (2012). World population prospects: The 2010 revision. Retrieved from http://www.un.org/esa/population/publications/2012WorldPopAgeingDev_Chart/2012PopAgeingandDev_WallChart.pdf.

United Nations Population Fund (2012). HelpAge International (HAI) Ageing in the twenty-first century: A celebration and a challenge. UNFPA & London: HelpAge International, New York, USA.

World Health Organisation [WHO], (2010). Older people – a new power for development. 1st October International Day of Older Person. Retrieved from http://www.who.int/aging/projects/elder_abuse/en/index.html

Zastrow, C. (1993). Social work with groups. Chicago: Nelson-Hall

APPENDIX

QUESTIONNAIRE

DEPARTMENT OF SOCIAL WORK

FACULTY OF SOCIAL SCIENCES

UNIVERSITY OF BENIN

BENIN CITY

Dear Respondent,

I am a final year student of the department of Social Work, with degree in view B.SC Social Work. The objective of this questionnaire is to obtain relevant information which will help in providing answers to the research questions of the study "elderly behavior towards drugs taking for their well-being in Sabongida-Ora communit". Upon completion of this study, you are invited to read my findings because it will be useful to government agencies; non-government organization- international, national and local; policy makers. You are hereby assured that information gathered with this questionnaire is basically for academic purpose and it will be treated with utmost confidentiality.

Socio Demographic Profile

1. AGE: 54 - 64 years() 65 – 75 years() 76 years and above ()
2. GENDER: Male: () Female: ()
3. RELIGION: Christian: () Muslim: () Traditional Worshipper: ()
4. Marital Status: Single : () Married : () Divorced : ()
5. Number of Children : 0 - 2 () 3 - 5 () 6 and above ()

Section B; Research questions

Nos I	What are the elderly behaviour towards drug taking in Sabongida-Ora community?	Agree	Disagree	Strongly Agree	Strongly Disagree	Undecided
1	Do the elderly population have a hard time following the doctors prescription?					
2	A large number of the elderly use over the counter drugs instead of getting a prescription from a doctor?					
3	Does the negative behaviour of the elderly towards drugs affect their health?					
Item II	What are the causes of the elderly behaviour towards drug taking in Sabongida-Ora community?	Agree	Disagree	Strongly Agree	Strongly Disagree	Undecided
4	The negative behaviour towards drug taking is caused					

	by forgetfulness of the elderly?					
5	The high cost of drugs also leads to the elderly skipping dosage of their medication?					
6	Some of these drugs have bad odour and are very hard to swallow?					
Item III	What are the best method to improve the elderly behaviour towards drug taking in Sabongida-Ora community ?	Agree	Disagree	Strongly Agree	Strongly Disagree	Undecided
7	The elderly should have a personal support worker or family member close by to make sure they are taking their drugs?					
8	Social workers should advocate for the government to subsidize drugs and medical care for the elderly?					

9	The social worker could provide counselling and guidance services for the aged?					
---	---	--	--	--	--	--