THE PROBLEM OF THE AGED IN DEVELOPING COUNTRIES: A THEORETICAL PERSPECTIVE

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Abstract
Despite advances in health care, many aged people in the developing countries still experience chronic, incurable progressive diseases and poverty as well as many other associated hazardous problems. In the past, especially in most traditional societies, when people grow old family and friends care for them at home until their dying days. There was a general feeling that parents make sacrifices for their children and, in turn their grown children are obligatory to take proper care of their aging parents. Thus, elderly care has traditionally been the responsibility of family and was provided within the extended family system (home). Presently, changes in the structure of the society due to contact with the west have resulted to geographical dispersion of families, and the tendency for family members to be educated and work outside the home. These tremendous changes has affected the aged care and today, the aged in most developing countries are facing many problems. Consequently, people are beginning to see old age as an age of increasing tension, frustration and insecurity. This study sought to examine the problem of the aged in developing countries. Elaine Cumming & William Henry's Functionalist Disengagement theoretical model of reference was used in analyzing the study. The study found that poverty, unemployment, malnutrition, physical and mental health, transportation challenges, lack of shelter, isolation and loss of respect, thought of death anxiety, and discrimination in the employment sectors are the basic common problems facing the aged in Developing Countries. The study also revealed that health care providers in developing countries most often misdiagnosed or labeled depression of aged people as normal aspects of aging. The study recommends that aged persons are more likely to be poor than working age adults so social protection system should be established and deepened by government to ensure old age security in developing countries. More so, Government should make care of the aged a high priority issue and put viable strong mechanism to ensure the effective and efficient implementation. The study concludes that there is urgent need for government, charitable organizations, NGOs, social workers, care givers and other related development partners to address the problems of the aged in Developing Countries.

Keywords: Problem, Aged, Care, Developing Countries, Theoretical Perspective.

Introduction

The Greek philosopher, Epicurus has once submitted that "worn-out tissues cannot forever renew themselves". Human beings seem to grow, mature, aged and die within a set time. Old age therefore is that period in one's life when the body systems begin to shut down and health seem to be on the decline. Growing old is an unavoidable in people's life span (Abanyam, 2013). Everyone is expected to grow old except sudden death sets in. there is hardly any society in the world with the old people. As old age set in, one is not expected to be strong and agile as before. Some changes occur in human life physically (or biological), psychologically and socially. Young people enjoy perfect health because their organs and structures are still functioning well. But as one grow older, a natural process of degeneration comes in. the body cells including that of the brain start to degenerate and are no more replaced as rapidly (Fike, 2018; Gutierrez – Robledo, 2002). The organs, such as the stomach, the brain, the liver and the eyes, start to perform inefficiently (Abanyam, 2011). As a result of such changes associated with fragility, one may grow old with many problems. Thus, the aged are more prone (vulnerable) to certain illnesses, poverty, disability, unemployment, lack of pension and social protection, lack of access to age appropriate health services, age discrimination and lack of care that will likely distort their ability to provide their daily material needs of food, shelter, clothing, love and affection (United Nations, 2007). The aged therefore, depend on the mercy of members of the society for their own survival.

However, in developing countries the problem of the aged is less worrying to the government. Changes in the structure of many developing nations leave many aged people with no meaningful social roles in their family and community. Gutierrez – Robledo (2002) pointed out that:

> As developing countries struggle to cope with their economic problems, the aged individual is marginalized. The manifestation of poverty are much more severe for the aged. Rural poverty leaves older people alone in the village to look after themselves while the family migrates to urban areas in search of jobs. In the middle of competing primarily at national and family levels, the welfare of the elderly is given low or no priority (p.5).

In most traditional society, when people grow old family and friends take care of them at home until their dying days (Giddens, 2010). Abanyam (2013) hinted that prior to the contact with the west, the aged people in the traditional societies enjoyed several privileges, which were associated with their status because of the important roles they played by helping to integrate the society, preserve its cultural values, transmit knowledge and skills, settle disputes and educate the young and people holds positive views about them. In fact, they were highly esteemed, they got the best available food, drinks and their judgment were highly valued and respected. Societies were even classified by Anthropologist, sociologist and political scientist as gerontocracy (a system of government ruled by aged). Mboto (2002) noted that the word Senator is a Latin word for aged people. Basic needs such as food, clothing and shelter were provided by the extended family and clan system (Abanyam, 2013). However, changes in the structure of society resulting to the geographical dispersion of the extended family system and the tendency for family members to be educated and work outside home significantly affected aged people. Ageism and outdated social norms have resulted in

isolation and marginalized older adults in both rural and urban communities (Fike, 2018). Presently in many developing countries, the aged are more typically sent to nursing homes where their main social contacts are with other alienated old people and the abuse of aged residents by staff is a sad reality inn some nursing homes (Abanyam, 2012). Most health workers misdiagnosed or mislabeled the aged depressions, worries, tension, distresses and stress as normal aspects of old age. Schaefer & Lamm (1998) claim that some societies are known to have practiced senilicide, the killing of the aged, because of extreme difficulties in providing their necessities. Traditional nomadic tribes often end up abandoning their elderly during their unrelenting travels (Schaefer & Lamm, 1998). The press is inundated with reports of unpaid arrears of gratuities and pension and the plight of elderly people in developing countries (Mboto, 2002). Some of these aged people trying to get their gratuity and pension are ignored and neglected even in offices they have headed before. A contrast that appears unfeeling, even cruel. Dutt (1998) observes that:

> Elderly people in developing countries have become especially vulnerable because of the rapid social changes occurring in many of these countries. Until recently, elderly people in developing countries enjoyed considerable status, respect, care, and social and psychological support from their families. Migration, urbanization, changes in value systems and aspirations, changes in the role of women, and the breakdown of the family system have eroded traditional family support, and elderly people suddenly find themselves poor, uncared for, and without power or influence. There is almost no social support for elderly people outside the family. Except for a tiny minority who have worked in the organized sector and so received pensions, economic support does not exists. The focus for most developing countries is on maternal and child health: health care for elderly people is neglected. Both facilities and trained personnel are lacking. Health workers that are the first point of contact for elderly people are inadequately trained and equipped to care for them (p.1).

The growing recognition of these problems has created an opportunity for governments of developing countries and care givers to develop policies and programmes to contribute to services, which will improve the lives of the aged. Aged people deserves special attention in every society because during the active part of their lives, they must have made some useful contributions towards the progress of their society (Abanyam, 2011). In most advanced countries of Europe and the United States of America, aged people are respected and treated humanely. Policies and programmes are initiated to take care of their senior citizens (Bennett & Zaidi, 2016). However, most developing nations has at the present no viable policy on the aged. Consequently, people are beginning to view old age in developing countries as an age of increasing tension, frustration and insecurity. Bennett & Zaidi (2016) warns that:

> Population ageing will have profound impact, especially since many of the governments around the world have yet to put in place the policy frameworks to respond to the challenges posed by the ageing of their populations. There is a mismatch between advances in longevity and in the evolution of policies that protect and empower older people. In particular, many of the Sub-Saharan,

> Middle-Eastern and Asian countries fell short in tier awareness of potential of older people in being net contributors in the development process. Policies to support a dignified and secure old age should be of serious concern not just to older people but also to today's young people, not least because they are the ones who stand to benefit from them in the longer term (p.7).

Thus, as grows older and older there is generally an increasing risk of disease and impairment in functioning. It is against these backdrop that this study sought to investigate the problem of the aged in Developing Countries.

Conceptual Clarification and Theoretical Framework

One of the questions that always agitate every one's mind is "when does old age sets in" or "when does an individual become an aged person". The simple fact is that the concept of aged cannot be given a precise definition that can command a general acceptance. Hareven (1978) observes that age and ageing are biological phenomena and that the meanings of age and ageing are socially and cultural determined.

From the above perspective, the aged can be seen as social category of people who have attained certain level of age as prescribed or set by the society in question. In some societies, a person is considered old when he reaches the retirement age set by the government (Abiodun, 2002; Mboto, 2002). As a result of this, many people consider this age as that point in life when old age is achieved and once this period is reached, the society believes that lifestyles changes will occur. In some, a person is considered old when he is seen to have possessed certain physiological or biological, physical and psychological features associated with ageing (Mboto, 2002). In all instances, the definition of old age cannot be attained or appropriately defined. For some can possess certain biological and physical features of aging such as grey air at a very tender age, while others can be very strong after their retirement (Abanyam, 2013). Therefore, the definition of aged people is quite arbitrary. It depends on an individual person in terms of their physical and mental capacities.

Theoretically, this study is premised on Functionalists Disengagement theoretical explanatory model. Disengagement theory has propounded and developed by Elaine Communing and William Henry (1961) reasoned that it is normal and desirable for people to withdraw from society as they grow old. According to Abanyam & Ibrahim (2020), the earliest explanations of aging reflected the functionalist view that was prominent in sociology during the 1950s and 1960s. the prevalent ideas was that individual adjusted to changing social roles as they aged and that society needs to find roles for older people consistent with their advanced aged. Proponent of this perspective contend that all societies must find ways for older people's authorities to give way to younger people. The theory suggests that it is functional for society to remove people from their traditional roles when they grow older, thereby freeing up space for others (Barkan, 2014). In other words, the marginalization of old people was actually functional for society as disengagement of people from social roles was necessary and beneficial for society (Abanyam& Ibrahim, 2020). In keeping with the functionalist model, disengagement theory emphasizes that passing social roles on from one generation to another ensures social stability. This approach argued that elderly persons welcome disengagement since it relieves them to rules and responsibilities they have become unable to fulfill. Likewise,

society benefits from disengagement as younger persons with new energy and skills fill positions vacated by aging individuals. This perspective posits that a society stability is ensured when society roles are passed on from one generation to another. Again Schaefer & Lamm (1998) maintain that:

> The aging person, it is held, withdraws into an increasing state of inactivity while preparing for death. At the same time, society withdraws from the elderly by segregating them residentially (retirement homes and communities), educationally (programmes designed solely for senior citizens), and recreationally (senior citizens social centres). Implicit in disengagement theory is the view that society should help order people to withdraw from their accustomed social roles (p.356).

The process of phasing out aged people from mainstream of society thus become institutionalized and stable norms are developed to indicate which individual should be disengaged and what form of behaviour should occur at this time (Abanyam, 2011). The theory of disengagement explains why aged employees are pushed out of their jobs in many instances, even before they are entitled to maximum retirement benefits. Cumming & Henry (1961) claim that, as people age, they lose ego energy (i.e. they lose vitality). The health often deteriorates (declines). Giving this increasing frailty, illness and dependency of aged people, it becomes obvious that it will be dysfunctional for them to occupy traditional roles as they are no longer capable of adequately performing (Abanyam & Ibrahim, 2020; Barkan, 2014). This perspective maintains that the approach of death forces people to drop their social roles – including those of the worker, volunteer, spouse, hubby, enthusiast, and even reader. Younger members of society then take on these functions. The aging person, it is held, withdraws into an increasing state of inactivity while preparing for death (Sheafer, 2008). Disengagement is assume to be functional for the larger society since it opens up roles that were formally filled by older people to younger ones, who will, presumably, carry them out with fresh energy and new skills. At the same time, disengagement is also assumed to be functional for older people because it enables them to take on less taxing roles consistent with their advancing age and declining health (Abanyam & Ibrahim, 2020; Barkan, 2014). A society, thus, encourages its elderly to disengage from previous roles and to take one roles more appropriate to their physical and mental decline. In this way, a society effects a smooth transition. Withdrawing the elderly by segregating them residentially, educationally, recreationally and politically will make them less well equipped than they were to carryout important social roles (Abanyam & Ibrahim, 2020). Haralambos & Holborn (2008) alludes that the key idea behind this approach is that if people continue in these roles into old age, it will have a number of negative consequences viz:

1. The role will not be carried out – particularly well causing problems for the effective functioning of the society.
2. Older people will block opportunities for younger people by continuing to occupy key positions. There is a danger in these circumstances that society will stagnate because it will not benefit from the fresh and innovative ideas of new generations.

3. Attempting to maintain previous roles beyond an age when they can comfortably perform those leads to frustration and fatigue for older people as people themselves will benefit from disengagement which allows them to maintain higher morale.

Cumming & Henry (1961) concludes that like death itself, disengagement is an inevitable and universal process and it is also beneficial to society.

Criticism of Disengagement Theory

Be that as it may, critics of disengagement theory often criticize this theory on the ground for insisting that society must force the aged into an involuntarily and painful withdrawal from the paid labour force and from meaningful social relationships (Abanyam & Ibrahim, 2020). It is assumes that aged people should disengage from previous social roles when in reality they may not want to. Rather than voluntarily seeking to disengage, aged employees find themselves pushed out of their jobs – in many instances, even before they are entitled to maximum retirement benefits (Mboto, 2002). However, aged people in many societies continue to perform their previous roles quite well. Many societies may suffer if its aged do disengage, as it loses their insight and wisdom (Barkan, 2014). Contrary to disengagement theorists, the United Nations Economic Commission for Europe (UNECE, 2019) have listed the benefits and opportunities of population aging thus:

> Firstly, ageing pushes society into making use of its underused human potential. A society cannot sustain its living standard when a rapidly growing proportion of its members are dependent on the contributions from others and when their possibilities to participate and contribute according the abilities are limited. As people live longer, older persons have accumulated expertise, knowledge and experience to an extent that was not possible in earlier times, and can therefore contribute a lot. The provisions many countries have made to integrate older persons and their organizations into the policy making process and encourage those who wish and can stay in their jobs longer serves as good examples. Secondly, ageing pushes society into making all service provisions and systems more efficient. A typical example is turning away from expensive institutional care to care at home. The support structures within the family and kin networks are rediscovered as important, so governmental support can be directed towards keeping up family relationships. For example, helping people who take care of their old relations with their work schedules, compensating them for the caring time (p4).

Some persons may not be able to disengage because they have a financial need to continue working, or they have responsibilities for caring for a disabled relative which they cannot give up because they do not have alternative. Disengagement might actually do more harm to society than good. It potentially wastes valuable human resources by encouraging premature withdrawal from social roles (Barkan, 2014). According to the United Nations (2007):

> Ageing is a reflection of the success of the process of human development, as it is the result of lower mortality (combined with reduced fertility) and longer longevity. Ageing provides new opportunities, associated with the active participation of older generations in both the economy and society at large. In

those countries, primarily in the developing world, that still have a growing youth bulge, there is a window of opportunity for economic development. Population ageing also possess important challenges, especially those related to financial viability of pension systems, the costs of health-care systems, and the full integration of older people as active agents of society's development (p.1).

Disengagement theory therefore, underestimate the importance of the social roles that are undertaken by the aged. For example, evidence shows that grand-parents are increasingly important in looking after children while mothers are at work (Barkan, 2014). Cumming & Henry (1961) are also criticized on the ground that they failed to differentiate social from physical and psychological aspect of aging and thereby confusing biological causes of disengagement with social causes. They study the social causes as far more important than biological ones (Abanyam & Ibrahim, 2020; Barkan, 2014).

Developmental Aspects or Process (Dimensions) of Aging
Aging start from the conception in the uterus and goes on throughout one's life. A number of studies have shown that aging is a developmental and continuous process of change in the individual right from conception to death (Abanyam & Ibrahim, 2020; Atchley, 1980;Beavoir, 1972; Cohen, 1994; Kimmel, 1980). Similarly, Gorton (2000) defined aging as the decline overtime of the body's organ systems. Butter (1981) in the same vain use the concept of aging to mean the changes occurring in the entire life span of an organism that are common to all others in its species. Aging can be conceived as the regular biological and physiological changes that an individual undergoes in the course of his life time. It can also be seen as sequences of changes that take place in one's statuses and roles over especially after maturity. According to Atchley (1980) aging is "a broad concept that includes physical changes that occur in our bodies over adult life: psychological changes in our mind and in our mental capacities, and social change in how we are viewed. What we can expect or what is expected of us" (p.28).

It became evidenced to identify three process of aging. In other words, aging involves three related processes: physical (or biological), psychological and social.

1. **Physical or Biological Aspect of Aging:** Here, aging is perceived in terms of body posture, hair colour, voice and the ability to see and hear. Physical or biological aspect of aging refers to the physical changes that slow us down as we get into our middle and older years. It is a period of body maturation of obvious biological and physiological changes in individual over time (Abiodun, 2002). For instance, our arteries might clog up, or problems with our lungs might make it more difficult for us to breath. Biological changes certainly occur as we age. The first signs are probably in our appearance. Our hair begins to turn grey, and a few wrinkles set in (Abanyam & Ibrahim, 2020). According to Barkan (2014), internal changes that often accompany aging are more consequential among them being that:
   i. Fat replaces lean body mass, and many people gain weight.
   ii. Bone and muscle loss occur
   iii. Lungs lose their ability to take in air, and our respiratory efficiency declines
   iv. The functions of the cardiovascular renal (kidney system declines)

> v. The number of brain cells declines, as does brain mass overall, and
>
> vi. Vision and hearing decline. Cognitive and psychological changes also occur. Learning and memory begin declining after people reach their seventies, depression and other mental and/or emotional disorders can set in, and dementia, including Alzheimer's disease can occur.

2. **Psychological Aspect or Dimension of Aging Process:** This considers old person's feelings, perception and attitudes (Rogers, 1978). It refers to the developmental stages in the emotional, cognitive and behavioural or mental aspects of the individual's personality (Abiodun, 2002). Psychological aging could reflects person's level of psychological maturity, or progression through a series of developmental stages (Abanyam & Ibrahim, 2020; Barkan, 2014). Some dimension diminishes with aging, some increase, while others remain relatively constant through adulthood. For example, visual activity generally declines with age, vocabulary usually increases, and habits tend to remain relatively constant throughout adulthood. Atchley(1980) mentioned that variability is greater for psychological aging than it is for physical aging. According to Barkan (2014), the psychological effects of aging are easily identifiable:

> i. Learning, intelligence, skills and motivation to learn are widely assumed to increase with age. However, for others, memory and learning ability do not decline significantly until very late in life for most people; although the speed with which one recalls or analysis information may slow down somewhat, given the false impression of mental impairment (Abanyam & Ibrahim, 2020; Barkan, 2014). Memory lost therefore may relate to other variables such as health, personality and social structure.
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> ii. Progressive deterioration of brain cells which is the primary cause of dementia in later life may be common.
>
> iii. The death or degenerative illness of a relative or close of approximately the same age and an increase in the aches and pains may affect mental reactions (Abiodun, 2002).

3. **Social or Cultural Aspect of Aging:** This dimension refers to changes in a person's roles and relationship, both within their networks or relatives and friends and in formal organizations such as the work place and houses of worship (Abanyam & Ibrahim, 2020; Barkan, 2014). This also consists of the norms, values, and roles that are associates with a particular chronological age. More so, the social or cultural aspect of aging relates to the movement of an individual from one status to another. Social age is carved by social roles and habits. The roles of aged persons are defined by the way people perceive their social roles. Atcheley (1980) observes that defining what is appropriate or expected of various ages is based on hat people of various ages are capable of. Whatever perspective one looks at the aged, it is difficult to determine the effect of aging because aged persons differ so much from each other. Hence social aging can differ from one individual to another depending on the social structure, gender, socio-economic status, racism, and ethnicity; it can also be profoundly influenced by the perception of aging that is part of a society's culture (Abanyam & Ibrahim, 2020; Barkan, 2014). If for instance, a society views aging positively, the social aging experienced by individuals in that society will be more positive and enjoyable than in a society that views aging negatively.

The Problem of the Aged in Developing Countries (DCs)

Aging population is a world phenomenon that is progressing fastest in the developing nations. Although, Sharma & Kaur (2016) pointed out that "aging is a clear indicator of advancements in health care, improved nutrition, better socio-economic and educational opportunities, it also has its unique challenges depending on the age, socio-economic status, health, and living arrangements to mention some" (p.63). Aged people, through their socio-economic condition, caregiving and passage of traditions and cultural values, are an asset for the society. Nevertheless, old age in itself can often be a very vulnerable phase. As the physical and emotional health in later life declines, the increasing dependency on the caregivers, results in aged persons being exposed to the risk of being mistreated, neglected and abused (Sharma & Kaur, 2016). However, growing old in earlier days in developing countries was different from what it is today. The aged in the traditional societies were very much respected and valued. Presently, changes in the structure of the society resulting to the geographic dispersion of families, and the tendency for family members to be educated and work outside the home has created many problems for the aged in most developing societies (Abanyam & Ibraham, 2020). According to the United Nations (UN, 2007), "the social environment within which people grow older is rapidly changing. The size of families is decreasing, the role of extended families is diminishing, and perceptions in respect of intergenerational support and caring for older persons are rapidly changing" (p.9).Thus, the aged are beset with problems. Among the major problems faced by the aged in developing countries are:

i. **Physical and Mental Health Problem:** The physical health is an obvious problem for the elderly. Gutierrez–Robledo (2002) hinted that:
    The main underlying cause of ill-health in most of these countries, poverty, will be relieved only very slowly – if ever. Poverty and economic crisis adversely affect mortality rates among the elderly, in women than men, and the strength of that association has been increasing over time (p.4).

    With the incidence of most diseases increasing with age. Heart disease is the most common problem for the aged in developing countries. Arthritis and osteoporosis are two conditions that affect physical structure and movement, while dementia and Alzheimer's disease affect memory and personality (Barkan, 2014). In addition, lower immune systems mean the aged have a higher risk of catching infectious diseases such covid-19. The aged need to feed their body with nutritious food that contain the necessary vitamins and minerals in order for the body to retain optimum performance. The body cannot work efficiently if it failed on incorrect food.

ii. **Poverty and Nutritional Problem:** Nutrients deficiencies appear to increase with age, this may be because the aged cannot afford nutritious food on their budgets, or because they cannot afford fresh food in most developing countries. Some may be lack of information about what to eat (Werner et al, 1998).Abanyam (2011) maintain that due to retirement or disability, many old people cannot earn money to provide their daily needs. Unless they have relatives to supplement their efforts, they may not be able to feed well and boy clothes. There is generally, a problem of unemployment in developing countries. Majority of the aged were unemployed even when they were young (Abanyam, 2013; Mboto, 2002;

Abiodun, 2002). Even retired aged trying to pursue their gratuity and pension are sent away from offices they had headed before (Mboto, 2002). Shrestha (2020) hinted that "the economic and social consequences of ageing are considerable, particularly with regard to the increasing burden of dependency" (p.1). These aged people live in penury since they cannot perform other economic activities to provide their daily needs. A calculated course of nutritional supplementation can help the aged look younger, live longer and most importantly, live better. Care providers should make provision for such needs, in addition, government should pay monthly allowance to both the retired and the unemployed aged to enable them to take care of themselves and their families.

iii. **Transportation Problem:** Impaired mobility is a major health concern for aged people. As adult lose the ability to work, to climb stairs, and to rise from a chair, they become completely disabled. Without transportation, old people will be imprisoned in their homes. Unable to go anywhere or do anything. Transportation network favours the younger people more than the aged (Abanyam, 2011). Because of the attendant rushes of bordering vehicles, the aged may not cope because of their deteriorating medical condition and may not as well meet up with their appointment (Mboto, 2002). Therapy should be designed to improve mobility in the elderly patients. This should be built around diagnosing and treating specific impairments, such as reduced strength or poor balance.

iv. **Problem of Shelter:** The aged in developing countries are facing the problem of housing. Some of them never had the resources to build a house. This makes some of them to take refuge in old people's home (Abanyam, 2011). Today, abuse of elderly residents by staff is a sad reality in some nursing homes. Most of these old people's homes are under-funded and understaffed. Poorly run nursing home can be responsible for instances for neglect or abuse (Mboto, 2002: Abiodun, 2002). The aged like any other social category would like to be placed in such homes where facilities are provided for them much as there are in other homes. Government should initiate special housing projects that can take care of the aged accommodation.

v. **Problem of Isolation and Loss of Respect:** Modern literacy and its ties to technology are putting the elderly at a disadvantage. Formal educational system are replacing old peoples with highly trained people for transmitting specialize knowledge. When the children have grown up, married and moved away from home as a result of marriage, to pursue education or find a job. The aged are often left alone without any person to socialize with. Young members of the family should cultivate the habit of visiting the aged regularly. This affection may reduce the amount of depressions in the elderly (Abanyam & Ibrahim, 2020).

vi. **Thought of Death Anxiety:** High level of death anxiety appear to be more related to aged people. In old age an individual experiences some decline and feels death is near. This may result to unintentional death from bed falls and they may suffer from mental stress and memory failure upon hearing the news of friend's death. Intensive education should be mounted by social workers to enlighten the aged to cope with the challenges of old age.

vii. **Problems of Social Security Benefits:** Generally, there has been no adequate provision of social security benefits as regards to taking care of the aged in most developing countries.

Mboto (2002) observes that the only available scheme is the provision of pension after retirement. However, this is meager taking into cognizance the particular problems of old people. Yet, there are large number of population of old people in our homes who were not in any employment and are systematically left out of pension benefit. In many developed countries such as the United States of America, Sweden and Denmark many services are rendered to the elderly in response to their needs. The social security programmes, pay billions of dollars every year, to retired people and their families. Medical aid is given to help states pay doctors and hospitals for health care of the aged. Special bus rates are offered to old people in many cities (Abanyam, 2011). Special housing projects for old people are built by local sponsors, with the help of the department of housing and urban development. There are federal grants for training and research in geriatrics and in social gerontology. Federal programmes are designed to develop congregate feeding for other people to improve their nutrition. However, this is lacking in most developing nations.

Conclusion and Policy Recommendations

It becomes evidently clear that most of the problems being experienced by the aged in developing countries are avoidable ones. Traditionally, elderly care has been the responsibility of family members and was provided within the extended family home. However, changesin the structure of the society characterized by modernization led to elderly care now provided by state or charitable institutions. The reasons for these changes include: the geographical dispersion of families, and the tendency for members of the family to be educated and work outside the home. These changes, have affected the care of the aged as they are currently facing complicated problems such as poverty, malnutrition, isolation and loss of respect, transportation problem, physical and mental health, accidents, problems of social security benefits, housing problems and discrimination in the employment sectors. There is an important need for government, social workers, charitable organizations, NGOs, care givers and other related development partners to address the problem of the aged in developing countries.

From the foregoing discussion, the following policy recommendations are made or suggested:
1. Aged people are more likely to be poor than working age adults therefore, social protection system should be established and deepened by government to ensure old age security in developing countries.
2. Government should make social and economic relief laws to cater and care for the aged in developing countries as it is obtainable in developed countries like USA, Britain, Canada, Sweden and Denmark.
3. Government should make care of the aged in developing countries a priority issue and put in viable machinery to ensure the effective and efficient implementation of policy on the aged.
4. Government should establish Adult Protective Services Agency that can be responsible for investigating reports of domestic elder abuse and providing families with help and guidance. Members of this protective service agency should include medical doctors or nurses, gerontologists, geriatrics, police officers, lawyers and social workers.
5. Health personnel and social workers and other related care providers should organize workshops or seminars to motivate and inspire the entire society members towards more positive ways of caring for the elderly so that they can benefit from their wisdom.

6. Government should provide elder care facilities to every elderly Nigerian wherever he or she may be living. Given the choice, most elders would prefer to continue living in their own homes. Unfortunately, the majority of elderly people gradually loses functioning abilities and require either additional assistance in the home or a move to an elderly care facility, provision of such facilities would enable them to enjoy facilities at home.

7. Government and charitable organizations should provide financial support to aged family to enable them take proper care of their elderly since majority of caregivers for the elderly are often members of their own family.

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