

CASE SERIES: ELDER ABUSE

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ABSTRACT

Background:

Worldwide, there is an increase in the number of older persons and they need to be cared for. Elder abuse was once thought to be none existent in Nigeria, but this is not so as few Nigerian studies have shown that it exists in although it is under reported.

Aim of Case Series:

This case series highlights different types of elder abuse in the society.

Case Series:

This is a case series of three cases of elder abuse. Case I is a 102 year old female hypertensive, widow with no living child who suffered neglect and psychological elder abuse. Case II is an 89 year old widow who suffered emotional and psychological elder abuse. Case III is a 72 year old male who suffered physical elder abuse.

Conclusion:

There is need for enlightenment of the Nigerian populace on this public health issue as a way of reducing this menace. Elder abuse can lead to depression of the victim. In severe cases it may lead to suicide.

Key Words: Elder Abuse, Physical, Neglect, Psychological Abuse.

INTRODUCTION

Common problems of the elderly include poverty, age related diseases such as stroke, depression, dementia, Alzheimer's disease and Parkinson's disease which put them at risk of elder abuse^{1,2}. The number of older persons aged 65 years and above is estimated at 506 million as at 2008 and is projected to be 1.3 billion by 2040³. According to the World Health Organization, the population of persons 60 year and above in 2015 was 900 million⁴. In Nigeria, 5.2% of her population are elderly⁵. The number of elderly persons is increasing therefore is important to the care provided by them either they are at home or in nursing homes⁶. Elder abuse is which is on the increase worldwide is becoming a global health and human rights problem^{5,7,8}. This is because elder abuse is associated with some

consequences which may be devastating and economic costs on the society as it requires attention of healthcare systems and social welfare agencies, policy makers and the general public⁹. It in recognition of this fact that the United Nations officially marked the world elderly abuse awareness day on 15th of June 2012¹.

There are no universal definition for an older person as there are many definitions on who is an elder^{2,10}. This is worst in developing countries like Nigeria where all births are not registered therefore the date of birth may be determined by events that occurred around the time of birth, baptismal certificate for those that are Christians where infant baptism was done and also by using the date of birth of peers born around the same time. The United

Nations defines an older person as those aged 60 years and above ^{2,10-13} while the World Health Organization defines it as persons 65 years and above, the latter definition is widely acceptable by most developed countries ^{2,11,12}. In most developed countries 65 years is used while in most developing countries the age of retirement from the government civil service is used for defining who is an elder ^{10,11,14}. For instance in Nigeria, most studies conducted among the elderly use 60 years as the age of an older person ⁵ while the Nigerian population commission defines an elderly person as someone that has attained the age of 65 years and older ².

The World Health Organization (WHO) defined elder abuse as 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 ⁴. In Nigeria, elder abuse includes shabby treatments of the older person by younger people including family members such as verbal abuse, locking them up in a room, referring to them as behaving like a child especially if they are dependent on others for the dailies activities of living, not maintaining them or supporting them with money to eat. The World Health Organization estimates that 15.7% of persons aged 60 years and above are subjected to various forms of abuse ⁴. Few studies have been conducted on the topic but there is no national survey on elder abuse yet in Nigeria.

When this elder abuse occurs, the caregiver of the older person which may be a family member or a paid caregiver harms the older person ^{6,15}. Being elderly is associated with several problems especially in low resource settings like Nigeria ^{16,17}.

Elder abuse was initially thought to be a social problem and a problem of the aged, but like other forms of family violence, it has developed into a health and criminal concern as it is the misuse of power and control ⁴. The inability of family members to cope with caregiving can lead to frustrations which may translate to abuse of the elderly ¹⁸. The first world abuse awareness day was celebrated officially by the United Nations on 15th June 2012 ¹. There are many risk factors associated with elder abuse. These include total dependence on the care giver, poverty, urbanization, unemployment of the children, being single (that is if the older has never been married or is a widow or widower), living with family, having a disability, the health status of the older person, culture and gender ^{1,2,5,6,8,17}.

There are many forms of elder abuse; it can be physical, psychological, sexual, financial exploitation, neglect, medication abuse, and abandonment ^{1,5-8,19}. Elder abuse is becoming common therefore it is an issue of public health importance ^{8,17,20}.

The elderly and their families in Nigeria face the challenge of coping with the physical and psychological health status associated with ageing ¹⁷. Not much research has been carried out in developing countries on elder abuse ⁶. It is the responsibility of Nigerian families to take care of their elderly but in recent times, the way ageing is being perceived is different from what it was some decades ago ^{5,17,21-23}.

A study on elder abuse conducted in Enugu State, Nigeria, gender was a significant factor in the

prevalence of the abuse²². The two factors that led to the abuse were inadequate medical attention (40.37%) and inadequate provision of food (43.33%). In this study emotional abuse and economic exploitation were perpetuated equally among both gender but physical abuse was more common among the women.

In a study on elder abuse in Akwa-Ibom State, South of Nigeria emotional abuse was the most common form of elder abuse followed by financial and material abuse, neglect and abandonment¹⁷. The researchers reported that physical and sexual abuse were uncommon¹⁷. Demographic factors associated increased the risk of abuse in this study were age, gender, marital status and income¹⁷.

In a twelve months study conducted in Imo State, South-Eastern Nigeria the prevalence of elder abuse in rural and urban communities was 14.7% and 9.8% respectively²⁰. Emotional and psychological abuse were cited as the most common type of elder abuse. The pattern of elder abuse in rural communities was financial abuse (30.2%), emotional abuse (26.0%), physical abuse (16.7%), neglect (11.9%), and social abuse (1.8%) while in the urban communities it was financial abuse (29.6%), neglect (13.0%), emotional abuse (8.3%), physical abuse (5.7%), sexual abuse (1.3%) and social abuse (0.9%).

Another Nigerian study on elder abuse in Ado-Ekiti, Nigeria stated that abandonment and neglect were the most common⁵. The least common form of elder abuse experienced was financial exploitation (41.9%). In this study, 85.4% of the participants in the study experienced elder abuse,

and the abuse occurred once in three months and weekly. The authors reported that there was no relationship between age and the form of elder abuse experienced.

Elder abuse is yet to be a recognized area of concern in developing countries⁶ as only few researches has been done on it. Since it is under reported as it is not easily recognized^{5,15} especially when there are no physical injuries.

CASE SERIES

Case 1:

A 102 year old hypertensive female who lived in her village. She had no living child. The children of her siblings catered for her needs. She was diagnosed hypertensive for more than 50 years ago and the antihypertensive was provided by her care givers who also took her to hospital on every visit. She was accused of witchcraft and labeled the cause of the misfortunes and unemployment faced by her nieces and nephews. This made her hospital visit irregular. She later presented with complaints of withdrawal from the public, loss of appetite, unhappy mood, and was no longer compliant with her anti-hypertensive medications. She was then abandoned by her caregivers.

Case 2:

An eighty-nine year old widow had six children that catered for her. She was brought to the city by her second daughter who lost her husband. This put a financial strain on her family and she could not care for her mother anymore. Family conflicts arose from this development. The daughter and her children began to verbally and psychologically abuse their grandmother. She presented at a private

health facility with complaints of falling out of the womb and a diagnosis of third degree vagina prolapse was made. She was referred to a tertiary health facility for expert management. She was not taken to the referral hospital due to financial constraints and family conflict. She takes alcohol but the care giver could not give an approximate quantity consumed. While in the city she did not have access to alcohol. She later presented at the hospital with complaints of irrational behavior, withdrawal, loss of appetite, being unhappy, not associating with others and a diagnosis of depression and dementia was made. She also developed alcohol withdrawal syndrome. Her medical condition deteriorated and she developed urinary incontinence.

Case 3:

A 72 year old male was brought by his first son to live with his second daughter in the city. He had problem with his gait and was admitted the hospital where skeletal traction was done with slight improvement. He used a walking aid to support himself in walking for more than 30 years. His children signed against medical advice and engaged the services of a traditional bone setter. He became urinary and fecal incontinent. Du to this his care giver who is his second daughter beat him with a whip every morning because of the burden for caring for him. He was brought to the hospital with complaints of loss of appetite. On examination the blood pressure and fasting blood sugar were within normal limits. On examination there were fresh linear marks on the back, and arms. On further probing the patient said he was beaten every morning by his care giver.

He walks with a cane for more than 30 years following a hip joint dislocation he sustained when he was a youth which was not managed in the hospital due to his fate in traditional bone setters. He became urinary and fecal incontinent for which he was beaten every morning with a whip due to the burden of caring for him. He suffered from urinary incontinence and physical elder abuse.

DISCUSSION

The biological, psychological and social factors that influence the process of ageing can also influence the quality of life and health outcomes¹⁷ as old age sometimes results in reduced physical capability^{16,23}. This corroborates with the 72 year old male who could not carry out his daily activities. This shows that caring for the elderly emphasizes on the social and personal requirements of the elderly especially those that require assistance with daily activities²³. Traditionally in Nigeria, the elderly are cared for by the extended family members^{21,23} which are children, daughters and sons-in-law, nieces, nephews, friends, neighbours and children of close associates. This is gradually changing as some of the perpetrators of elder abuse are the children of the victim. Some factors responsible for these changes are changes in the structure of the African society which has resulted in geographical dispersion of the extended family system and probability of the family members to be residing far away from home because of their work²⁴. The elderly requires constant interaction with people around them more than any other group of adults but this is gradually changing¹⁶. It is difficult for victims of elder abuse to report it even to family members as it is a taboo in most Nigerian cultures¹⁹ hence the victim continues to endure it. The elderly may be dependent on their

caregiver who may be their children and extended family relatives for financial, moral and emotional or psychological support²⁵. In this modern day this can be seen as a burden by the caregiver especially if it gets stressful and the older person is uncooperative⁶. Actually, providing care for the elderly can be burdensome for the caregiver both physically and emotionally²⁵. This can be seen in the 72 year old male whose carer subjected to emotional, physical and verbal abuse because he became urinary and feecal incontinent.

Unfortunately, the elderly are unable to challenge their abusers and have no way of reporting their abuse and so many suffer in silence¹. Elder abuse can lead to several consequences⁷. This was however not seen in any of the three cases in the case series. As victims of elder abuse often interact with health systems, it will be necessary for increased screening and treatment is necessary⁷.

CONCLUSION

Elder abuse is a growing public health problem in Nigeria despite the cultural and traditional beliefs of the Nigerian society that forbids it. There are many causes of elder abuse. This case series actually shows that elder abuse occurs in Nigeria though it is a case series it cannot be generalized for the entire Nigerian population. There is need for more collaborative national survey on this to help provide ways of reducing it. There is also need for education of this matter so to help avoid it.

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