

**THE INFLUENCE OF PSYCHO-SOCIAL VARIABLES ON  
PERCEPTION OF AGEING AMONG TEACHERS IN  
ANAMBRA AND AKWA-IBOM STATES, NIGERIA**

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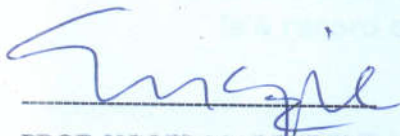
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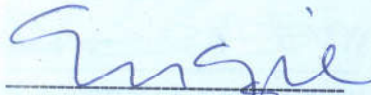
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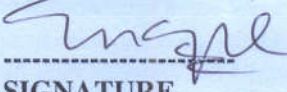





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is a record of original research carried out

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## **DEDICATION**

### **TO**

God Almighty, the giver of wisdom and knowledge, my good Shepherd and my Rock.

### **ALSO**

To my children, Onyinye, Obumneme, Chukwunonso and Onyedikachukwu who sacrificed so much for me to achieve my dream.

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## ABSTRACT

*Ageing comes with some indicators including decline in functions of the organs which take its toll virtually on every aspect of wellbeing of the ageing person particularly if this important and inevitable phase of life is not prepared for. Right perception of the concept of ageing is no doubt, the very first and perhaps, most important step towards healthy ageing. Positive perception of ageing by teachers will improve the standard of most ageing teachers and also put them in the right frame of mind as they age. The present study examined the Influence of Psycho-social Variables on Perception of Ageing among Teachers in Anambra and Akwa-Ibom states. Activity, Functionalist and Psycho-social theory of personality guided the study. The sample comprised four hundred and two teachers (402) in Anambra state and five hundred and three (503) teachers in Akwa-Ibom state selected through multi-stage sampling technique. Five research instruments namely Psycho-social Variables on Perception of Ageing Questionnaire (PSVPAQ); Brief Ageing Perception Questionnaire (B-APQ); Self-esteem Scale (SES); Self-Rating Anxiety Scale (SRAS) and Emotional Adjustment Bank (EAB) were used to collect data. Seven hypotheses were tested. Descriptive statistics, Analysis of Variance (ANOVA), Independent t-test, Multiple Regression and Pearson Product Moment Correlation were used for data analyses. The study confirmed that there was significant difference due to gender and state of origin in the perception of ageing. It was also shown that there was significant difference due to state of origin in ageing stereotypes. There was significant composite influence of societal roles, ageing stereotypes and socio-economic status on perception of ageing. Perception of ageing had significant influence on emotional adjustment. Perception of ageing significantly influenced the self-esteem of teachers. Positive perception of ageing had significant impact on the health status of teachers. Finally, the study showed that there was significant difference due to gender and state of origin in ageing anxiety. It was recommended among others that there is need for welfare as well as awareness packages for teachers to have healthy perception of ageing and adequately prepare for such. Teachers' gratuity and pension should be paid as soon as they disengage from service to enable them move into other areas of interest. Seminars should be organized for teachers periodically on issues of ageing to prepare their mind as they advance in chronological years.*

**Key Words:** Psycho-social Variables, Ageing, Perception, Personality.



# CHAPTER ONE

## INTRODUCTION

### **1.0 Background to the Study**

Ageing and the ageing process are aspects of human experiences which begin the moment a person is born. Each day that passes makes a person one day older. The older a person becomes the nearer the person moves to that stage of life in which everything in the person's makeup and functions decline. Ageing is an important phase of life as it signals our gradual final exit from the planet earth. Ageing from this perspective is seen as ongoing, starting at conception and ending with death. It occupies the total life span, not merely the final stage of life. Kart and Kinney (2005) confirmed that without the knowledge and understanding of the entire life span, it may be difficult to understand the events of anyone's life phase. In this sense, ageing is studied to learn not only about the final phase of life, but also about youth and middle years as these stages determine to a large extent how people age and their perception of ageing.

According to Olajide and Ayantunji (2016) most people are frightened and not comfortable to hear that they are ageing or growing old. This is simply because it tends to suggest advancement in age, decline in the function of the organs of the body, and loss of flexibility, decline in hearing, vision and lessen of muscular strength, flexibility of the skin and blood vessels, appearance of wrinkles on the skin, etc. Osunde and Obiunu (2005) asserted that all the negative indicators which show decline in the functions of the body organs due to ageing make many adults to feel uncomfortable to be associated with ageing. This feeling affects many people psychologically and socially and this is experienced through fear and anxiety over ageing and death, emotionally traumatized due to physical and psychological changes associated with ageing such as low self-esteem, reduced morbidity and self-worth, aggression, depression, among other challenges. The level at which a person is affected by

these challenges may depend on the person's disposition, preparedness and perception of ageing.

According to Chrism (2016) perception is a subjective, active and creative process in which we interpret what we sense by assigning meaning to sensory information through which we understand ourselves and others. Every person perceives the world and approaches life challenges and events differently. Chrism (2016) posits that the differences in perception are influenced by environmental variables which can be physical, psychological and social. Such variables as socio-economic status, family background and position in the community, educational background, culture and societal beliefs and their interpretations, health status, emotional status, position in the society, occupation, among others influence how we perceive life events. Denga in Osuji and Nweze (2014) confirmed that two people could see a thing differently but each sees a reality that is unique to him or her and that is the reality that moderates his or her behaviour.

Ajala (2006) recognized that though all human societies recognize the roles of the elderly in social relations but the perception of ageing, apart from being subjected to the wave of culture change, is not the same thing in all human cultures. Traditionally, in Nigeria, the extended family system has cared for the Nigerian elderly. Okumagba (2011) found that the family still accounts for a large proportion of the support. Thus, most aged persons expect support from their relatives, friends but most especially from their children. As a result of this, the need for elderly age security from children was one of the motivations for large family size in Nigeria. However, because of the declining economy, unemployment, underemployment, inflation among others, many children are no longer in a position to provide care and support for their aged parents and relatives while the family support networks are on decline. In the same token, urbanization and westernization have also broken down the traditional sense of family responsibility.

However, as a result of modernization, (influence by foreign culture) there was a change in family structure in Nigeria which led to gradual disintegration of the concept of extended family system. The traditional function of the family such as care and social support of the older family members is gradually collapsing. Many old people are not responsible for their ageing, some face health challenges that have made them total burden to their family members, some have been thrown out of their homes and tagged witches or wizards. According to Okoroafor (2015), in Calabar, Cross River state, thirteen elderly persons were picked up from the street after being thrown out by their respective families, allegedly claiming that they were witches. Along with this is the economic situation of most children which makes it difficult for them to cater for their parents. And so the role of the old peoples' home in the wave of gradual cultural shift and disintegration is very key. Old peoples' home is a multi-residence housing facilities intended for senior citizens. Even though old peoples' home is un-African, it is a shameful state of affair that there has arisen a need for old age homes in modern times. So in the wave of parental neglect and abandonment, the importance of old peoples' home cannot be over emphasized. Living in this home will give them a little bit of care, sense of belonging, happiness, self-worth and help them to develop positive perception of ageing.

The body changes that signal ageing may be devastating and traumatic and this creates fear and anxiety over ageing and death, thereby making anxiety a psychological variable that influence perception of ageing. According to Wolitzky-Taylor, Castriotta, Lenze, Stanley and Craske (2010) anxiety disorders are among the most common clinical problems reported among ageing persons, and their detrimental effects in late life are comparable to those of depression. Indications of ageing anxiety include worrying about declining health, physical function, social connectedness, changing physical appearance including wrinkles, receding hair lines, grey hair, declining cognitive ability and depleting financial resources (Cummings,

Kropf, & DeWeaver 2000). Many teachers at mid-ages are already approaching retirement age and therefore may be facing fear and anxiety over ageing.

Socioeconomic status (SES) is the social standing or class of an individual or group. It is key in determining the quality of life of older people and it has been found to affect the psychological health of ageing persons (American Psychological Association, 2017). Teachers in Nigeria are not well paid which has placed them either at the middle or low socioeconomic status. Many of them find it very difficult to save out of their salaries and make meaningful investment that will sustain them when they retire. At mid-age, when coming close to the reality of disengaging from paid job, many face emotional trauma which affect not only their personal life but also their work as their level of output reduce to the detriment of the students under their care. Ageing at this situation may become a thing of worry and pain, thereby creating negative perception of ageing.

Self-esteem is a generalized evaluation of the self and it can strongly influence thoughts, modes and behaviour. Low self-esteem may hold one back from succeeding at work because one does not believe in him/herself to be capable of success. By contrast, having a healthy self-esteem can help a person achieve success because such a person navigates life with positive, assertive attitude and believe he/she can accomplish stated goals. Patrick and Wemba (2014) posits that although it is crystal clear that the amount and quality of training an individual receives is a logical place to start for determining personnel quality. It is equally true that the teachers' feeling, behaviour, attached value and the environment determine the amount of effort put in for the attainment of institutional objectives (Touama, 2014). Teaching is one of the most demanding profession and teachers who are the key players deserve every attention for continuous and improved output. Khani, Riaz and Saif (2015) posits that teachers with high self-esteem can teach the students in effective manner because it creates confidence in their ability, attitudes, commitments and values. When a teacher self-

esteem is affected by low or poor standard of living as evident in our society, it reduces the person's self-worth and efficiency especially as (s)he grows old.

Over the years the Nigerian teacher has been struggling to meet up with basic necessities of life due to poor remuneration such that the noble profession no longer even attract first class graduates from our universities. Many teachers have this attitude that they are poorly paid and so they find it difficult to save or make some investments that will sustain them when they retire from paid job. This has made ageing a thing of worry to the extent that some falsify their age to enable them stay longer in the service, because of fear of disengaging and not having means of financial sustenance. Many who retired without proper financial management ended up on a low socio-economic status and this is not good for ageing persons' physical and psychological health. According to American Psychological Association (2017) those at the lower levels of socioeconomic status are often most likely to be diagnosed with psychological disorder.

Teaching is perhaps the most important profession in the society. The well-being of today's teachers affects the well-being of society tomorrow. Unless the well-being of individual teacher is improved, standard of education and that of the educational experience of young people will suffer with far-reaching financial, economic and social consequences for the nation. Ageing which signals retirement from full-time paid employment is a defining moment that marks the beginning of a life transition for many teachers. The strength of self-perception of weakness sometimes associated with ageing is particularly important for teachers where the professional experience acquired as a result of their age (in the teaching profession) can be jeopardized or turned to redundancy or unwholesome liability as a result of unhealthy perception of ageing (Joye & Wilson, 2015).

The teacher who leads the students to competence by teaching both the formal and hidden curriculum is assumed to benefit the system of education tremendously as (s)he stays longer in the system, and does not have to be badly affected psychologically, mentally, socially and health-wise by their self-perception or the perception of anyone on ageing. Understanding the perception of ageing by teachers therefore, will not only guarantee a better conceptualization of this phenomenon, its intricacies, management and treatment; this knowledge can also make older teachers learn and be positively disposed to ageing for improved work output.

Furthermore, ageing is a highly individualized and complex process, yet it continues to be stereotyped due to cultural and societal imposed standards. According to Dionogi (2015) stereotypes are unchallenged myths or overstated beliefs associated with a category which are wide spread, entrenched in verbal, written and visual contexts within society and in contemporary culture they are primarily negative, depicting later life as a time of ill-health, loneliness, dependency and poor physical and mental health. Stereotypes of ageing include assumptions and generalizations about how people at or over a certain age should behave, and what they are likely to experience, without regard for individual differences or unique circumstances. Examples are: old people have poor health with diminishing mental ability, unattractiveness, sexless, unhappy, have negative personality traits, lonely, behave like children, forgetful and boring, These beliefs are gradually internalized and consequently they influence individual perceptions of their own ageing.

Since stereotypes are culture-specific in affecting perception of ageing, it can be argued that perception of ageing cannot also, be unconnected with the place of origin of individuals. This is because where individuals reside or come from may have huge impacts on their total way of life and expectations. To get the right perceptions of people on ageing therefore ultimately requires putting into consideration such factors as individuals' origin or place of residence (Chow & Bae, 2011). Different cultures have different attitudes and practices around ageing

and death, and these cultural perspectives can have a huge impact on our experiences and perception of ageing. Just as people's place of birth or state of origin may determine their perception of ageing due to cultural beliefs, societal values and socialization.

Discrimination also exist between men and women in matters concerning education, health, employment and general societal roles making gender and state of origin a plausible related variables that may influence ageing views. According to World Health Organization (2017), gender can be understood as the complex and differing pattern of roles, responsibilities, norms, values, freedoms and limitations that defines what is thought of as "masculine" and "feminine" throughout the life course and which all play a role as determinants of ageing. Gender is a social construct which classifies biological sex of men and women. It is an acquired identity that is learned, changes over time, and varies widely within and across cultures.

Every state is made up of groups and sub-groups of human settlements with peculiar and diverse culture and role categorization. In many societies men are seen as being strong, occupy position of power and authority, active, have autonomy, achievers and endure while women are seen as being passive, weak, age fast, nurturing and adaptive. These characteristics are more favourable to men than women, they form the basis of socially assigned roles, determine how people see themselves and this may go a long way to influence how they age. Thus, from research, gender seems to be a function of ageing (Schafer & Shippee, 2010; International Longevity Centre, 2014). There are many research work done on negative and positive perception of ageing, but there are limited work on psycho-social variables that influence perception of ageing. It is against this background that this study was carried out on the influence of psycho-social variables on perception of ageing among teachers in Anambra and Akwa-Ibom states.

## **1.1 Statement of the Problem**

The inevitability of ageing and the fear of dying have haunted human being and it has been a human dream to retard ageing and defy death. Ageing by its nature may breed anxiety which involves fear and worries about the future of the individual as a result of near or cessation in active working life, fear of death and losing loved ones. Ageing may come with either happiness over accomplishments or pain and sorrow over unfulfilled dreams, negligence and failures which may lead to aggression, depression, anxiety and in extreme case suicide. Others include dysfunctional family matters as well as psychological or behaviour disorders such as depression, hypertension, identity crisis, alcoholism, loneliness, fast ageing & ill-health occasioned at times by loss of good accommodation among others (Inaja cited in Inaja & Chima 2013).

The failure of many teachers to come to terms with the reality of ageing as they advance towards retirement has brought untold hardships to many of them when they retire. Many teachers have low standard of living before and after retirement, this has brought untold hardship and suffering as a result of their inability to pay life sustaining bills. The present economic downturn in the country is becoming increasingly difficult for average Nigerian worker to make ends meet because of the inadequate wages and high inflation. Ageing teachers are worse as their entitlement are not usually paid immediately after retirement. Consequently ageing which may not have been planned for adequately in many cases is accompanied by psycho-social and financial crisis.

A teacher who has put in a good number of years in the service is expected to have some level of financial comfort towards the end of the working years, but this may not be the case with many teachers. The society equally looks down on teachers when it comes to financial matters. This financial incapacitation and way the society underrates teachers have affected many of them negatively. This has created low self-esteem, reduced self-worth, depression,



aggression, lack of dedication to duty, low social network and other challenges. These problems have caused reduced output, especially when teachers are advancing in chronological years. This may be one of the reasons for the poor performances of many students in public secondary schools today. Ageing teachers need to use their wealth of experiences to improve learning and academic performances of students, but this can only happen if there is job satisfaction and positive perception of ageing as they look forward to retirement.

Ageing, equally, may come with concomitant health problems such as physical and mental decline due to the deterioration of biological make-ups of human beings. The above mentioned life events may affect ageing teachers negatively and make them to age in pain, sadness, ill-health, broken home, among other challenges.

Many works have been carried out on the effects of positive and negative perception of ageing, but there is gap in research on psycho-social variables that influence perception of ageing, therefore this study sets out to ascertain the influence of psycho-social variables on perception of ageing among teachers in Anambra and Akwa-Ibom states, Nigeria.

## **1.2 Theoretical Framework**

The following theories guided this study

- Activity Theory by Havighurst, R.J. (1961)
- Functionalist theory by Emile Durkheim ( 1858-1917)
- Psychosocial Theory of Personality by Erick Erickson (1959)

### **Activity Theory by Havighurst (1961)**

Activity theory posits that optimal ageing occurs when individuals participate in activities, pursuits and relationships. It takes the view that ageing process is delayed and quality of life enhanced when old people remain socially active. Havighurst is of the view that, the reduced

social involvement that characterized old age results from the withdrawal by society from the ageing person and the decrease in interaction proceeds against the desires of most ageing persons. The older person who ages optimally is the person who stays active and manages to resist the shrinking of his or her social world. He maintains the activity of middle age for as long as possible and finds substitutes for those activities he/she is forced to relinquish-substitute for work when he is forced to retire, substitute for friends or loved ones whom he loses by death. The activity theory of ageing proposes that older adults are happiest when they stay active and maintain social interactions. These activities, especially when meaningful, help the ageing to replace lost life roles after retirement and, therefore, resist the social pressures that limit an ageing person's world.

This research work seeks to encourage teachers to see life as an activity. They should look inwards, discover some talents within them, develop them and use them to improve on their financial status. This will raise their socioeconomic standard, give them financial independence as they age, raise their self-esteem, level of confidence and social status. Get themselves ready to take up new jobs either private establishment or paid job when they retire from their regular job. Build their social network and maintain social activities, which will make them to be socially and economically relevant even as they age. Keeping oneself busy, maintaining social contacts, developing new interests and finding ways to change productivity and creativity even as one is ageing, are considered keys to positive perception of ageing.

### **Functionalist Theory**

The functionalist perspective, also called functionalism, is one of the major theoretical perspectives in sociology. Functionalism interprets each part of society in terms of how it contributes to the stability of the whole society. Society is more than the sum of its parts;

rather, each part of society is functional for the stability of the whole. Durkheim actually envisioned society as an organism, and just like within an organism, each component plays a necessary part, but none can function alone, when one experiences a crisis or fails, other parts must adapt to fill the void in some way. Within functionalist theory, the different parts of society are primarily composed of social institutions, each of which is designed to fill different needs, and which has particular consequences for the form and shape of society. According to functionalism, an institution only exists because it serves a vital role in the functioning of society. From this perspective, disorganization in the system, such as deviant behavior, leads to change because societal components must adjust to achieve stability. When one part of the system is not working or is dysfunctional, it affects all other parts and creates social problems.

Teachers who face financial crisis, physical, social and psychological health challenges such as low self-esteem, emotional maladjustment, ageing stereotypes, may not function properly in their schools. The resultant effect is lack of proper teaching which breeds poor students who may not function properly in the various social institutions they will find themselves in future. Educational institution is a channel through which the right societal values is inculcated in the citizens to make them responsible members of the society and equally grow to become responsible adults who will influence other societal institutions such as the family to function well to enable members perceive ageing positively. Teachers as educated people should not allow themselves to be influenced by negative stereotypes in the society that will not help them to function and live a happy life.

## **Psychosocial Theory of Personality by Erick Erickson (1959)**

Erickson's theory of psychosocial development has eight distinct stages namely:-

1. Trust vs. Mistrust (birth to 18 months)
2. Autonomy vs. Shame and Doubt (18 months -3 years)
3. Initiative vs. Guilt (3-5 years)
4. Competence vs. Inferiority (5-12 years)
5. Identity vs. Role Confusion (12- 18 years)
6. Intimacy vs. Isolation (18-40 years)
7. Generativity vs. Stagnation (40-65years)
8. Ego Integrity vs. Despair (65year and above)

He assumes that a crisis occurs at each stage of development. These crises are psychosocial in nature because they involve psychological needs of the individual (i.e. psycho) conflicting with the needs of society (social). According to the theory, successful completion of each stage results in healthy personality and acquisition of basic virtues. Failure to successfully complete a stage can result in a reduced ability to complete further stages and therefore a more unhealthy personality and sense of self. The first five stages are about the child, steps to be taken to train the child to become a well-adjusted member of the society and likely an adult who will age well. While number six to eight centers on the life of the adult to become a responsible and well-adjusted individual that can lead to successful ageing and positive perception of ageing.

### **Psycho-social stage 7- Generativity Vs Stagnation (40-64 years)**

During middle adulthood, people establish career, settle down within a relationship, begin their own families and develop a sense of being part of the bigger picture. They give back to the society through raising children, being productive at work, and becoming involved in

community activities and organizations. By failing to achieve these objectives, they become stagnated and feel unproductive. Success in this stage will lead to the virtue of care.

### **Psycho-social stage 8 –Ego Integrity Versus Despair (65 year and above)**

The final developmental task is retrospection: people look back on their lives and accomplishments. They develop feelings of contentment and integrity if they believe they have lived a happy life. They may instead develop a sense of despair if they look back on a life of disappointments and unachieved goals, often leading to depression and hopelessness.

The theory of Erik Erickson is relevant to this study because it emphasizes that crisis occurs at each stage of development. These crises are psycho-social in nature because they involve psychological needs of the individual (i.e. psycho) conflicting with the needs of the society (i.e social). All the stages are relevant because the foundation for proper ageing is laid at childhood, but the last two stages are highlighted because stage seven specifically, covers the age of the sample of this research work while the last stage (8) centres on the life of the adult who adjusted or did not adjust well in stage seven and the effects on the process of ageing. When a child receives the right socialization, associates and perceives elders positively, (s)he internalizes the right virtues and societal values that will equally inform how (s)he perceives his or her own ageing process. Teachers and parents as nation builders should handle children with care and train them to adjust well at every stage of life as outlined by Erickson to avoid facing crisis that will hinder their psychological and social growth. Also to encourage them to work hard to achieve success and plan for their old age in order to avoid isolation, loneliness, depression and life of shame, pain and despair as they age.

### **1.3 Purpose of the Study**

The main purpose of this study was to determine the influence of psycho-social variables on perception of ageing among teachers in Anambra and Akwa-Ibom states. Specifically, the study aims to:

1. examine differences in the perception of ageing among teachers based on their gender and state of origin.
2. investigate whether state of origin/residence has any influence on ageing stereotypes among teachers.
3. establish to what extent the composite impact of societal roles, ageing stereotypes and socio-economic status influence perception of ageing among teachers in Anambra and Akwa-Ibom states.
4. ascertain the impact of perception of ageing on the emotional adjustment of teachers in the two states.
5. ascertain whether perception of ageing influence the self-esteem of teachers in Anambra and Akwa-Ibom states.
6. establish the impact of positive perception of ageing on the health status of teachers in the two states.
7. ascertain if there are differences in ageing anxiety among teachers based on their gender and state of origin.

### **1.4 Research Questions**

The following research questions guided this study:-

1. what is the difference in the perception of ageing among teachers based on their gender and state of origin?
2. what is the difference in ageing stereotypes due to state of origin/residence among teachers?

3. to what extent will the composite impact of societal roles, ageing stereotypes and socio-economic status influence the perception of ageing among teachers in Anambra and Akwa-Ibom states?
4. to what extent does perception of ageing influence the emotional adjustment of teachers in Akwa-Ibom and Anambra states?
5. to what extent does perception of ageing influence the self-esteem of teachers in Anambra and Akwa-Ibom states?
6. to what extent does positive perception of ageing influence the health status of teachers in Akwa-Ibom and Anambra states?
7. what is the difference in ageing anxiety among teachers based on their gender and state of origin?

## **1.5 Research Hypotheses**

The following hypotheses guided this research work:-

1. there will be no significant difference based on gender and state of origin in the perception of ageing among teachers.
2. there will be no significant difference due to state of origin in ageing stereotypes among teachers.
3. there will be no significant composite influence of societal roles, ageing stereotypes and socio-economic status on perception of ageing among teachers in Anambra and Akwa-Ibom states.
4. perception of ageing will have no significant influence on the emotional adjustment of teachers in Akwa-Ibom and Anambra states.
5. perception of ageing will not significantly influence the self-esteem of teachers in Anambra and Akwa-Ibom states.

6. positive perceptions of ageing will not significantly impact the health status of teachers in Akwa-Ibom and Anambra states
7. there will be no significant differences in ageing anxiety among teachers based on their gender and state of origin.

## **1.6 Scope and Delimitation of the Study**

The study was limited to teachers in Anambra and Akwa Ibom states, Nigeria. Teachers between ages 45-59 years from randomly selected 35 secondary schools in Anambra state and 36 secondary schools in Akwa-Ibom states were used for this study. Teachers between ages 45-59 years were used because they are within the mid-ages and retirement age and therefore may be facing retirement crisis over ageing. Also for the study sample to be within the school as retirement starts at age 60. The study investigated the influence of psycho-social variables on perception of ageing among teachers in Anambra and Akwa-Ibom states. The justification for choosing the two states was based on some cultural differences on their attitude towards ageing. Many Igbo men and women from Anambra state accept ageing based on societal status such as grand-parenthood, chieftaincy titles, leadership positions and having adult children, while this is not the case in Akwa-Ibom state where such status does not change their attitude towards ageing, rather the women despite such status according to oral interviews, see themselves as being young and can compete with the young ones in social activities.



## **1.7 Significance of the Study**

The results from this study would be beneficial to educational psychologists, teachers, guidance counsellors, men and women in their mid-ages, policy makers and curriculum planners.

To Educational Psychologists, it would enable them to identify some of the psycho-social challenges of the ageing persons such as anxiety, low self-esteem, negative stereotypes and so make appropriate referrals to the proper professional bodies that can handle such problems to help the ageing adjust properly as they advance in chronological year. When the right therapy is offered to an emotionally traumatized ageing teacher, it will help to put him/her in the right frame of mind to offer good services in his/her job which will be visible in the performances of the students.

To the teachers this study would expose them to various psycho-social variables that may affect their ageing either negatively or positively, so that they will be better equipped to face the challenges of old age. They would be armed with the relevant theories that would help them to develop the right mind set that would assist them to be responsible for their own ageing. This is because westernization is gradually affecting the traditional extended family system and communal life style where the elderly were taken care of by immediate and extended family members, but that system is eroding gradually. They should start early to plan for retirement and ageing by investing wisely. Teachers would be challenged to inculcate in their students such values as respect for the ageing, hard work, proper plan for the future, maintaining good social network, etc. as these will help them to avoid life of regrets, despair and pain as they age.

The Guidance Counsellors would be exposed to some societal stereotypes which may have posed challenges to people not living out their full potentials. They will be better informed

and well equipped to give proper counseling and right therapies that will put such people in the right frame of mind to live their life and feel fulfilled. Such people may likely accept ageing positively.

Again, this research work will be beneficial to men and women who are in their mid- ages. The mid age comes with biological changes that sprout some mental, physical and psychological challenges that affect these groups adjustment pattern. This study would expose them to some of these biological changes so that they can accept them as natural phenomena, and so develop the right frame of mind as they age.

Furthermore, the result of this research work would also be beneficial to policy makers. It will guide them to map out strategies to help the expanding ageing population by giving prior and proper orientation on adjustment strategies before retirement. Government at all levels should involve private pension managers to manage the gratuity and pension of their workers. This would improve efficiency, prompt payment of teachers' pension to reduce their suffering after retirement to enable teachers disengage from service with little or no crisis and accept ageing positively.

## **1.8 Operational Definition of Terms**

The following terms were operationally defined as used in the study.

- **Ageing:** - In the context of this research work ageing is seen as the process of advancement in chronological years.
- **Anxiety:**-In this study anxiety is taken as the fear and worry over advancement in chronological age
- **Emotional Adjustment:**-In this work emotional adjustment is the survival mechanism or device by the ageing to withstand the external and internal stressors or identity crises they face in the society as a result of ageing.

- **Perception:** - In this study perception means the way people think about or understand ageing and form impressions based on their understanding.
- **Psycho-social variables:-**These are psychological and social factors that influence perception of ageing. However the areas used in this study are Anambra and Akwa-Ibom states.

Such factors as stereotype, societal roles, socio-economic status, self-esteem, anxiety and emotion.

- **Retirement:-** In this work retirement is when a person disengages from paid employment at the age of 60 years or having reached the statutory age of 35 years in service
- **Self-Esteem:-** It is taken as the negative or positive judgment or evaluation of the ageing as a result of how they perceive themselves or how they are perceived by others.
- **Societal Roles:** - These are the functions and positions the ageing is expected to occupy as a result of their new status such as grandparents, in-laws, etc.
- **Socio-economic Status:** - In this study socio-economic status is how rich or poor a person is; it is determined by individual level of education and income.
- **State of Origin:** - This is the state a person belongs to by birth. That is where his or her parents come from.
- **Stereotypes:** - They are characteristics such as old people are always sick, they behave like children, they are not sociable, frail, boring, dull, not sexy, forgetful, unproductive, possessive, wise, loving, caring, etc, ascribed to or used to label the ageing because of their advancement in chronological age without regard for individual differences or unique circumstances.

## CHAPTER TWO

### REVIEW OF RELATED LITERATURE

This study reviewed relevant literatures under the following sub-headings:-

- Concept of ageing.
- Concept of perception
- Perception of ageing among men and women
- Ageing stereotypes and cultural beliefs.
- Perception of ageing and emotional adjustment.
- Ageing and Socio-economic status.
- Societal roles and perception of ageing.
- Ageing on Individual self-esteem.
- Anxiety and ageing.
- Health status and the ageing.
- Summary of related literature.

#### **2. I Concept of Ageing**

Ageing is a universal, inevitable, irreversible and extremely complex, multi-factorial process that is characterized by the progressive degeneration of organs, systems and tissues. It is largely determined by genetics, and influenced by a wide range of environmental factors, such as diet, exercise, exposure to micro-organisms, pollutants and ionizing radiation; this explains why two people of the same age may differ markedly in terms of both physical appearance and physiological state (Nigam, Knight, Bhattacharya and Bayer 2012). Goswami (2013) posits that ageing is an important part of all human societies reflecting not only the biological changes that occur, but also reflecting cultural and societal conventions. Chronological ageing may also be distinguished from “social ageing” and “biological

ageing”. There is also a distinction between “proximal ageing” (age-based effects of recent past) and “distal ageing” (differences because of incidences early in life that can be traced back to a reason early in person's life like an early marriage, early pregnancy etc)

According to Abiodun, Adekeye and Iruonagbe (2011) the concept of ageing is multifaceted. This is because its in-depth description or explanation covers diverse areas of human development. There are chronological, biological, psychological, and social, functional dimensions of ageing. The chronological dimension describes the number of years that have slipped away since one's birth while the biological explains the status of vital organs of the body as an individual advances in age. The psychological dimension focuses on individual ability to adapt to environmental demands/challenges while social dimension sheds light on how an individual conforms to written and unwritten norms, roles expected of him/her by the society in he/she operates The functional dimension measures how effective an individual is in physical and social environment when compared with other people within his/her age bracket. (Papalia, Feldman, Camp, 2002; Hoyer & Roodin, 2003).

Gerontologists confirmed that age and ageing have at least four dimensions. The dimension most of us think of is chronological age, defined as the number of years since someone was born. A second dimension is biological ageing, which refers to the physical changes that “slow us down” as we get into our middle and older years. For example, our arteries might clog up, or problems with our lungs might make it more difficult for us to breathe. A third dimension, psychological ageing, refers to the psychological changes, including those involving mental functioning and personality, that occur as we age. Gerontologists emphasize that chronological age is not always the same thing as biological or psychological age. Some people who are 65, for example, can look and act much younger than some who are 50.

The fourth dimension of ageing is social. According to Hooyman and Kiyak (2011) social gerontology is the study of the social aspects of ageing which refers to changes in a person's

roles and relationships, both within their networks of relatives and friends and in formal organizations such as the workplace and houses of worship. Although social ageing can differ from one individual to another, it is also profoundly influenced by the perception of ageing that is part of a society's culture. If a society views ageing positively, the social ageing experienced by individuals in that society will be more positive and enjoyable than in a society that views ageing negatively.

## **2.2 Concept of Perception**

Perception is our recognition and interpretation of sensory information, it also includes how we respond to the information. We can think of perception as a process where we take in sensory information from our environment and use that information in order to interact with our environment. Perception allows us to take the sensory information in and make it into something meaningful. According to Dewey cited in Asuquo and Maliki (2007), Perception is the process by which organisms maintain contact with the environment. He asserted that a man's perception is coloured by the assumptions he brings to bear on any particular occasion as well as the meaning he attaches to things, symbols, people and events or ideas. Koko (2002) described perception as mechanism through which an individual realizes and appreciates his/her environment and the people in it. Accordingly, a perceiver is not passive but actively selects information to provide basis for reducing uncertainty. He explained that two people could see a thing differently but each sees a reality that is unique to him and that is the reality that moderates his behaviour. The implication of this is that ageing teachers are likely to see ageing differently due to their experiences, social needs, aspirations as well as information obtained from the environment peers, colleagues, friends, neighbours, society, children e.t.c (Asuquo & Maliki, 2007). Furthermore, Koko (2002) affirms that how an individual perceives his situation, directly affects how he behaves. So teachers perception of

ageing may depend on their social, psychological, environmental variables and their interplay.

Research has shown that a negative self-perception of ageing which is an indicator of risk for future disability can be contributed by factors such as low-economic status, living alone, multiple chronic medical conditions, and depressive feelings (Moser; Spagnoli & Santos-Eggimann, 2011). Citing Levy, Slade and Kasl (2002); Moser, Spagnoli and Santos-Eggimann (2011) informed that the process by which individuals develop perceptions about themselves as old draws on two stages of expectations either internalised during the lifetime that preceded old age or through encounters that elderly individuals have in their everyday life. These ageing expectations include trajectories of attributes that will increase or decrease at different points over the life span (Moser; Spagnoli & Santos-Eggimann, 2011).

### **2.3 Perception of ageing among men and women**

International Longevity Centre (2014) noted that there remain significant discrepancies between men and women in such areas as life expectancy, health status, economic/personal safety, social/labour participation and burden-sharing whose accumulation can portend serious issues on health and well-being. This is so, as the gender group discriminated against may develop what can be termed ageing anxiety. Brunton and Scott (2015) who concurred to the description of Lynch (2000) of ageing anxiety as “the expression of peoples’ fear of ageing” observed that men and women have different fears of ageing; greater quality contact is related to less ageing anxiety, and that poor health is related to greater ageing anxiety. Thus, ageing anxiety may be a mediator variable between gender and perception of ageing. The gender that expresses the more fear may have the worst perceptions of ageing, and perhaps with debilitating psychological, social and physical health implications.

United Nations Organization (1999) asserted that life of women have always been seen mainly on biological development, especially on reproductive roles, and that a woman's life is seen as going into decline after mid-life. Most researchers have shown that women are more concerned about loss of attractiveness accompanying ageing (McConatha, Schnell, Volkwein, Riley, & Leach, 2003) and experience more anxiety about their own ageing than do men (Cummings et al., 2000; Lynch, 2000; Harris & Dollinger, 2003; Harris Abramson & Silverstein, 2006; Bugental & Hehman, 2007; Barrett & Robbins, 2008). Goswami (2013) posits that in our youth oriented, patriarchal society, ageing women often find themselves either ignored, pitied or feared which is why most women are very concerned with the ageing factor. Women are more dearly affected by ageing than men as beauty is attached to youth and as youth declines beauty also sets. According to Sontag in Harris (1990) women in our society are more dependent on their physical appearance for status and self-concept than men; femininity is associated with sexual attractiveness while masculinity is associated with power and position. Men derive their status and self-concept from money, occupation and leadership- all of which are sexually enhancing and diminish more slowly than physical appearance. Therefore ageing carries a greater social stigma for women than for men. At an older age, women are viewed as less alluring than men; where older men are seen as handsome, women are seen as less attractive. Such a double standard for ageing is, in part due to a tendency to judge women in line with the idea that youth and sexuality are equated with beauty and reproduction, while ageing goes with de-sexuality.

Tiggemann and Lynch (2001) asserted that body dissatisfaction occurs more often among women; with increasing age, women move further away from basic features that tend to be most valued in a woman: beauty and youth. Conversely men are "allowed" to appear their age, and in fact, signs of ageing may even enhance a man's attractiveness. Laura-Maria, Mariano and Newton (2013) confirmed that there is a growing concern over ageing and an



increasing social pressure on women to retain physical attractiveness and sexuality through a slim figure and young looks as they grow older. Researchers have concluded that more than 60 percent of women between the ages of 60 and 70 years and around 80 percent of women 54years old are not satisfied with their own bodies. As a result of the devaluation of ageing women they tend to view themselves more negatively with increasing age.

According to Osarenren, Nwadinigwe, Ubangha and Ogunleye (2009) African society is much more permissive of ageing in men, most positive traits associated with masculinity actually increase with age, example competence, autonomy, self-control and power; whereas feminine characteristics such as sweetness, passivity, non-competitiveness and gentleness remain stable. Society, places a premium on women's attractiveness. Hurd (2000) opined that in the "natural order", a woman is valued in terms of her physical appearance relative to man's appreciation of beauty. Existing cultural ideals of beauty and womanhood therefore lead many women to fear ageing itself as a loss of attractiveness and femininity.

Many women therefore perceive ageing from physiological point of view and so they fight signs of ageing using every available means. To them physiological changes that come with ageing, means that their beauty is fading away, and may not be admired again. Gilleard (2000) confirmed that many age resisting cultural practices are predominantly the province of women. This is true of cosmetic surgery; of anti-ageing make-ups, creams and preparations of hair dye, of age denying fashion, books offering "anti-ageing strategies" are directed at and bought principally by women. Oberg cited in Brenner (2007) opined that physical signs of ageing are judged more harshly in women than in men. Women power is embedded in more enduring values of beauty and sexual allure, while men power is embedded in more enduring values of status and wealth. When older men are seen as handsome, women are seen as less attractive (WHO, 2009).

According to Salaam cited in Makama (2013) tradition or culture and religion have dictated men and women relationship for centuries and entrenched male domination into the structure of social organization and institution at all levels of leadership. Patriarchy justifies the marginalization of women in education, economy, labour market, politics, business, family, domestic matters and inheritance. Makama (2013) posits that this culture of patriarchy is a very strong determinant of male dominance over female and as a result men will sit back in the family to keep the family name and lineage growing while women will be married out. Thus men are being trained for leadership activities while women are confined to domestic activities; roles ascribed to them by culture which affect them later in life, thereby making them to lose self-confident/worth and have low self-esteem in their career in adult life, politics inclusive and even how they age.

However, for many men, the midpoint in life brings a great deal of frustration and worry. It's a period where men first begin to notice their bodies are slowing down. Unwanted physical and emotional changes begin to creep in. Combine these with a general lack of get-up-and-go, and it's understandable that many grow moody or irritable trying to cope with this new reality. Nutty, (2012) posits that men under-going midlife crisis question their choices, resulting in a particular set of feelings such as searching for undefined goals, sense of regret for unachieved goals, potential fear of humiliation from successful peers, the desire to attain the youth feeling, and the desire to spend more time either alone or with friends

It is evident that there are significant gender differences regarding the triggers and effects of mid-life which equally signifies the journey into old age. Nutty (2012) asserts that women handle their midlife crisis relatively better than men owing to the fact that they perceive midlife crisis as a turning point for the better. For women, midlife crisis is a point of reassessment and transition. Most women at this age are in their empty-nest stage, they are through with child bearing and rearing which comes with a certain air of freedom and more

time to take care of themselves, travel to visit grown children either for mere visit to stay for a while or for the purpose of “omugwo” for women from the Eastern part of the country. This is the period a woman goes to take care of a daughter that newly put to bed, more time to visit and stay with old parents if they are still alive, pursue new dreams, etc. Women from this angle perceive ageing positively because according to Nutty (2012) women tend to reinvent themselves at midlife.

However, while women are breathing the air of freedom and opportunity to visit their children, men may begin to retreat from the freedom they enjoyed while their wives were busy with child rearing and upbringing. A man by Igbo culture and most cultures in Nigeria stays in his house to take care of his compound and protect it from external invaders. The absence of the woman in the house during her routine visits makes the man to assume new roles that were traditionally reserved for the women. Such roles as cooking, sweeping, taking care of children if they are still there may give rise to sadness, loneliness, depression and even aggression this may trigger negative perception of ageing. Hence some men at midlife seem to derive pleasure in life outside their homes, staying with friends in clubs and beer palours. Clarke in Kleinspehn, Kotter-Grruhn and Smith (2008) confirmed that people have affairs for a myriad of reasons; the obvious ones are because they’re not satisfied with their marriage and are looking for a woman to fulfill their needs where their wife falls short.

According to Ndeesor (2010) in pre-colonial Ibibio society, mainly today Akwa-Ibom state, “polygamy” was the accepted norm. With this institution, the Ibibio women was born, raised and given out in marriage. Her worldview, self-concept and gender identity were nurtured within such an environment. Competition and survival was the name of the game which was played out endlessly among men and women. In such a highly competitive society, education, moral standards, taboos and expectations existed, all woven into an unwritten tradition and culture with sets of Divine punishment and records to enforce these beliefs. Well organized

institutions existed to provide governmental and judicial instruments. Within that society, Ibibio women had well defined roles, not as slaves, but as indispensable complements to man in procreation and in socio-economic development. The roles Ibibio women played were mutually supportive and even integrated into their family life in a very high degree. Essien and Ukpong (2012) posits that in traditional Akwa-Ibom society, women are perceived as subordinates and men as boss. The male-child preference is deeply rooted in the culture of Akwa-Ibom State. The man is regarded as the head of the family. Men assumed headship in traditional structures in the villages and in the clans. Of about 2,000 villages in Akwa-Ibom State, there is none who could appoint a woman as a head. It is almost like a taboo to think of a woman being a clan head just like in Igbo society. Women are perceived as part of men's property. Hence, a man is free to marry as many women as he can afford, whereas, a woman is not expected to have a friend beside her husband.

According to Goswami (2013) ageing comes with a sinking feeling which may be due to the fact that youth is snatched from their hands by destiny and it cannot be avoided. Gleibs, Haslam, Jones, Alexander, Jade and Connolly (2011) asserted that building new social group memberships in the form of gender clubs can counteract decreasing well-being particularly amongst men; participants in their study showed significant reduction in depression and anxiety and an increased sense of social identification with others.

Kim and Moen in Ugwu (2011) observed higher levels of ageing satisfaction in men than in women. United Nations, 2009 as cited in Cuddy, Crotty, Chong and Norton (2010) posits that men as a group possess higher status in virtually every nation in the world and higher status groups tend to be viewed as possessing more of whatever skills their society most values. A study by researchers at Florida State University found that men are less apprehensive about growing old than women. In their findings females expressed considerably more anxiety and fear about ageing than their male counterparts (Barrett & Von-Rohr, 2008).

Baugh, Dunn and Shelnutt (2013) asserted that women are consistently judged based on their physical appearance and relationship status, while men are measured more by their accomplishments and wealth. This explains why ageing may be perceived more positively by men than women. Goswami (2013) posits that in our youth oriented, patriarchal society, ageing women especially the married ones, often find themselves either ignored, pitied or feared which is why most women are very concerned with the ageing factor.

As people grow older, their bodies and abilities undergo variety of changes. Chen (2017) asserted that people age at different rates, in different places. These differences are as a result of factors which may be biological or genetic, social, physical and psychological. Udo, (2006) opined that how a person ages depends in part on the person's family (genetic) patterns of ageing. But ones lifestyle choices have a more powerful impact on how well a person body ages. These differences have equally brought about gender differences in experiences of ageing perception and attitude towards ageing. According to Fadaka (2002) some of the physical changes in women as a result of ageing include problems of general body pains or rheumatism, changes in skin making their skin to be dry and wrinkled, teeth loss and failing eye sight. At times in ability to control the bladder and/or bowels, weakness or loss of strength. In a study carried out by Kalfoss, Diakonova University College, Oslo Norway, to explore Norwegian gender differences in attitudes to ageing among 282 females and 200 males living in a community. Compared to men, women perceived ageing as a time of greater loss, however, they felt more strongly that ageing brought wisdom and their life had made a difference. On the other hand, men felt more strongly that physical problems did not hold them back from doing what they wanted to do. Among the indicators of ageing according to Udo, (2006) are wrinkles, gray hair, thin hair, receding hair line, shrinking of body size, menopause among others. The accumulation and our experiences of various life

events and stages in life affect our total being, consequently how a person ages and how one age determines how the person perceives ageing. Different sections of the Nigerian population have their peculiar ways of treating the ageing population which may not only determine the ageing perception of the elderly but also induce the ageing persons on how they perceive themselves as they advance in chronological year.

#### **2.4 Ageing Stereotypes and Perception of the Ageing**

According to Popham and Hess (2015), stereotypes are beliefs regarding the characteristics of people within the same demographic, cultural, or social group. They are sets of beliefs which shape the way we think and behave in everyday life. As explained by the authors, these beliefs influence social interactions and perceptions of others based on their membership in a stereotyped group which can have negative consequences. Although old age is linked to both positive (e.g., wise, caring, accomodative) and negative (e.g., senile, needy, unhappy, inactive, less useful) stereotypes, negative attributes clearly outweigh positive ones (Kotter & Hess 2012). Dionigi, (2015) asserted that positive and negative perceptions of ageing can have enabling and constraining effects on actions, performance, decisions, attitudes and consequently, holistic life of an older adult; also that stereotypes about a particular group play a powerful role in shaping how we think about and interact with individuals, as well as how individuals within the stereotyped group see themselves.

Views of old age, and perceptions older adults hold of themselves are complex, multi-dimensional and dynamic. In other words, stereotypes of ageing are social constructs that are culturally and historically situated, as well as individually interpreted (Dionigi, 2015). The activation of age stereotypes and age related cues influence performance and behaviour and are related to health and longevity, particularly in those who belong to the stereotyped group (Hess, 2006; Horton, Baker, & Deakin, 2007; Hsu, Chung & Langer, 2010).

In the research conducted by Kotter-Gruhn and Hess, Psychologists at North Carolina State University, United State of America, on 183 aged 18-92 years with mean age of 48.72 years, to determine the impact of age stereotypes on self-perception of ageing, they found out that the activation of positive age stereotypes did not positively influence self-perceptions of ageing. Quite the contrary, priming middle aged and older adults in good health with positive age stereotypes made them feel older. After the activation of negative age stereotypes, older adults in good health felt older and those in bad health wanted to be younger than before priming. Even younger and middle aged adults reported younger desired ages after the negative age stereotypes priming. Persons in bad health also thought they looked older after being primed with negative age stereotypes. Levy, Slade, Kunkel and Kasl (2002) asserted that holding negative perceptions of ageing is not a minor problem as it impacts upon many areas of life such as motivation, mental health, physical health and even mortality. In his own submission, Dionigi (2015) stated that stereotypes of ageing are pervasive in our culture and they have been found to influence how older adults perceive themselves; how older adults view other older adults; older adults' cognitive and physical performance and the ability of older adults to recover from disease. Furthermore, "Labelling theory" suggested that when confronted with age stereotypes, older adults integrate the stereotypical information into their self-evaluation and therefore show assimilation effects (Rothermund & Brandtstadter, 2003; Rothermund, 2005). Thus, resisting the internalization of negative stereotypes about aging and old age can be viewed as an effective self-enhancing strategy (Westerhof & Barrett, 2005). Mead cited in Kotter and Hess (2012) opined that when negative stereotypes of ageing is internalized, they become part of individual's self. Negative stereotypes originally held about people therefore become negative self-perceptions of ageing in later life.

Macia, Lahmam, Baali, Boëtsch and Chapuis-Lucciani (2009) demonstrated that some notions associated with the status of older adults such as respect is shared across cultures

whereas other notions such as the association between aging and affection/love differ across societies. Stereotypes of ageing include assumptions and generalizations about how people at or over a certain age should behave, and what they are likely to experience, without regard for individual differences or unique circumstances. However, stereotypes about ageing are acquired years before people become old and this is why they are often subtle and hidden from view; these stereotypes begin to influence people's perception a long time before the ageing process sets in and can leave people feeling pessimistic about the future as well as stifled when they reach old age (Levy, Slade, Kunkel, & Kasl 2002). Views of old age, and perceptions older adults hold of themselves are complex, multi-dimensional and dynamic. In other words, stereotypes of ageing are social constructs that are culturally and historically situated, as well as individually interpreted (Dionigi, 2015).

As informed by Fernandez-Ballesteros, Garcia, Abarcas, Blanc, Efklides, Moraitou and Patricia (2010), self-perceptions of ageing are often more influenced by one's actual experiences rather than society's stereotypes about ageing. Thus the study of Macia, Lahmam, Baali, Boetsch and Chapuis-Lucciani (2009) suggested that stereotypes affect perception of ageing by shaping attitudes mainly along the mental/physical domain of old age. Dionigi, (2015) asserted that positive and negative perceptions of ageing can have enabling and constraining effects on actions, performance, decisions, attitudes and consequently, holistic life of ageing persons; also that stereotypes about a particular group play a powerful role in shaping how we think about and interact with individuals, as well as how individuals within the stereotyped group see themselves. According to Levy, Slade, Kunkel and Kasl (2002) older individuals' internalized age stereotypes contribute to the formation of their self-perceptions of ageing.



From a sociocultural perspective, negative age stereotypes are socialized early in life (Kwong and Heller, 2005; Montepare and Zebrowitz, 2002) and become so well ingrained that they may be automatically activated in the mere presence of an older person (Perdue and Gurtman, 1990; Hummert, Gartska, O'Brien, Greenwald, and Mellot, 2002). Negative stereotypes can have harmful consequences for the quality of life of older adults and can also result in a major loss to society. With increases in life expectancy as well as reduced infirmity, many adults are ageing well, but negative stereotypes of ageing may put society at risk for losing the contributions of these vital and knowledgeable people. Negative ageing stereotypes may not only affect the attributions of medical personnel regarding an older adult's symptoms (i.e., viewing them as normal ageing instead of as treatable conditions), but may also affect the older person's understanding of what normal ageing is. Thus, the older adult does not receive enough medical care or doesn't want more medical care because of his or her own stereotypes about normal ageing. This make many older adults themselves overlook symptoms of disease because they view them as part of normal ageing, when they should be taking these symptoms more seriously.

## **2.5 Socio-Economic Status and Ageing**

Socioeconomic status (SES) is an economic and social combined total measure of a person's work experience and of an individual or family economic and social position in relation to others based on income, education and occupation. There is a growing body of evidence that suggests that psychological and sociological factors have a significant influence on how well individuals age. According to Singh and Misra (2009) ageing research has demonstrated a positive correlation of someone's religious beliefs, social relationships, perceived health, self-efficacy, socioeconomic status and coping skills, among others, with their ability to age more successfully. American Psychological Association (2017) opined that socioeconomic status (SES) affects over all human functioning, including our physical and mental health; its effects

can be observed across the life span. Low SES and its correlates, such as lower educational achievement, poverty and poor health, ultimately affect our society as a whole. Behavioral and other social science professionals possess the tools necessary to study and identify strategies that could alleviate these disparities at both individual and societal levels. According to Niedzioiedz, Katikireddi, Pell and Mitchell (2014) socio-economic position has been identified as a key determinant of quality of life, with those currently experiencing socioeconomic disadvantage reporting poorer well-being. Different dimensions of socioeconomic position, such as education and wealth, may have various direct and indirect effects on quality of life. For example, greater material resources in early old age allow individuals to participate in cultural and leisure activities, which may contribute to feelings of self-actualization and autonomy. A higher education level and occupational success could contribute to a more positive evaluation of life and feelings of control over one's past and future and help provide meaning to life. Children living in advantaged families may achieve a higher educational status, work in less strenuous jobs, and will earn more life-time income as this may lay a foundation for active ageing which positive effects will be visible as the individual ages.

Higher socioeconomic status, measured by education, profession, or income, has been associated with lower ageing anxiety (Lynch, 2000; Yan, Silverstein & Wilber 2011), perhaps because resources provide the means to deal with many of the challenges of ageing (Abramson & Silverstein, 2006). It is a major factor shaping the multiple strands of the life course, including family, work, ageing and health trajectories (Barrett, 2005). This is because socioeconomic status influences the timing of life transitions and rate of physiological decline and the primary determinant of the subjective experience of ageing (Barrett, 2005). It shapes the way an individual thinks about age and the stage of life in general and his or her own age and life stage in particular. It is a key factor in determining the quality of life of ageing

people (Huisman, 2014). It is known that in almost all countries, those with low SES have worse health and higher mortality rates than older adults with higher SES; those with higher education and income also reported higher general well-being and life satisfaction.

In a study carried out by Fajemilehin and Odebiyi (2011), from the Department of Nursing Science, College of Health Science, Obafemi Awolowo University, Ile-Ife, Osun State, Nigeria; on Predictors of Elderly Persons' Quality of Life and Practices in Nigeria, the study was conducted in 10 purposively selected traditional core health districts in Ife/Ijesa zone of Osun State, Nigeria. Three hundred elderly who were sixty years and above and three hundred caregivers were interviewed and fully participated in the study. In their findings, among other predictors, educational status and having personal money are major predictors of quality of life and positive health behaviours among the elderly. This shows that the elderly ones who have some level of financial comfort will age better than those who do not have, because they have the resources to take care of their physical and medical care. This may equally boost their level of social association and psychological health. Fajemilehin in Fajemilehin and Odebiyi (2011) confirmed that meaningful social relationships provide a sense of security and opportunities for companionship and intimacy which are important for the well-being of older people.

Furthermore, results from a study on Challenges of Ageing in a Traditional Nigerian Society by Adeleke (2014), from Adekunle Ajasin University, Nigeria using 220 elderly persons selected from Ikare a semi-urban centre in south western, Nigeria showed that majority of the highly educated aged people depended on life-savings and not on their children as against the situation of the less educated ones who majorly depended on their children. Research evidences (Chen, Chiao & Ksobiech, 2014; Chow & Bae, 2011; Barrett, 2003) have indicated that socio-economic status may indeed shape the perception of ageing which may itself be a mediator to health and well-being. Orth, Trzesniewski, and Robins (2014) opined that people

who have higher incomes and better health in later life tend to maintain their self-esteem as they age; wealth and health are related to feeling more independent and better able to contribute to one's family and society, which in turn boosts self-esteem.

Research has found consistently that occupying lower socio-economic strata is associated with having older identities. Compared with the more advantaged, individuals of lower SES are more likely to classify themselves as "old" or "elderly" (George in Barrett, 2003) and feel older than their chronological age. Barrett (2003) opined that occupying lower socioeconomic strata produces a more rapid rate of physiological ageing as a consequence of cumulative hardships over the life course; hence older identities are found among the most disadvantaged. Compared with their wealthier counterparts, individuals of lower SES tend to perceive a more temporally compressed life course. They view the onset of old age as occurring at a younger age, perceive earlier cultural age deadlines for many adult transitions and anticipate a shorter life span (Ross & Mirowsky, 2000; Settersten & Hagestad, 1996). Consistent with these patterns, the less advantaged tend to adopt older age identities than the more privileged (Barrett, 2003).

Adler and Newman cited in Drewnowski, Moudon, Jiao, Aggarwal, Charreire and Chaix (2014) asserted that socioeconomic status, whether assessed by income, education, or occupation, is linked to a wide range of health problems, including low birth weight, cardiovascular disease, hypertension, arthritis, diabetes and cancer. He stated further that the most fundamental causes of health disparities are socioeconomic status. A research carried out by Huisman, Kunst, Andersen, Bopp, Borrell,... and Mackenbach (2004) illustrated the impact of material disadvantage in a study of 11 European countries, including England and Wales. Using education levels and housing tenure as indicators of socio economic status, they argued that material disadvantage had a notable impact on mortality in older populations.

They found that educational inequalities that existed in people who were aged 65 years persisted and mortality gap between those who had high and low levels of education continued into late old age. He equally found a similar pattern in relation to housing with higher rate of mortality for individuals who were renting their accommodation compared with those who were home owners. Akinyemi, (2012) opined that wealth index and other proxies of empowerment, such as education to a great extent influence quality of life. Bassuk, Berkman and Amick (2002) aligned that older individuals of low SES have increased mortality rates, higher stroke incidence.

## **2.6 Perception of Ageing and Societal Roles**

Different societies have different cultures, a culture represents the belief and practices of a group, these beliefs are learned and acquired behaviours which guide the conduct of each member of the society. Cultural values and traditions determine to a large extent how a society views older people (WHO 2007). Njiku cited in Ajala (2006) opined that there are indeed specific cultural determinants of ageing across human societies. These determinants inform that there are great varieties of styles, forms and functions of ageing in different cultural settings. Culturally driven expectations affect how people view older persons, their ageing process and even how the ageing see themselves. In Nigeria, the subject of perception about being an aged person has been scantily researched by the scholars of ageing. However, other aspects of ageing have been extensively explored by the researchers in this field. To be specific, a study conducted among 277 respondents in Yoruba community of South-western Nigeria show that the perception of ageing has drifted from peaceful retirement to crises-embedded stage of life (Ajala, 2006). In addition, the author reiterated that the changing perception of ageing in Yoruba society is connected with economic, cultural and psychological challenges. Nevertheless, behavioral references show that there is no stipulated age for individuals to reach before they can be recognized as an old person. Although, the

Yoruba people were of the opinions that for an individual to function properly as an aged person; he or she must be 50 years and above, yet there are some individuals in the society who are less than 50 years old, but by responsibility and family roles, they act as old persons. At this point, it is essential to note that modernization; urbanization and industrialization have drastically changed the perception of aged people from their traditional and social leadership roles in Yoruba society (Ajala, 2006).

Dimkpa (2015) documented that the Hausa in Northern Nigeria have a close relationship with and much respect for their aged persons as is expected by the culture of the Nigerian people. In the same account by Dimkpa (2015), the Igbo of Eastern Nigeria had a slightly different view from those of the Hausa. The Igbos believed that their elderly or aged parents should be catered for no matter their socio-economic level or financial status. However, there is no document to show that a study of this nature has been conducted amongst the Igbos except for the interviews that the researcher had with some of them. They were of the opinion that any Igbo man or woman who flouted the caring culture towards the aged was 'wicked'. The finding also showed that although cases of elderly neglect was rare among the Igbos, there could still be some exceptional cases, such as in a situation in which the elderly had no children or had lost all of them through supernatural means. Akpan and Umobong (2013) claimed that a greater number of elders in Akwa Ibom State experience neglect and financial/material abuse. Okoroafor (2015) confirmed that in Calabar, Cross River state, thirteen elderly persons were picked up from the street after being thrown out by their respective families, allegedly claiming that they were witches.

In the South South, Eboiyehi (2015) reported that there was decline in care and support for the ageing as evident in the ways old age and aged persons are perceived. His study examines how the perception of old age affects care and support for the aged among the Esan people of South-South Nigeria. The study relies on qualitative methods namely; in-depth interviews

(IDIs) and Focus Group Discussions (FGDs). In all 32 IDIs and 12 FGDs were conducted on the aged and their caregivers in both urban and rural areas. The results show that the traditional care and support for the aged in the study area is diminishing due to the way the younger generation perceives old age and the aged. The change in perception of old age and the aged is linked to Western influence which is gradually eroding the traditional/cultural belief where the aged were seen in positive light. Dimkpa (2015) is of the view that the way aging is perceived these days in Nigeria is different from what it was some decades ago. In the olden days Africa, there was cultural respect and acceptability for the elderly. During the period, the elderly subgroup practiced traditional farming system and polygamy as the vogues of wealth and survival, and hence, enjoyed a level of social support as the relational provision of attachment, social integration, opportunity to nurture, feeling of worth, sense of reliability and guidance which has contributed to quality of life of the elderly in the sub region (Fajemilehin & Odebiyi, 2011). Africans generally are very respectful and responsible people who took care of their elderly persons irrespective of whether they were related biologically or not. This is as a result of their culture as well as the age-long tradition which encourages participatory activity such as care-giving within the family and community.

Vickers (2007) asserted that our upbringing and socialization, outlook on life and personal experiences all play a role in the way we view each other including our view on ageing. Since stereotypes are culture-specific in affecting perception of ageing, it can be argued that perception of ageing cannot also, be unconnected with the place of origin of individuals. This is because where individuals reside or come from may be the moulders of their total way of life and expectations. Research reports tend to suggest that across global cultures, there seemed to be general perceived declines in societal views of aging, physical attractiveness, the ability to perform everyday tasks, and new learning, perceived increases in wisdom,

knowledge, and received respect, and perceived stability in family authority and life satisfaction.

According to Fox (2015) ageing is not just a biological process; it is also very much a cultural one and socially determined. Hatch (2005) opined that immersed in a world surrounded by the media, people in our society absorb impressions, ideas, images and sounds that reflect society's attitude toward ageing. In some cultures social participation in old age is not seen as a virtue: the perception is that old people are meant "to rest". Sijusade in Onete, Imona and Ingwu (2013) posits that the perception of the aged by the younger generation has over the time, changed from positive to negative. This negative perception seems to portray them as having outlived their usefulness in the society and this to an extent can make the ageing to perceive their own transition to old age negatively. In practice, this results in some older people adopting sedentary life often in isolation due to resignation from social, economic and cultural participation, with a resulting increase in the risk of morbidity, loneliness, low self-esteem, depression (WHO, 2007).

Richelle (2012) dwelt on the construct of '*active ageing*' to imply active societal roles, and reported a positive link between active ageing and perception of ageing; Menec (2012) enunciated the roles which the elderly can play in the society in spite of their age and any perceived limitation. Depending on cultural norms, beliefs and standards, ageing can be seen as an undesirable phenomenon, reducing beauty and bringing one close to death or as an accumulation of wisdom and status worthy of respect. Thus different cultures have different attitudes and practices around ageing and death, and these cultural perspectives can have a huge effect on our experiences of getting older (Dimkpa, 2015). Olajubutu (2014) opined that growing old especially by women seems to be associated more with negative connotations. This perhaps, could partially be traced to the perceived marginalization of women who are



presumed to be individuals with limited abilities and few rights. Thus when it comes to evaluation, there is the tendency for a double standard in the way people perceive ageing between older men and women. For instance, Kite, Stockdale, Whitley and Johnson (2005) stated that older women are evaluated more negatively than older men.

Public perception of older people can frequently stem from the culture within which they are embedded. For instance, these can include the household and familial beliefs, social influences, popular culture, the media, literature, and even environment (Gilbert & Ricketts 2008; Robinson, Gustafson & Poppvich, 2008; Musaiger & D'Souza, 2009). Various studies indicate that perception of the aged and how the aged perceive themselves are not the same across all cultures, or even within countries. For example, older people are believed to have a devalued status in American society while other cultures such as African and Nigeria in particular, older people are admired and respected for their wisdom and experience (Cuddy, Crotty, Chong, & Norton 2005; Gildert & Ricketts 2008; Barrett & Cantwell 2009; Musaiger & D'Souza 2009). However, modernization and industrialization brings with it technological advances and changes in social roles. Traditional roles where older people were seen as great sources of knowledge and wisdom in society are beginning to change and impact on the public perceptions of older people (National Centre for the Protection of Older People, 2009).

Many researchers argue that ageist attitudes are more prevalent in modern societies than in the past or in more traditional cultures (Basford & Thorpe 2004; Palmore 2004; Lee 2009). According to Brocklehurst and Laurenson (2008) old age is now associated with vulnerability and dependence where in the past it was seen by society as a sign of wisdom that could be handed down from generation to generation. Nowadays, however, in our constantly changing societies, the accumulated knowledge of the elderly is rarely viewed as the source of wisdom; it is commonly regarded as something outdated and obsolete (Pesic, in Adeleke 2014). How

old people or the reaction of other people to them, play a larger part in affecting how they feel about themselves and whom they interact with, and what the society expects of them (Adeleke, 2014). Society expects women to take on the role of care giver or looking after children and older relatives, and this role pervades their experiences, and acts as a significant structural constraint (Matthews, 2015). The health consequences that women experience due to being care givers in their early years, undoubtedly contributes to poorer health in later years.

## **2.7 Perception of Ageing and Emotional Adjustment**

Growing older or ageing means confronting many psychological, physical, and social issues that comes with entering the last phase of life. Adjustment to aging (ATA) was initially defined by Cattell cited in Humboldt (2014) as the goodness of internal arrangements by which an adaptation is maintained; He proposed that this concept was dependent on an individual's state of mind and subjective psychological reactions. As the body ages, there are a number of changes that occur. How a person manages those changes can affect their entire outlook as he/she advances in chronological year. According to Ekot (2016), the ageing persons are open to some form of abuses which may include all shabby treatments by young people and family members, verbal abuse, name calling, locking in the room, treatment as a child, and not maintaining or supporting with money to eat, outright beatings, indecent touching, extortion of money, non-visitation, denying access to grandchildren and cases of children declaring their parents witches and wizards. As people age they become more dependent on others; older adults may struggle with feelings of guilt, shame, or depression because of their increased dependency, especially in societies where the elderly are viewed as a burden. All these causes emotional trauma that requires serious adjustment for the ageing to overcome and perceive ageing positively. In a research carried out by Ekot (2016) from the Department of Human Ecology, Nutrition and Dietetics, University of Uyo, Nigeria; using

5600 elderly participants, her findings revealed that emotional abuse was topmost form of abuse suffered by elderly in the study among others.

Emotional adjustment is the maintenance of emotional equilibrium in the face of internal and external stressors. An example would be maintaining emotional control and coping behaviours in the face of identity crisis. Emotional adjustment is an important task because, adjustment during emotions lead to a normal behaviour, whereas maladjustment leads to abnormal behaviour. People who experience relative more positive than negative emotions in their everyday lives live longer (Carstensen, Turan, Scheibe, Ram, Ersner-Hershfield, Samanez-Larkin, Brook, & Nesselroade, 2011; Diener & Chan, 2011).

Many older adults do experience age related changes that may affect their life style. Common age related physical changes include hearing impairment, weakening vision, and the increasing probability of arthritis, hypertension, heart diseases, diabetes and osteoporosis. Dispositional tendencies, life events, and individual's management of such events can all influence whether well - being improves or deteriorates with age. ' Warnick cited in Singh and Misra (2009) opined that adjusting to the changes that accompany old age requires that individual is flexible and develops new coping skills to adapt to changes that are common to this time in their lives. Negative life events (i.e., death of spouse, illnesses) tend to increase in frequency with age. Even older adults who report high levels of satisfaction frequently express beliefs that most other older people are not faring well (Hummert, Garstka, Shaner, & Strahm, in Scheibe & Carstensen, 2010; Röcke & Lachman, 2008). People who experience relative more positive than negative emotions in their everyday lives live longer (Carstensen, Turan, Scheibe, Ram, Ersner-Hershfield, Brook & Nesselroade, 2011; Diener & Chan, 2011).

In spite of the provable and/or disputable research outcomes portending most older adults as enjoying high levels of affective well-being and emotional stability into their 70s and 80s (Scheibe & Carstensen, 2009); it remains debatable if negative perceptions can breed such healthy emotional status. As a follow-up, while some studies have documented the negative effects of holding negative perceptions of ageing on psychological well-being, several others have indicated that negative ageing perceptions may not only affect psychological well-being as people age but also physical health (Robertson; Savva; King-Kallimanis; & Kenny, 2015).

The physical changes in the body as a result of ageing sometimes triggers emotional trauma. The perception one has about his/her body is influenced by concepts and values imposed by the society and is built through social interaction. The individual makes up this image from his/her sensations but he/she is greatly influenced by what the society thinks and idealizes about an “acceptable body”. According to Tavares cited in Laura-Mary et. al. (2013) in order for a body image to be truly related to a real body, one needs to transcend certain socio-cultural elements. Among the external influences, the one that mostly influences body image is socio-cultural pressure, which demands of all individuals but mainly women, a frenetic search for the ideal body, an ideal created by the socio-cultural environment itself. Since early in life, girls’ education involves caring for the body, food, clothing and hygiene. Physical development is socially and culturally conditioned to stereotyped models of beauty. This often generates frustration, social alienation and severe nutritional disorders. The growing importance given to body image and physical appearance give origin not only to physical, but also psychological, disorders such as depression, that will ultimately affect one’s overall wellbeing ( Laura-Mary et. al. 2013). According to Singh and Misra (2009) depression or the occurrence of depressive symptomatology is a prominent condition amongst older people, with a significant impact on the well-being and quality of life. Many studies have demonstrated that the prevalence of depressive symptoms increases with age. Depressive

symptoms not only have an important place as indicators of psychological well-being but are also recognized as significant predictors of functional health and longevity. Longitudinal studies demonstrate that increased depressive symptoms are significantly associated with increased difficulties with activities of daily living (Penninx cited in Singh & Misra, 2009). According to study by Boedner et. al. 2015 on death and aging anxieties are related to higher psychological distress, an important indicator of adaptive emotional regulation among older adults. Participants (N = 188; mean age = 57; range = 29–100) rated their death and aging anxieties, general psychological distress, and reported their emotions on a daily basis over 14 days. Results showed that emotional complexity moderated the relationship between each of the two anxieties and psychological distress (i.e., the positive relationship between the two anxieties and psychological distress existed only among subjects with low emotional complexity). The findings suggest that emotional complexity buffers against psychological distress, and can be further explored as a facilitating mechanism in protecting against the negative mental health effects of aging and death anxieties.

## **2.8 Perception of Ageing and Self-Esteem.**

Self-esteem reflects a person's overall subjective emotional evaluation of his or her own worth. It is the judgment of oneself as well as an attitude toward the self. A person with high self-esteem has optimistic behavioural benefits. Self-esteem encompasses beliefs and emotions such as triumph, despair, pride and shame (Smith & Mackiel, 2007). Bruno and Njoku cited in Khani, Riaz and Saif (2015) asserted that self-esteem can affect many characteristics of human behaviour which includes the level of confidence, personality, learning, performance and empowerment. In an educational setting, self-esteem has been well-thought out as one of the most significant factors defining failure and success in the institution. On the other hand there are other facets of self-esteem that can cause negative

effects on behaviours. Ageing comes with a variety of losses, from physical to functional and social. These losses can promote dissatisfaction with one's life as well as a lowering of overall self-esteem, sometimes leading to major morbidities such as depression (Laur-Maria, Mariano & Newton 2003). Although people can flourish as they get older, ageing and illness is difficult and may require us to manage a number of blows regarding the ways our bodies change and let us down; ageing and illness requires us to manage a number of hits to self-esteem. As we get older most of us have to deal with the narcissistic injury of having bodies that don't work as well as we would like, this makes our self-esteem to suffer.

Ageing comes with a sinking feeling which may be due to the fact that youth is snatched from our hands by destiny and it cannot be avoided (Goswami, 2013). Developing high self-esteem at this stage is important because feeling good about you can affect your mental health and how you behave; people with high self-esteem know themselves well. They're realistic and find friends that like and appreciate them for who they are. People with high self-esteem usually feel more in control of their lives and know their own strengths and weaknesses. Goswami (2013) asserted that physical changes such as weight gain, hair loss, and wrinkles can affect a woman's self-esteem also physical changes that occur with menopause may affect a person's body self-image, moods, depending on what level of self-esteem an individual may possess. Wrinkling of the skin can cause one to look older and feel bad about him or herself. This damage to one self-esteem can make such a person avoid social situations or family events. You may also not go for jobs that you want because you're unhappy with how you look and afraid of what others will think of you. This may be one reason that plastic surgery is so popular among aging women (Jernigan, 2017). Laura-Mary, Mariano and Newton (2013) confirmed that in the older adults, the body image distortion triggers feelings of worthlessness and lowers self-esteem which together with existing rejection of the ageing process, contributes some worth to the worse quality of life at a stage

of life already full of uncontrollable losses. An individual's experience of body image, either positive or negative, has some bearing on their behavior. Individuals who have a negative body image may choose clothing that is not revealing, or retreat from social events and physical intimacy. In addition to its influence upon behavior, body image can also impact individual's self-esteem. Body image during old age can suffer distortions, since there is a negative view about aging in society, based on the false association of aging and incapacity and incompetence. Some societies also demand by attitude that women should be forever young and beautiful in order to guarantee their place in it. For a long time, it was thought that these socio cultural demands applied only to young people. Researches nowadays show that in a somewhat lesser degree, it also happens to adults and older individuals, with a higher prevalence in women (Laura-Mary et. al. 2013).

Saucier in Osarenren, Nwadinigwe, Ubangha & Ogunleye (2009) explained that problems related to a woman's realization that she no longer conforms to society's standards of youth and beauty include low self-esteem, depression and anxiety. Individuals who have a negative body image may choose clothing that is not revealing, or retreat from social events and physical intimacy. In addition to its influence upon behaviour body image can also impact on individual's self-esteem (Laura- Maria, et. al., 2013). In addition it is also seen that many woman attaches self-esteem to their body image which is associated with beauty, femininity and youth so with growing age as beauty diminishes many a woman find their self-worth low and thus giving rise to a low self-esteem.

Many women develop gerontophobia which is negative self-perceptions of her ageing bodies, leading to a fear of growing old, which may cause them to specially evaluate with great criticism of their ageing bodies. When compared to thin young bodies, this evaluation may trigger feelings of diminished self-worth and lower self-esteem. According to Erickson theory (1959), the final stage of life is marked by crisis over integrity and despair. People who

believe they have had a positive impact on the world feel a sense of integrity, while those who feel they not measured up to certain standards develop a sense of despair and this may affect individual self-esteem and the zeal to move on in life. Goswami (2013) conducted a study to find out the effect of ageing on body self-image, mood and self-esteem of middle age women and older women. A sample of 160 women in the age range of 45-55years and older women in the age range of 55-65years was taken. The result showed that middle age women have low body self-image, low mood and are low on self-esteem. The research provides an insight into understanding women especially in her transition to an older woman; it further enables society to develop better mental as well as physical health reforms which are the need of the day for every single woman.

Dudley (2014) asserted that many older adults start to lose their self-esteem after retirement. They are no longer contributing except by spending their money and volunteering their time and they have lost the sense of accomplishment and the respect of others that is most easily acquired through work. They feel they aren't who they once were, and all they see is decline and death for themselves in the future. The tendency is to then go into denial about their ultimate deterioration and do nothing to either offset it, or develop new qualities that would help them to excel in other areas. Fear becomes the prime motivator but remains largely unconscious. And, all of this seems to result in a sort of confusion and numbness that leads to inaction.

Low self-esteem reduces your chances of success in life. It can create anxiety, stress, loneliness and increased likelihood of depression. No matter how badly you want to reach a goal, low self-esteem will hold you back every time. When you don't value yourself and lack self-esteem, it will work against you and undermine you. If you do not believe in yourself, who will? Worst of all, these negative consequences themselves reinforce the negative self-



image and can take a person into a downward spiral of lower and lower self-esteem and increasingly non-productive or even actively self-destructive behavior. In addition, it has been observed that self-esteem rises steadily as people age but starts declining around the time of retirement (Orth, Trzesniewski & Robins, 2010). In a study on the Role of Self-Esteem and General Self-Efficacy in Teachers' Efficacy in Primary Schools by Khani (2015), from the Institute of Technology, Bombay, Mumbai, India; Fleva, from Aristotle University of Thessaloniki, Greece and Qaziiz from S.N.D.T/ University, Mubai, India on 200 teachers' from public schools. The results indicated significant relationship between teachers' efficacy and general self-efficacy and self-esteem. It was found that low self-esteem and low general self-efficacy led to low teachers' efficacy and consequently sub-standard performance in the class. On the contrary high teachers' efficacy was a reflection of high self-esteem and high general self-efficacy.

There was much consensus among seniors that working after retirement was positive. Around 90% of respondents agreed that continued employment would help them stay financially independent, socially connected, make friendships, give them a sense of self-worth and enable an active and productive life. Voluntary work was viewed by about eight out of 10 respondents as a good way to stay socially connected, and lead a meaningful life. However, less than half of the respondents reported that they would consider volunteering in the next few years.

Furthermore, Orth, Trzesniewski and Robins (2014) examined the development of self-esteem from young adulthood to old age. Data came from the Americans' Changing Lives study, which includes 4 assessments across a 16- year period of a nationally representative sample of 3,617 individuals aged 25 years to 104 years. Latent growth curve analyses indicated that self-esteem follows a quadratic trajectory across the adult life span, increasing during young and middle adulthood, reaching a peak at about age 60 years, and then

declining in old age. No cohort differences in the self-esteem trajectory were found. Women had lower self-esteem than did men in young adulthood, but their trajectories converged in old age. Whites and Blacks had similar trajectories in young and middle adulthood, but the self-esteem of Blacks declined more sharply in old age than did the self-esteem of Whites. More educated individuals had higher self-esteem than did less educated individuals, but their trajectories were similar. Moreover, the results suggested that changes in socioeconomic status and physical health account for the decline in self-esteem that occurs in old age.

## **2.9 Perception of Ageing and Health status**

The World Health Organization defines health as ‘a state of complete physical, mental, and social well-being and not merely the absence of disease, or infirmity’ (WHO, 2009). This broad definition can be applied equally to developed and developing countries and to both genders. Health is a cumulative state, to be promoted throughout life in order to ensure that the full benefits are enjoyed in later years. As people age, they become more dependent on others. Many elderly people need assistance in meeting daily needs as they age, and over time they may become dependent on caregivers such as family members, relatives, friends, health professionals, or employees of senior housing or nursing care. Many older adults spend their later years in assisted living facilities, which can have social and emotional impacts on their well-being. Older adults may struggle with feelings of guilt, shame, or depression because of their increased dependency, especially in societies where caring for the elderly is viewed as a burden. Health is a cumulative state, to be promoted throughout life in order to ensure that the full benefits are enjoyed in later years. Healthy ageing and old age have to do with a gradual but a steady movement toward ageing devoid of acute health challenges and living in a state of good well-being. Healthy ageing involves getting old and yet being active and striving to attain some goals so as to counter balance the physical losses that are associated with ageing and old age (Ezema & Ugwuanyi, 2014). When ageing is enjoyed in good health there is

likelihood of perceiving ageing from the positive point of view. In a study by Han et. al. (2015) on psychosocial factors for influencing healthy ageing in adults in Korea, according to the results, depression is the factor with the greatest influence on healthy aging. Perceived health status, ego integrity, self-achievement, self-esteem, participation of leisure activities were also influential on healthy ageing as beneficial factors.

According to World Health Organization (2015) a longer life brings with it opportunities, not only for older people and their families, but also for societies as a whole. Additional years provide the chance to pursue new activities such as further education, a new career or pursuing a long neglected passion. Older people also contribute in many ways to their families and communities. Yet the extent of these opportunities and contributions depends heavily on one factor- health. Many researchers have asserted that individuals with positive perceptions of ageing have better and functional health, higher well-being and longevity than those with negative perceptions (Levy, Slade, Kunkle & Kasl 2002; Uotinen, Rantanen, & Suutama 2005; Barker, Meisner, Logan, Kungl, & Weir 2007).

According to Dionigi (2012) positive or negative perceptions of ageing can influence adults' health behaviours, including their decisions to engage in cognitive, social and physical activity and or seek medical assistance, as well as how older adults are treated by others and society as a whole. All of the above have the potential to effect the holistic health (i.e., mental, Physical, social and emotional well-being) of an ageing person and ultimately the length and quality of their life. Robertson, Savva, King-Kallimanis and Kenny (2015) posits that negative ageing perceptions may not only affect psychological well-being as people age, but also physical health. A number of studies have shown that holding negative perceptions of ageing at baseline are associated with a decrease in self-reported performance in activities

of daily living, increase in number of illnesses, decreased self-reported physical function, self-rated health and increased risk of mortality.

A study by Levy from the Department of Epidemiology & Public Health Yale University, School of Medicine, New Haven and Slade from the Department of Biostatistics, Harvard University, Boston Massachusetts. They carried out a longitudinal study on the Benefit of Positive Self-Perceptions of Ageing on Functional Health. Using 433 participants in Ohio, in a community based study of individuals aged 50 years and above, they examined whether those with more positive self-perceptions of ageing report better functional health over an 18 years period than those with more negative self-perceptions of ageing. They found that those with more positive self-perceptions of ageing in 1975 reported better functional health from 1977 to 1995 than those with more negative self-perceptions of ageing after controlling for baseline measures of functional health, self-rated health, age, gender, loneliness, race and socio-economic status. Their study suggests that the way in which individuals view their own ageing affects their functional health. Therefore, for an individual to age well in good health, positive self-perceptions of ageing should be developed because how we view life events start from within us. World Health Organization (2007) opined that good health is vital to maintain an acceptable quality of life in older individuals and to ensure the continued contributions of older persons to the society. Stuck, Walthert, Nikolaus, Bula, Hohman and Beck (1999) confirmed that the most significant risk factors for functional decline were cognitive impairment, depression, disease burden, under-weight or over-weight, lower limb functional limitation, low social activity, low physical activity, poor self-perceived health, no alcohol use, smoking and vision impairment.

Regardless of the societal stereotypes of ageing and life conditions that each individual is facing, self-perceptions play an essential role in determining well-being of people as they

age. Under the various challenges as people age, the ability to preserve positive self-identity may be a key for successful adaptation on ageing. Studies have shown that positive self-perception of or attitude toward ageing is beneficial for physical and emotional well-being. For instance in their own research on whether Longevity Increased by Positive Self-Perceptions of Ageing, Levy and his colleagues (2002), used 660 participants age 50 years and above who participated in a community based survey, the Ohio Longitudinal study of Ageing and Retirement (OLSAR). By matching the OLSAR to mortality data recently obtained from National Death Index, the authors were able to conduct survival analysis. Their research found that older individuals with more positive self-perceptions of ageing measured up to 23 years earlier lived 7.5 years longer than those with less positive self-perception of ageing. This advantage remained after age, gender, socio-economic status; loneliness and functional health were included as covariates. The findings suggest that self-perceptions of stigmatized groups can influence longevity.

Ageing comes with concomitant health problems such as physical and mental decline due to the deterioration of biological make-ups of human beings. This causes weakness of the body, reduction in physical activities, reduced mental ability, and exposure to diseases, financial incapacitation, negligence or even total abandonment by children or close family members, reduced social activities, empty-nest syndrome among other challenges. Matthew and Straughan (2014) posits that ageing persons tend to become liabilities to the family when they pose health problems requiring fund for treatment or constitute total economic dependent on children and family. At the community or national levels elderly persons become liabilities when they are not contributing to the economy and much money has to be set aside for their health provision and other services. The results from the perception and attitudes towards Ageing and Seniors Survey by Matthew and Straughan (2014) showed that there is a high level of consensus on what senior respondents believe constitute successful ageing. Being

happy, healthy, physical active, financially independent and having close friendships were very highly endorsed. Most respondents believe that family support, information about what to expect as one ages, and information on how to take care of their health and ensure sufficient savings would help them age well.

According to study by Boedner et. al. 2015 on death and aging anxieties are related to higher psychological distress, an important indicator of adaptive emotional regulation among older adults. Participants (N = 188; mean age = 57; range = 29–100) rated their death and aging anxieties, general psychological distress, and reported their emotions on a daily basis over 14 days. Results showed that emotional complexity moderated the relationship between each of the two anxieties and psychological distress (i.e., the positive relationship between the two anxieties and psychological distress existed only among subjects with low emotional complexity). The findings suggest that emotional complexity buffers against psychological distress, and can be further explored as a facilitating mechanism in protecting against the negative mental health effects of aging and death anxieties.

## **2.10 Anxiety and ageing**

Lasher and Faulkender cited in Koukouli, Pattakou-Parasyri and Kalaitzaki (2014) defined anxiety about aging as the concern and anticipation of adverse physical, mental, and personal losses during the aging process. They have suggested that it could mediate the association between attitudes and behaviors toward elders and adaptation to one's own aging process. According to Colleran & Hazelden (2002) people with anxiety disorders may not be able to cope with the stresses of everyday life and have difficulty functioning. For example, they may not want to venture outside of their homes, or they may be afraid of germs to the point of having to wash their hands many times a day. Some people with anxiety disorders can become agitated and aggressive if taken out of their comfort zones. Emotional trauma on how to adjust over this stage of life seems to pose a big challenge to

many and affect their attitude to life. When ageing is planned and prepared for economically, socially, physically and psychologically, an individual go through it smoothly with minimal crisis (Eleanor, Kim & Donelda, 2015; American Psychological Association, 2012; Umberson & Monntez, 2010). But when the reverse becomes the case such a person may faces, fear and anxiety over death, pain, sadness over unfulfilled dreams, hopelessness, feeling worthless, aggression towards people, lack self-esteem, ill-health among other challenges.

According to Ontario Welfare Council cited in Rashmi & Archana (2016) anxiety about ageing is apprehension, regret or general negativism toward the ageing process and what lies ahead. They averred that the two words that most often feature in any discourse-whether common or enlightened – about ageing are “fear” and “anxiety”. Kite & Wagner cited in Richeson and Shelton, (2006) averred that adults and young people see ageing as right over the horizon, but still are not quite ready to accept its coming. Due to this they are more anxious towards the ageing process and are less likely to accept it gracefully. Persons who are dependent on physical appearance and youth for their identity are likely to experience greater degree of anxiety towards ageing (Block, Davidson & Grumbs as cited in Saxena & Shukia, 2016). Cummings, Kroff and DeWeaver (2000) asserted that women experience more anxiety about their own ageing than men. In a study carried out in India by Saxena & Shukia (2016) using 300 participants ranging in age from 25-65years on “Gender and Age related differences in Anxiety about Ageing”. It was discovered that females were more anxious toward their ageing process than men. The loss of status that accompanies ageing is more severe for women than men, which leads to the expectation that reminders of ageing produce anxiety for many women as suggested by double standard of ageing (Sontag in Saxena & Shukia, 2016). As a result, they found that there is gender difference in ageing anxiety with

the female gender being more susceptible to the negative consequences attached to anxiety due to ageing.

Ageing anxiety is also known not to be the same in different societies. For example, the study carried out by Bergman, Bodner and Fridel (2012) has shown the origin or society in which an individual resides is a factor determining their experience of ageing anxiety. Thus, these authors, that is, Bergman, Bodner and Fridel (2012) observed that Arab women reported higher scores of ageing anxieties and ageist attitudes in comparison to Arab men, whereas no such differences were found among Jews. Also, the study of Dimkpa (2015) suggests that the observed differences in ageing anxiety may not be restricted to non-African cultures alone as he sufficiently documented how different regions in Nigeria treat their adults. Ageing anxiety can relate to symptoms of depression, and related somatic manifestations, together defined as psychological distress (Derogatis, cited in Bodner, Shrira, Bergman & Cohen-Fridel, 2015). Although worries from adverse physical consequences of aging can be associated with somatic concerns, fear of future mental deterioration can be associated with manifestations of anxiety, and worries about future personal losses may lead to depression, only few studies have examined these relationships. These studies suggest that higher aging anxiety is associated with more psychological distress. One study demonstrated a positive correlation between aging anxiety and depression (Kim & Lee cited in Bodner et. al. 2015). Another discovered that health anxieties, and in particular anxiety about loss of attractiveness, were strongly associated with greater psychological distress (Barrett & Robbins, 2008). Finally, higher levels of personal distress predicted higher levels of aging anxiety (Allan, Johnson, & Emerson, 2014). Appearance dissatisfaction amongst middle-aged women has been associated with a fear of aging (Lewis & Cachelin, 2001; Midlarsky & Nitzburg, 2008). Aging anxiety is defined as the “combined concern and anticipation of losses centred around the aging process” (Lasher & Faulkender, 1993), with perceived changes to physical



appearance as one of the four major dimensions. Given Western cultural norms that associate women's aging with a deterioration in physical attractiveness (Saucier, 2004), it is perhaps unsurprising that women in midlife often experience anxiety surrounding loss of attractiveness (Barrett & Robbins, 2008). Indeed, every year widens the discrepancy between a woman's body and the Western youthful ideal due to the expected age-related changes that take place: the body shape changes, muscle mass decreases, wrinkles develop and the skin loses elasticity, and the hair thins or goes grey (Lewis, Medvedev, & Seponski, 2011).

In the study carried out by Perna, Iannone, Alciati and Caldirol (2015) on Anxiety Disorders (AnxDs) showed that AnxDs are highly prevalent throughout the lifespan, with detrimental effects on daily-life functioning, somatic health, and quality of life. An emerging perspective suggested that AnxDs may be associated with accelerated aging. In their paper, they explored the association between AnxDs and hallmarks of accelerated aging, with a specific focus on neuroprogression. They reviewed animal and human findings that suggest an overlap between processes of impaired neurogenesis, neurodegeneration, structural, functional, molecular, and cellular modifications in AnxDs, and aging. Although the research is at an early stage, their review suggests a link between anxiety and accelerated aging across multiple processes involved in neuroprogression. Brain structural and functional changes that accompany normal aging were more pronounced in subjects with AnxDs than in coevals without AnxDs, including reduced grey matter density, white matter alterations, impaired functional connectivity of large scale brain networks, and poorer cognitive performance.

Similarly, Barrett and Robbins (2008) examined associations of three sources of women's aging anxiety—declining attractiveness, health, and fertility—with social contexts of their lives, including locations in systems of inequality, connections to institutions, relationships, and health. They also explore links between aging anxieties and distress. Method: Employing data from the National Survey of Midlife Development in the United States conducted in

1995-1996, the authors use logistic and OLS regression. Results: Anxiety about attractiveness is higher among women who are younger, White, heterosexual, employed, separated/divorced, less financially independent, and have worse relationships. Anxiety about health is greater among women who are younger, White, less financially independent, and have worse relationships and health. Anxiety about health and attractiveness predicts greater distress. This study suggests that correlates and mental health consequences of ageing anxiety differ across sources of concern.

As these conditions remain, it will not be in doubt that studying ageing and other related constructs/variables in the Nigerian socio-cultural settings may not only assist in reshaping ageing perception and alleviate anxiety attached to such, but this kind of study on ageing may also help in remoulding other negative consequences of unhealthy ageing views in such regions and the likes.

## **2.11 Summary of Reviewed Literature**

The relevant literatures have been reviewed to provide an in-depth knowledge of psychosocial variables on differential perception of ageing. The relevant literatures reviewed showed that ageing which is an inevitable and irreversible stage of human beings comes with different psychological issues such as loneliness, fear and anxiety over death, depression, empty-nest syndrome, low self-esteem, e.t.c, which affect an individual emotional health. It was equally reviewed that stereotypes about ageing are internalized from very young age which shapes peoples mind towards ageing. Gender has been reviewed as a determinant factor on how people perceive ageing.

Ageing was seen to impact women more than men, because femininity is associated with attractiveness which diminishes with ageing while masculinity is associated with power, position, money, occupation and leadership all these are sexually enhancing and diminish

more slowly than physical appearance. Among the social variables that influence ageing is socio-economic status, societal roles and expectation which were found to influence over all human function and a primary determinant of subjective and active ageing. Society where one grows determines the type of socialization such a person receives and so societal beliefs about ageing equally influences its members' attitudes and perception towards ageing. It was equally reviewed that individuals with good and functional health have positive perception of ageing. Anxiety over ageing and death equally affected people wellbeing and their attitude towards various life event. Most of the reviewed literatures revealed the influence of positive and negative perception on ageing, but there are few available studies on the impact of psycho-social variables on perception of ageing as a positive means of enhancing and promoting active ageing. Therefore the justification for the present study.

## **CHAPTER THREE**

### **METHODOLOGY**

This section would focus on the following sub-headings: research design, area of study, population, sample and sampling techniques, research instrument, validation of instrument, reliability of instrument, administration of instrument and procedure for data analysis.

#### **3.1 Research Design**

The research design used in this study was descriptive survey design. This design is suitable as the research work involved cross cultural studies that requires large population. Descriptive survey design is most appropriate as it was used to collect data that enabled the researcher to describe systematically the characteristic features about the population and it is only interested in describing the variables of interest in relation to the population (Ilogu, 2005; Nwadinigwe, 2012). The quantitative approach involved the distribution of Likert type questionnaires to participants in the two states for the purpose of comparing the Influence of Psycho-Social Variables on Differential Perception of Ageing among Teachers in Anambra and Akwa-Ibom states.

#### **3.2 Area of the study**

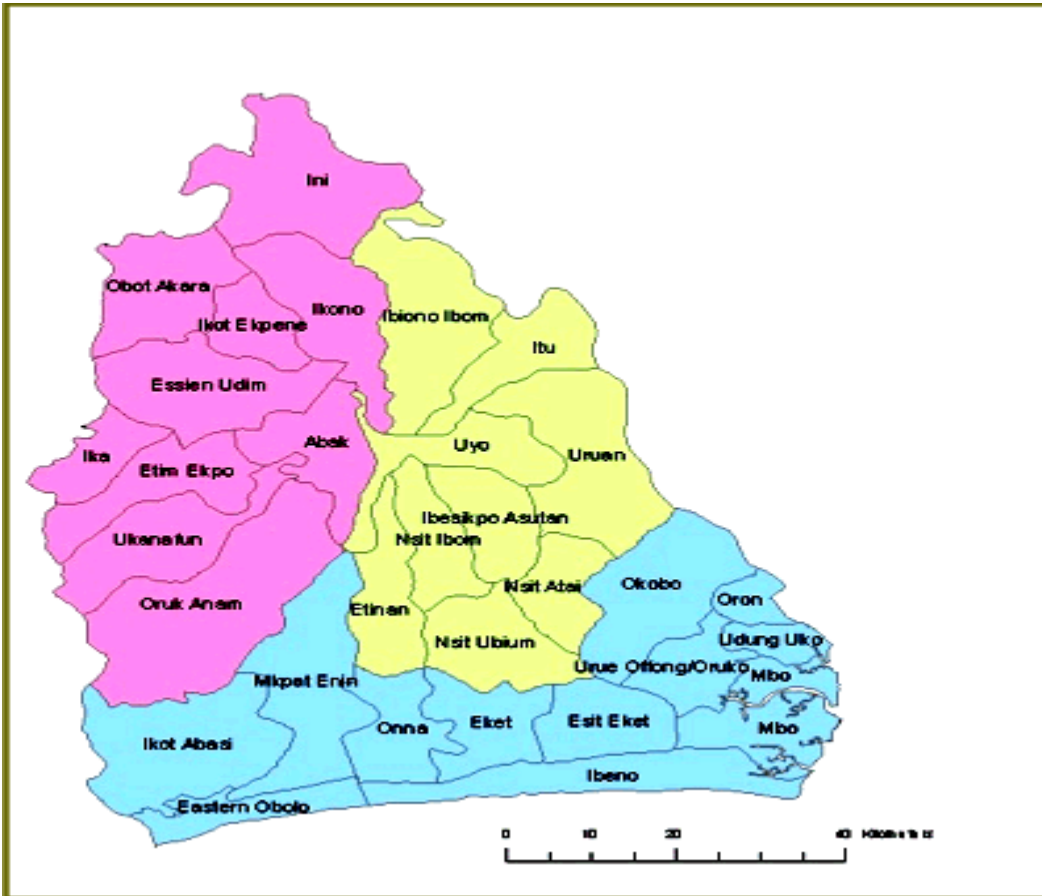
The study was carried out in Anambra and Akwa-Ibom states Nigeria. Anambra state is in the South Eastern part of Nigeria. It was created on 27th August, 1991. It lies between latitude  $6^{\circ}27'57''N$  of the equator and longitude  $7^{\circ}00'68''E$  of Greenwich meridian. The state covers a total land mass of  $4,844\text{km}^2$ . The population according to 2006 census stands at 4,055,048 people. Boundaries are formed by Delta state to the West, Rivers and Imo states to the south, Enugu state to the East and Kogi state to the North. The name is derived from Anambra River (Omambala) which is a tributary of the famous River Niger. The indigenous ethnic group in Anambra state is the Igbos (98% of population) and a small population of

Igala (2% of population) who live mainly in the north-western part of the state. Language spoken is Igbo and English languages. Major cities include Awka, Onitsha, Nnewi, Awka-Etiti, Amawobia, among others. There are 21 local government areas in the state.



Map of Anambra State

Akwa Ibom state is one of the South-South states in Nigeria, located on the coastal south-south part of the country, lying between latitudes 4<sup>o</sup>32'N and 5<sup>o</sup>33'N, and Longitude 7<sup>o</sup>25' E and 8<sup>o</sup>25' E of the Meridian. The state is bordered on the East by Cross River state, on the West by Rivers State, Abia state to the North and on the South by the Atlantic Ocean. It was created on 23<sup>rd</sup> September, 1987 from Cross River state. The capital is Uyo. It has total land mass of 7,081km<sup>2</sup>. It has population of over 5 million people according to 2006 census. The spoken languages are Ibibio, Annag, Eket, Oron and English languages. Major cities include Uyo, Eket, Ikot-Ekpene, Oron, Abak, Etinan, etc. There are 31 local government areas in the state. It is a major crude oil producing state.



Map of Akwa-Ibom state.

The justification for choosing the two states is based on some cultural differences on their perception and attitude towards ageing. Most Igbo men and women from Anambra state accept ageing based on societal status such as grand-parenthood, chieftaincy titles, leadership positions and having adult children, while this may not be the case in Akwa-Ibom state.

### 3.3 Population of the study

The target population for this study comprised all secondary school teachers in Anambra and Akwa-Ibom States. Teachers were used because most of them lack adequate personal preparation towards ageing either socially, psychologically and financially. Many of them become socially irrelevant, emotionally traumatized and financially incapacitated as they retire from active job. Majority of them rely on pension and gratuity rather than personal

improvement, diversification of interests and opening up other areas of survival after retirement. Furthermore, teachers are nation builders and moulders of character which place them in a better position to influence others through their teaching and their way of life.

### **3.4 Sample and Sampling Procedures**

Multi stage sampling process was used to select four hundred and two (402) teachers in Anambra and five hundred and three (503) teachers in Akwa-Ibom state for this study. The first stage of the multi-stage sampling process was the selection of one senatorial district out of the three senatorial districts in Anambra and Akwa-Ibom states respectively through simple random sampling process. Anambra Central Senatorial districts was selected it has seven (7) local government areas namely Idemili North, Idemili South, Awka North, Awka South, Dunukofia, Njikoka and Aniocha local government areas. Ikot Ekpene Senatorial district was selected in Akwa-Ibom state and nine (9) local government areas namely Ikot Ekpene, Abak, Essien Udim, Etim Ekpo, Ikono, Ini, Obot Akara, Ukanafun and Oruk Anam local government areas were used for this study.

The second stage involved the selection of five (5) senior secondary schools from each of the seven local government areas in Anambra central senatorial district using simple random sampling of lucky dip process. Five schools were chosen in each of the selected local government Area in Anambra state to enable the researcher get male teachers as the statistics from Post Primary Education Commission showed that Anambra state has nine hundred and ten (910) male teachers as against four thousand nine hundred and thirty-two(4932) female teachers in the teaching service.

All the schools in each local government area were written on pieces of paper, wrapped and put in a box, the first five schools picked on each of the local government areas were used. A

total of thirty-five (35) secondary schools out of the ninety-two secondary schools in the senatorial district were used for this study.

Also using the same process four secondary schools from each of the nine local government areas from Ikot-Ekpene senatorial district were randomly selected. A total of thirty-six (36) schools out of the eighty-seven secondary schools in the senatorial district were used for this study.

Thirdly, stratified random sampling process was used to select teachers who are between age 45-59 years from each of the schools randomly selected. This age range was used because at this stage ageing usually becomes a source of concern to most teachers due to retirement from service either by statutory age of 60 years or having spent 35 years in service.

### **3.5 Instrumentation**

The following research instruments were used to obtain data for this study:

- Psycho-Social Variables on Perception of Ageing Questionnaire (PSVPAQ).
- Brief-Ageing Perception Questionnaire (B-APQ) by Sexton, King-Kallimanis, Morgan & McGee (2014).
- Self Esteem Scale (SES) by Rosenberg (1967).
- Self-Rating Anxiety Scale by Zung (1971).
- Emotional Adjustment Bank (EAB) by Aguado, Rubio, Hontangas & Hernandez (2007).

#### **Psycho-Social Variables on Perception of Ageing Questionnaire (PSVPAQ)**

The instrument contains 44 items split into two sections was developed by the researcher. Sections A focuses on personal data of the participant's demographic information such as:- state of origin, sex, age and educational qualifications. Section B contains 40 items designed on a four point Likert scale to assess stereotypes, socio-economic status, health status and



societal roles. The content validity was determined by the researcher’s supervisors and experts from Measurement and Evaluation. The responses were Strongly Agree (4), Agree (3), Disagree (2), Strongly Disagree (1). The maximum score was 160 while the minimum score was 40. Test- retest reliability was carried out on the instrument to determine the psychometric property. Some samples of the items are:-

S/N	Statement	1	2	3	4
1.	Sometimes old people behave like children				
2.	I am satisfied with my health as I’m ageing				
3.	When I retire I will concentrate in taking care of my grand children				
4.	Rich people live longer than poor people				

#### **Brief-Ageing Perception Questionnaire (B-APQ)**

Brief-Ageing Perception Questionnaire was developed by Sexton, King-Kallimanis, Morgan and McGee (2014). It is a 17 item instrument developed from the original version of 32 items of Ageing Perception Questionnaire (APQ) by Barker, O’Hanlon, McGree, Hickey and Conroy (2004). It is graded on a five point Likert scale of Strongly Agree to Strongly Disagree. The instrument was adopted for this study. The internal consistency of the sub-scales is 0.79 average. This concise version of Ageing Perception Questionnaire (APQ) preserved the internal consistency and constructs validity of the original. The test-re-test validity of the APQ was 0.76. After the pilot study the test retest reliability co-efficient of 0.78 was obtained within two weeks interval. Samples of the items are:-

S/N	Statement	1	2	3	4
1.	I always see myself as getting older				
2.	Slowing down with age is not something that I can control				

### **Self Esteem Scale (SES)**

The Rosenberg Self Esteem Scale was developed by Rosenberg (1965) to measure self esteem. It is a 10 item questionnaire with items answered on a four point scale, from Strongly Agree to Strongly Disagree. Five of the items have positively worded statement and five have negatively worded ones. The instrument has internal consistency of 0.77. The instrument was adopted for this study. During the pilot study, the instrument obtained a test retest reliability coefficient of 0.84 within two weeks interval. Samples of the items are stated below.

<b>S/N</b>	<b>Statement</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1.	I feel that I am a person of worth				
2.	All in all, I am inclined to feel that I am a failure				

### **Self-Rating Anxiety Scale (SAS)**

The Zung Self-Rating Anxiety Scale (SAS) was designed by Zung (1971). The SAS is a 20-item self-reported assessment device built to measure anxiety levels. Each item is scored on a Likert-type scale of 1-4 (based on these replies: “a little of time”, “some of the time”, “good part of the time”, “most of the time”). Overall assessment is done by total score, 20-44 indicates normal range, 45-59 shows mild to moderate anxiety levels, 60-74 shows marked to severe anxiety levels and 75-80 shows extreme anxiety levels. According to the author the instrument has internal consistency of 0.80. The instrument was adopted for this study. During the pilot study, the instrument obtained test retest reliability co-efficient of 0.76 within two weeks of interval. Below are samples of the items:-

<b>S/N</b>	<b>Statement</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1.	I feel afraid for no reason at all.				
2.	I feel like I’m falling apart and going to pieces.				

### **Emotional Adjustment Bank**

Emotional Adjustment Bank (EAB) was developed by Aguado, Rubio, Hontangas and Hernandez (2005). The instrument has 28-items measures with a six point scale ranging from totally agree to totally disagree. Cronbach's alpha for the 28 item bank was 0.92 and internal consistency of 0.71. The researcher adapted this instrument by selecting 10-items for the main study. Ten items only were adapted because the research work already has 87- items, so additional 28-items may be too much and boring for the participants to avoid them losing interest or even losing patience to read the questionnaire. After the pilot study the instrument recorded test retest reliability co-efficient of 0.86 within two weeks interval. Below are some samples of the items

S/N	Statement	1	2	3	4	5	6
1.	I get annoyed by very small hitches						
2.	Some small things unavoidably drive me crazy even if I can recognize that they are unimportant.						

### **3.6 Pilot Study: Validation and Reliability of Test Instrument**

Copies of questionnaire were given to the researcher supervisors for content validity. The instrument was vetted and adjudged suitable for the study. A pilot study was carried out by the researcher in one of the major towns of the two states which were not part of the main study. A total of eighty teachers were used for the pilot study. Forty teachers from four secondary schools from each state respectively; ten teachers from each school were used. The instrument was administered to the participants and after two weeks it was re-administered to the same set of participants; the result of the two tests was collated and analyzed using, Pearson Product Moment Correlation Statistics to estimate the test-retest reliability co-efficient.

**Table 1: Test –Retest Reliability coefficient of the Instrument (N=80)**

S/N	Inst.	Variable	No of item	No of participant	Test	Mean	Sd	R
1	B-APQ	Brief Ageing Perception	17	80	1 <sup>st</sup>	41.3000	2.58721	0.78
					2 <sup>nd</sup>	41.5000	3.15827	
2	SE	Self-esteem	10	80	1 <sup>st</sup>	24.2000	3.14600	0.0.84
					2 <sup>nd</sup>	23.7000	3.00674	
3	SAS	Self Anxiety Scale	20	80	1 <sup>st</sup>	43.9750	8.32715	0.801
					2 <sup>nd</sup>	43.7250	9.98730	
4	EAQ	Emotional Adjustment	10	80	1 <sup>st</sup>	17.0125	11.05967	0.86
					2 <sup>nd</sup>	17.5000	11.48362	

### 3.7 Procedure for data collection

A letter of introduction was obtained from the Head of Department of Educational Foundations, University of Lagos, Akoka to the Ministry of Education of the two states to get the list of the schools and number of teachers in each school and also to the Principals of the secondary schools to be used to ask for their permission.

### 3.8 Appointment and training of research assistants

Three undergraduates each from Nnamdi Azikiwe University in Anambra State and University of Uyo in Akwa-Ibom State respectively were employed as research assistants for the study. They were recruited and exposed to training for one week respectively. Two sessions of one hour each day, going through the instruments, procedure for scoring the instruments and establishing rapport with the participants to ensure openness, honesty and accurate responses. They were financially rewarded for their effort.

### **3.9 Administration of instruments**

The instrument was administered to the participants by the researcher with the help of the research assistants. The questionnaire was administered, the researcher waited and retrieved all the same day on visitation to each school, until the exercise was over. The researcher with the research assistants were able to cover an average of three schools per day depending on the staff numerical strength. It took the researcher twelve working days to finish the thirty-five randomly selected secondary schools in Anambra central senatorial district, and thirteen working days to cover the thirty-six randomly selected secondary schools in Akwa-Ibom state.

### **3.10 Method of Data Analysis**

The data obtained from this study was analyzed using inferential and descriptive statistics. Hypotheses 1 and 7 were analyzed using Analysis of covariance (ANOVA), hypotheses 2 was analyzed using independent t-test, hypothesis 3 was analyzed using multiple regression while 4, 5 and 6 were analyzed using Pearson Product Moment Correlation. All hypotheses were tested at 0.05 level of significance.

## CHAPTER FOUR

### ANALYSES OF DATA, PRESENTATION AND DISCUSSION OF FINDINGS

This chapter presents the results of all data collected in this study. The hypotheses were analysed and discussed in the order they were presented in the first chapter

#### 4.1 Testing of Hypothesis One

**Hypothesis one:** There will be no significant difference due to gender and state of origin in the perception of ageing among teachers in Anambra and Akwa-Ibom states.

**Table 2. Descriptive Statistics of Perception of Ageing among Teachers according to State and Gender**

State	Gender	Mean	Std. Deviation	N
Anambra	Male	41.9605	8.85203	76
	Female	43.5798	8.67524	326
	Total	43.2736	8.72093	402
Akwa-Ibom	Male	42.0127	4.65085	158
	Female	41.0783	4.90339	345
	Total	41.3718	4.84038	503
Total	Male	41.9957	6.30859	234
	Female	42.2936	7.10047	671
	Total	42.2166	6.90225	905

Table 2 shows that the mean perception of ageing by teachers in Anambra and Akwa Ibom States were 43.2736 and 41.3718 respectively. It can be seen from here that there is a mean difference of 1.9018 between the mean score of perception of ageing among teachers in the two states with Anambra State having higher mean score (43.2736) than Akwa Ibom teachers (41.3718). In Anambra State, the mean scores for perception of ageing by male and female teachers were 41.9605 and 43.5798 respectively. It can be deduced that there is a mean difference of 1.6193 between the mean scores for perception of ageing for male and

female teachers in Anambra State with female teachers having higher mean score (43.5798) than male teachers (41.9605). In Akwa Ibom State, the mean scores for perception of ageing by male and female teachers were 42.0127 and 41.0783 respectively. It is perceptible from Table 2 that there is a mean difference of 0.9344 between the scores of male and female teachers in Akwa-Ibom State with male teachers having higher mean score (42.0127) than female teachers (41.0783) unlike the situation in Anambra State where female teachers have higher perception of ageing than the male. Table 2 further reveals that overall, the mean perception of ageing among teachers was 42.2166 with female teachers (42.2936) having higher perception than the male teachers (41.9957). To show if any of these observed differences were significant, Analysis of Variance, ANOVA was carried out as shown in Table 3 below.

**Table 3. Two-Way Analysis of Variance for Differential Perception of Ageing among Teachers by State and Gender**

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	1064.382 <sup>a</sup>	3	354.794	7.611	.000	.025
Intercept	1117213.390	1	1117213.390	23965.079	.000	.964
State	235.704	1	235.704	5.056	.025	.006
Gender	18.426	1	18.426	.395	.530	.000
State * Gender	256.197	1	256.197	5.496	.019	.006
Error	42003.170	901	46.618			
Total	1655994.000	905				
Corrected Total	43067.551	904				

a. R Squared = .025 (Adjusted R Squared = .021)

Table 3 shows that the calculated F-value for the difference in perception of ageing attributable to state was 5.056 at 0.05 level of significance and 1 and 904 degree of freedom. This value is greater than the critical value, 3.852 of F at 0.05 level of significance and 1 and 904 degree of freedom. It follows that we cannot hold that, ‘there is no significant difference in the perception of ageing among teachers based on their state of origin’. Therefore, there is significant difference in the perception of ageing among teachers based on teachers’ state of origin ( $F_{1, 904}=3.852$ ;  $p<0.05$ ). Invariably, there is significant main effect of state of origin on teachers’ perception of ageing ( $F_{1, 904}=3.852$ ;  $p<0.05$ ). To show where the difference in ageing perception due to state lies, Pairwise Comparison was carried out as shown in Table 4.

**Table 4: Pairwise Comparison for the Difference in Perception of Ageing due to State**

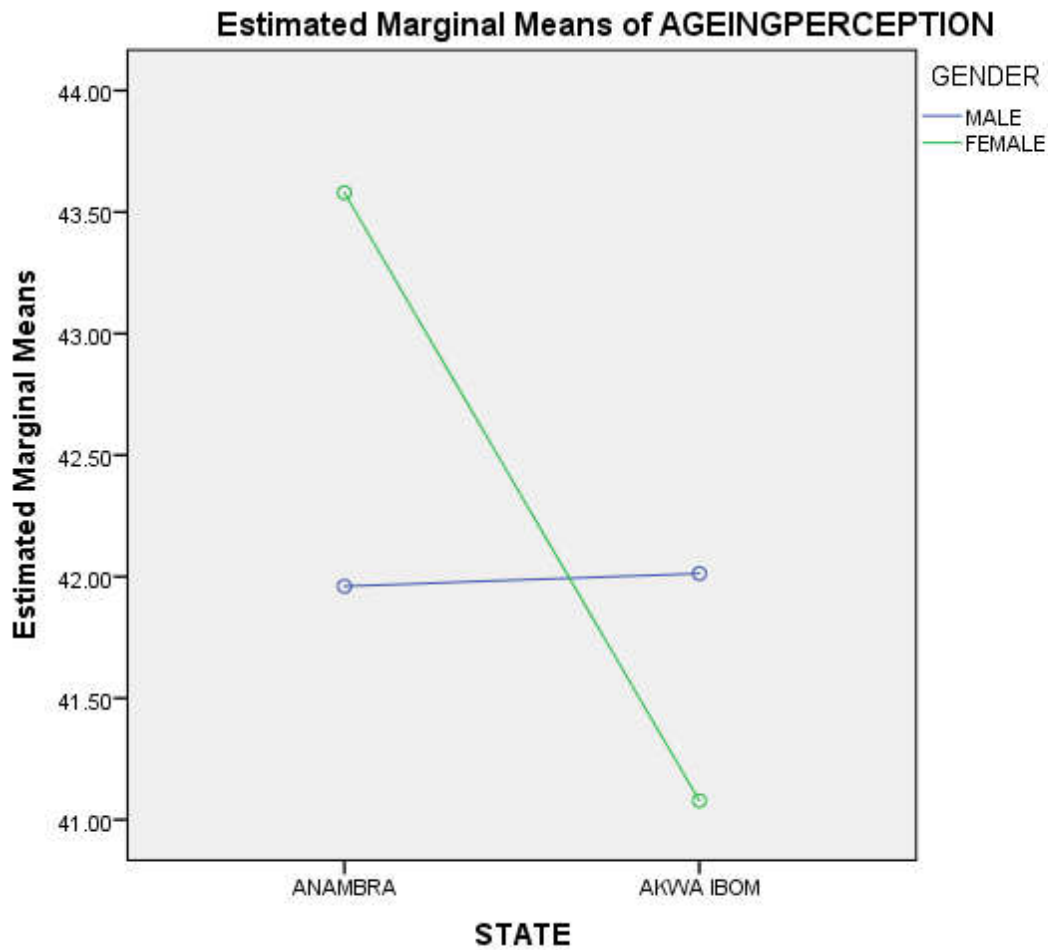
(I) State	(J) State	Mean Difference (I-J)	Std. Error	Sig. <sup>b</sup>	95% Confidence Interval for Difference <sup>b</sup>	
					Lower Bound	Upper Bound
Anambra	Akwa- Ibom	1.225*	.545	.025	.156	2.294
Akwa-Ibom	Anambra	-1.225*	.545	.025	-2.294	-.156
Based on estimated marginal means						
*. The mean difference is significant at the .05 level.						
b. Adjustment for multiple comparisons: Bonferroni.						

According to Table 4, perception of ageing is significantly higher for teachers in Anambra State than for teachers in Akwa Ibom State.

However, for gender, Table 3 indicates that the calculated F-value for the difference in perception of ageing which was attributable to the main factor of gender was .395 at 0.05 level of significance and 1 and 904 degree of freedom. This value is less than the critical value, 3.852 of F at 0.05 level of significance and 1 and 904 degree of freedom. Therefore, there is no significant main difference attributable to gender in the perception of ageing among teachers in Anambra and Akwa Ibom states. ( $F_{1, 904}= .395$ ;  $p>0.05$ ).



Furthermore, Table 3 informs that the calculated F-value for the difference in perception of ageing which was traceable to the interaction between gender and state of origin was 5.496 at 0.05 level of significance and 1 and 904 degree of freedom. This value is greater than the critical value, 3.852 of F at 0.05 level of significance and 1 and 904 degree of freedom. Therefore, the hypothesis which states that, 'There will be no significant difference due to gender and state of origin in the perception of ageing among teachers in Anambra and Akwa-Ibom states' is rejected. This implies that there is significant difference due to gender and state of origin in the perception of ageing among teachers in Anambra and Akwa-Ibom states ( $F_{1, 904} = 5.496$ ;  $p < 0.05$ ). To disentangle this interaction, the graph in Figure 1 was plotted.



**Figure 1. Difference between mean scores of male and female teachers on perception of ageing among teachers in Anambra and Akwa Ibom States**

Figure 1 shows dis-ordinal interaction for the line plotted on the graph actually crossed within the values for perception of ageing (Newman & Newman, 1994). In this type of graph, gender is related to perception of ageing but the kind of relationship depends on the state. The graph shows that in Anambra state, female teachers had higher perception of ageing than male teachers but in Akwa Ibom state, female teachers had lower perception of ageing than male teachers. According to the graph, for male, perception of ageing among teachers in Anambra state is almost the same as for teachers in Akwa Ibom but for female, perception of ageing among teachers in Anambra state is quite different from and higher than that of Akwa Ibom state.

#### 4.2 Testing of Hypothesis Two

**Hypothesis Two:** There will be no significant difference due to state of origin in ageing stereotypes among teachers in Anambra and Akwa Ibom States.

**Table 5. Descriptive Statistics of Ageing Stereotypes in Anambra and Akwa-Ibom States**

	State	N	Mean	Std. Deviation	Std. Error Mean
Stereotype	Anambra	402	27.2413	4.42775	.22084
	Akwa-Ibom	503	28.7296	4.52158	.20161

Table 5 shows that the mean scores of teachers on ageing stereotypes in Anambra and Akwa Ibom States were 27.2413 and 28.7296 respectively. To show whether this observed difference was significant or merely due to chance, Independent Sample t-Test was carried out as shown in Table 6.

**Table 6. Independent Samples Test for Difference due to State of Origin in Ageing Stereotypes among Teachers.**

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Stereotypes	Equal variances assumed	2.215	.137	-4.966	903	.000	-1.48833	.29972	-2.07656	-.90009
	Equal variances not assumed			-4.977	866.930	.000	-1.48833	.29902	-2.07522	-.90144

Table 6 above shows that the calculated t-value for the difference due to state of origin in teachers' ageing stereotypes in Anambra and Akwa Ibom States is -4.966 at 903 degree of freedom and 0.05 level of significance. The absolute value of the calculated t statistic, 4.966 is greater than the critical t-value of 1.963 at 903 degree of freedom and 0.05 level of significance. Therefore the hypothesis which states that, 'There will be no significant difference due to state of origin in ageing stereotypes among teachers in Anambra and Akwa Ibom States' is rejected. This implies that there is significant difference due to state of origin in ageing stereotypes among teachers in Anambra and Akwa Ibom States ( $t=-4.966$  at  $df$  of 903,  $p<0.05$ ).

#### 4.3 Testing of Hypothesis Three

**Hypothesis Three:** There will be no significant individual and composite influence of societal roles, ageing stereotype and socio-economic status on perception of ageing among teachers in Anambra and Akwa-Ibom states.

**Table 7. Descriptive Statistics of Ageing Stereotype, Socioeconomic Status and Societal Roles on Perception of Ageing among Teachers in Anambra and Akwa Ibom States**

Descriptive Statistics			
	Mean	Std. Deviation	N
Ageing perception	42.2166	6.90225	905
Stereotype	28.0685	4.53840	905
Socio-Economic Status	23.7403	4.41513	905
Societal Roles	22.6652	5.75068	905

Table 7 shows that the mean score of teachers on ageing stereotypes, socio-economic status and societal roles on perception of ageing in Anambra and Akwa Ibom states were 42.2166, 28.0685, 23.7403 and 22.6652 respectively. To show which of these independent variables

contributed individually or jointly to the prediction of perception of ageing, Multiple Regression analysis was carried out as shown in Tables 8, 9 and 10.

**Table 8. Multiple Regression for the Contribution of Ageing Stereotype, Socio-economic Status and Societal Roles to the Prediction of Ageing Perception in Anambra and Akwa Ibom States**

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	26.032	1.964		13.256	.000
	Stereotype	.038	.047	.025	.816	.415
	Socio-economic status	.265	.051	.169	5.210	.000
	Societal roles	.389	.039	.324	9.928	.000

**Table 9. Composite Relationship of Societal Roles, Ageing Stereotypes and Socio-Economic Status with Perception of Ageing**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.411 <sup>a</sup>	.169	.166	6.30252

**Table 10. ANOVA for the Influence of Societal Roles, Ageing Stereotype and Socio-Economic Status on Ageing Perception**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	7278.220	3	2426.073	61.077	.000 <sup>b</sup>
	Residual	35789.331	901	39.722		
	Total	43067.551	904			

Table 8 shows the individual contribution of ageing stereotype, socio-economic status and societal roles to the prediction of perception of ageing in Anambra and Akwa Ibom States. The table shows that the beta value of .025 with the calculated t-statistic of .816 was obtained

for the influence of ageing stereotype on perception of ageing at 901 degree of freedom and 0.05 level of significance. This calculated t value, 0.816 is less than the critical t value of 1.963 at 901 degree of freedom and 0.05 level of significance. Therefore, we do not have any basis to reject the fact that, 'Ageing stereotypes will not significantly influence perception of ageing among teachers in Anambra and Akwa-Ibom states'. This implies that 5ageing stereotypes will not significantly influence perception of ageing among teachers in Anambra and Akwa-Ibom states ( $B=.025$ ,  $t=.816$ ;  $df=901$ ;  $p>0.05$ ).

Also, Table 8 shows that the beta value of .169 with the calculated t-statistic of 5.210 for the influence of socioeconomic status on perception of ageing at 901 degree of freedom and 0.05 level of significance. This calculated t value, 5.210 is greater than the critical t value of 1.963 at 901 degree of freedom and 0.05 level of significance. Therefore, we reject the statement that, 'Socio-economic status will not significantly influence perception of ageing among teachers in Anambra and Akwa-Ibom States'. Invariably, socio-economic status significantly influenced perception of ageing among teachers in Anambra and Akwa-Ibom states ( $B=.169$ ,  $t=5.210$ ;  $df=901$ ;  $p<0.05$ ). In fact, 2.8561% ( $.169^2$ ) of variance in perception of ageing was significantly attributable to socio-economic status ( $B=.169$ ,  $t=5.210$ ;  $df=901$ ;  $p<0.05$ ).

Likewise, Table 8 reveals that the beta value of .324 with the calculated t-statistic of 9.928 for the influence of societal roles on perception of ageing at 901 degree of freedom and 0.05 level of significance. This calculated t value, 9.928 is greater than the critical t value of 1.963 at 901 degree of freedom and 0.05 level of significance. Therefore, we reject the statement that, 'Societal roles will not significantly influence perception of ageing among teachers in Anambra and Akwa-Ibom states'. This is to say that societal roles significantly influenced perception of ageing among teachers in Anambra and Akwa-Ibom states ( $B=.324$ ,  $t=9.928$ ;

df=901;  $p < 0.05$ ). In fact, 10.4976% ( $.324^2$ ) of variance in ageing perception was significantly attributable to socio-economic status ( $B = .324$ ,  $t = 9.928$ ;  $df = 901$ ;  $p < 0.05$ )

Finally, Tables 9 and 10 show the adjusted r square,  $r^2$  of .166 and calculated F statistic of 61.077 at 3 and 901 degree of freedom and 0.05 level of significance for the composite influence of societal roles, ageing stereotype and socio-economic status on perception of ageing among teachers in Anambra and Akwa-Ibom states. The calculated  $F_{3, 901} = 61.077$  at 0.05 level of significance is greater than F critical value of 2.615 at 3 and 901 df and 0.05 level of significance. Therefore, the null hypothesis which states that, 'There will be no significant composite influence of societal roles, ageing stereotype and socio-economic status on perception of ageing among teachers in Anambra and Akwa-Ibom states' was rejected. Indeed, there was significant composite influence of societal roles, ageing stereotype and socio-economic status on ageing among teachers in Anambra and Akwa-Ibom States ( $F_{3, 901} = 61.077$ ;  $p < 0.05$ ). In fact, 16.6% ( $r^2 = .166$ ) of variance in perception of ageing was significantly and jointly owed to societal roles, ageing stereotype and socio-economic status ( $F_{3, 901} = 61.077$ ;  $r^2 = .166$ ;  $p < 0.05$ ).

#### **4.4 Testing of Hypothesis Four**

**Hypothesis Four:** Perception of ageing will have no significant influence on the emotional adjustment of teachers in Akwa-Ibom and Anambra states.

**Table 11. Descriptive Statistics of Teachers on Perception of Ageing and Emotional Adjustment in Anambra and Akwa Ibom States**

	Mean	Std. Deviation	N
Ageing Perception	42.2166	6.90225	905
Emotional Adjustment	26.9503	6.23194	905

Table 11 shows that the mean score of teachers' perception of ageing and emotional adjustment in Anambra and Akwa Ibom states were 42.2166 and 26.9503 respectively. To show whether ageing perception would have significant influence on emotional adjustment, Pearson Product Moment Correlation was carried out as shown in Table 12.

**Table 12. Influence of Perception of Ageing on Emotional Adjustment of Teachers in Anambra and Akwa Ibom States**

		Perception of Ageing	Emotional Adjustment
Perception of Ageing	Pearson Correlation	1	.529
	Sig. (2-tailed)		.000
	N	905	905
Emotional Adjustment	Pearson Correlation	.529	1
	Sig. (2-tailed)	.000	
	N	905	905

Table 12 shows that the calculated Pearson r for the relationship between perception of ageing and emotional adjustment is 0.529 at 903 degree of freedom and 0.05 level of significance. This value is greater than the critical value r of 0.087 at 903 degree of freedom and 0.05 level of significance. Therefore, the null hypothesis that, 'Perception of ageing will have no significant influence on the emotional adjustment of teachers in Akwa-Ibom and Anambra states,' is rejected. Thus, perception of ageing had significant influence on the emotional adjustment of teachers in Akwa-Ibom and Anambra states ( $r=0.529$ ;  $p<0.05$ ). In



fact, 27.9841% ( $0.529^2$ ) of variance in emotional adjustment is owed to ageing perception ( $r=0.529$ ;  $r^2=0.279841$ ;  $p<0.05$ ).

#### 4.5 Testing of Hypothesis Five

**Hypothesis Five:** Perception of ageing will not significantly influence the self-esteem of teachers in Anambra and Akwa-Ibom states.

**Table 13. Descriptive Statistics of Teachers on Perception of Ageing and Self-Esteem in Anambra and Akwa Ibom States**

Descriptive Statistics			
	Mean	Std. Deviation	N
Perception of Ageing	42.2166	6.90225	905
Self-Esteem	27.0077	5.92626	905

Table 13 shows that the mean score of teachers' perception of ageing and self-esteem in Anambra and Akwa Ibom states were 42.2166 and 27.0077 respectively. To show whether ageing perception would have significant influence on self-esteem, Pearson Product Moment Correlation was carried out as shown in Table 14.

**Table 14. Influence of Perception of Ageing on Self-Esteem of Teachers in Anambra and Akwa Ibom States**

		Perception of Ageing	Self-Esteem
Perception of Ageing	Pearson Correlation	1	.528
	Sig. (2-tailed)		.000
	N	905	905
Self-Esteem	Pearson Correlation	.528	1
	Sig. (2-tailed)	.000	
	N	905	905

Table 14 also shows that the calculated Pearson r for the relationship between perception of ageing and self-esteem is 0.528 at 903 degree of freedom between perception of ageing and self-esteem is 0.528 at 903 degree of freedom at 0.05 level of significance. This value is greater than the critical value r of 0.087 at 903 degree of freedom and 0.05 level of significance. Therefore, the null hypothesis that, ‘Perception of ageing will have no significant influence on the self-esteem of teachers in Akwa-Ibom and Anambra states’ is rejected. Thus, perception of ageing had significant influence on the self-esteem of teachers in Akwa-Ibom and Anambra states ( $r=0.528$ ;  $p<0.05$ ). In fact, 27.8784% ( $0.528^2$ ) of variance in self-esteem is owed to ageing perception ( $r=0.528$ ;  $r^2=0.27984$ ;  $p<0.05$ ).

#### 4.6 Testing of Hypothesis Six

**Hypothesis Six:** Positive perceptions of ageing will not significantly impact the health status of teachers in Akwa-Ibom and Anambra States.

**Table 15. Descriptive Statistics of Teachers on Positive Perception of Ageing and Health Status in Anambra and Akwa Ibom States**

	Mean	Std. Deviation	N
Perception of Ageing	42.2166	6.90225	905
Health Status	26.4464	4.82706	905

Table 15 shows that the mean score for perception of ageing and health status among teachers in Anambra and Akwa Ibom states were 42.2166 and 26.4464 respectively. To show whether ageing perception would have significant influence on health status, Pearson Product Moment Correlation was carried out as shown in Table 16.

**Table 16. Influence of Perception of Ageing on Health Status of Teachers in Anambra and Akwa Ibom States**

		Perception of Ageing	Health Status
Perception of Ageing	Pearson Correlation	1	.418
	Sig. (2-tailed)		.000
	N	905	905
Health Status	Pearson Correlation	.418	1
	Sig. (2-tailed)	.000	
	N	905	905

Table 16 shows that the calculated Pearson  $r$  for the relationship between perception of ageing and health status is 0.418 at 903 degree of freedom and 0.05 level of significance. This value is greater than the critical value  $r$  of 0.087 at 903 degree of freedom and 0.05 level of significance. Therefore, the null hypothesis that, ‘Positive perceptions of ageing will not significantly impact the health status of teachers in Akwa-Ibom and Anambra states’ is rejected. Thus, perception of ageing had significant influence on the health status of teachers in Akwa-Ibom and Anambra states ( $r=0.418$ ;  $p<0.05$ ). In fact, 17.4724 % ( $0.418^2$ ) of variance in health status is owed to perception of ageing ( $r=0.418$ ;  $r^2=0.174728$ ;  $p<0.05$ ).

#### 4.7 Testing of Hypothesis Seven

**Hypothesis Seven:** There will be no significant differences due to gender and state of origin in ageing anxiety among teachers in Akwa-Ibom and Anambra States.

**Table 17. Descriptive Statistics of Ageing Anxiety of Teachers according to State and Gender**

State	Gender	Mean	Std. Deviation	N
Anambra	Male	40.0000	15.67333	76
	Female	39.1380	12.45580	326
	Total	39.3010	13.10732	402
Akwa-Ibom	Male	44.3608	10.52702	158
	Female	47.6928	12.19553	345
	Total	46.6461	11.78873	503
Total	Male	42.9444	12.56712	234
	Female	43.5365	13.03571	671
	Total	43.3834	12.91188	905

Table 17 shows that the mean ageing anxiety of teachers in Anambra and Akwa Ibom States were 39.3010 and 46.6461 respectively. It can be seen from here that there is a mean difference of 7.3451 between the mean ageing anxiety of teachers in the two states with Akwa Ibom teachers having higher mean perception of ageing (46.6461) than Anambra teachers (39.3010). In Anambra State, the mean anxiety scores of perception of ageing by male and female teachers were 40.0000 and 39.1380 respectively. It can be deduced that there is a mean difference of 0.862 between the mean ageing anxiety of male and female teachers in Anambra State with male teachers having higher mean ageing anxiety (40.0000) than female teachers (39.1380). In Akwa Ibom State, the mean ageing anxiety scores by male and female teachers were 44.3608 and 47.6928 respectively. It is perceptible from Table 17 that there is a mean difference of 3.332 between the mean ageing anxiety of male and female

teachers in Akwa-Ibom State, with female teachers having higher mean ageing anxiety (47.6928) than male teachers (44.3608) unlike the situation in Anambra State where male teachers have higher mean ageing anxiety than the female teachers.

Table 17 further reveals that overall, the mean teachers' ageing anxiety was 43.3834 with female teachers (43.5365) having higher perception than the male teachers (42.9444). To see whether there is significant difference due to gender and state of origin in ageing anxiety among teachers in Akwa-Ibom and Anambra States, two-way Analysis of Variance was carried out as shown in Table 18.

**Table 18. Two-Way Analysis of Variance for Teachers Ageing Anxiety by State and Gender**

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power <sup>b</sup>
Corrected Model	13303.294 <sup>a</sup>	3	4434.431	29.077	.000	.088	87.231	1.000
Intercept	1151396.537	1	1151396.537	7549.803	.000	.893	7549.803	1.000
State	6553.618	1	6553.618	42.973	.000	.046	42.973	1.000
Gender	239.698	1	239.698	1.572	.210	.002	1.572	.240
State* Gender	691.048	1	691.048	4.531	.034	.005	4.531	.566
Error	137408.657	901	152.507					
Total	1854032.000	905						
Corrected Total	150711.951	904						
a. R Squared = .088 (Adjusted R Squared = .085)								
b. Computed using alpha = .05								

The 2-way ANOVA table (Table 18) shows that the calculated F-value for the difference in ageing anxiety attributable to state as a main factor was 42.973 at 0.05 level of significance and 1 and 904 degree of freedom. This value is greater than the critical value, 3.852 of F at 0.05 level of significance and 1 and 904 degree of freedom. This outcome suggests the idea that, ‘There is no significant difference in the ageing anxiety of teachers based on their state of origin’ should be rejected. This implies that there was significant difference in the ageing anxiety of teachers based on teachers’ state of origin ( $F_{1, 904}=42.973$ ;  $p<0.05$ ). Invariably, there is main effect of state of origin on teachers’ ageing anxiety ( $F_{1, 904}=42.973$ ;  $p<0.05$ ). To show where this difference in ageing anxiety due to state lies, Pairwise Comparison was carried out as shown in Table 19.

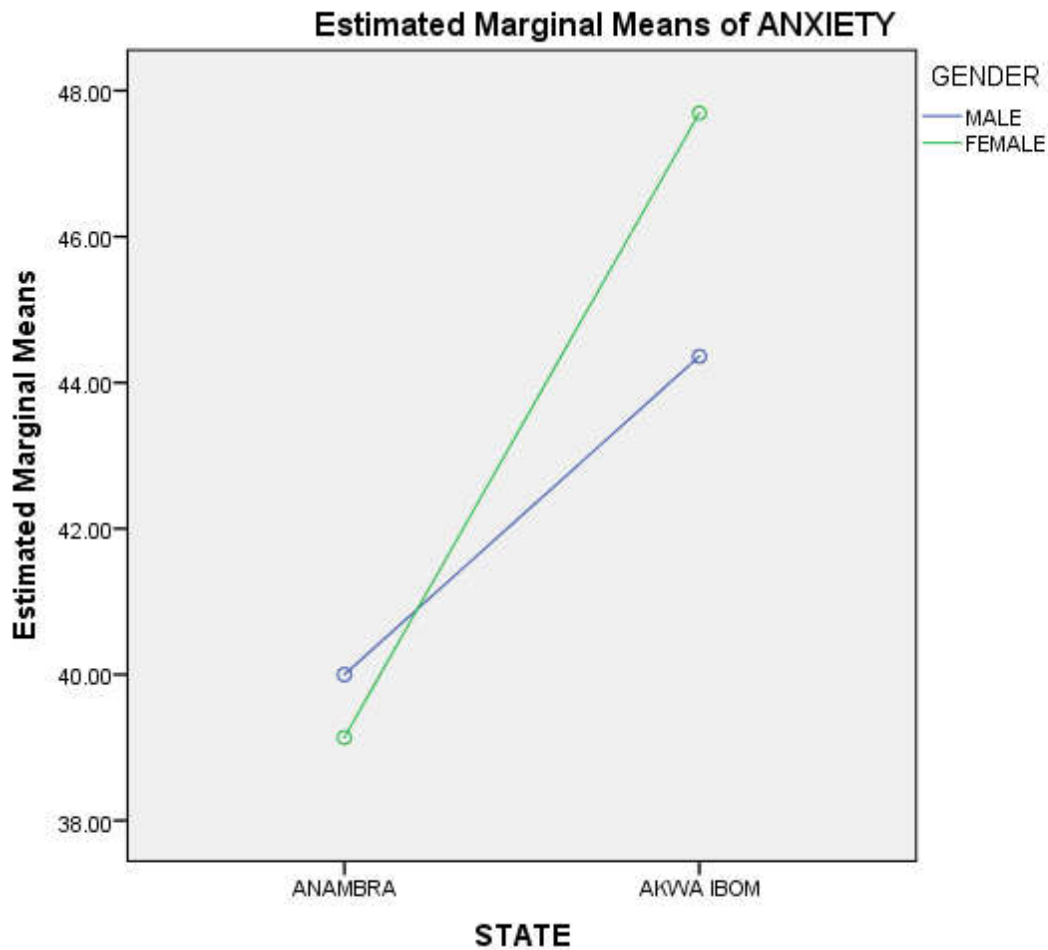
**Table 19. Pairwise Comparison for the Difference in Ageing Anxiety Due to State**

(I) State	(J) State	Mean Difference (I-J)	Std. Error	Sig. <sup>b</sup>	95% Confidence Interval for Difference <sup>b</sup>	
					Lower Bound	Upper Bound
Anambra	Akwa-Ibom	-6.458*	.985	.000	-8.391	-4.524
Akwa-Ibom	Anambra	6.458*	.985	.000	4.524	8.391
Based on estimated marginal means						
*. The mean difference is significant at the .05 level.						
b. Adjustment for multiple comparisons: Bonferroni.						

According to Table 19, ageing anxiety is significantly higher for teachers in Akwa Ibom State than for teachers in Anambra State.

However, Table 18 indicates that the calculated F-value for the difference in ageing anxiety which was attributable to the main factor of gender was 1.572 at 0.05 level of significance and 1 and 904 degree of freedom. This value is less than the critical value, 3.852 of F at 0.05 level of significance and 1 and 904 degree of freedom. Therefore, there is no significant difference mainly attributable to gender in the ageing anxiety of teachers in Anambra and Akwa Ibom states. ( $F_{1, 904}= 1.572$ ;  $p>0.05$ ).

This notwithstanding, Table 18 shows that the calculated F-value for the difference in ageing anxiety which was traceable to the interaction between gender and state of origin was 4.531 at 0.05 level of significance and 1 and 904 degree of freedom. This value is greater than the critical value, 3.852 of F at 0.05 level of significance and 1 and 904 degree of freedom. Therefore, the hypothesis which states that, 'There will be no significant difference due to gender and state of origin in ageing anxiety among teachers in Anambra and Akwa-Ibom states' is rejected. This implies that there is significant difference due to gender and state of origin in the ageing anxiety among teachers in Anambra and Akwa-Ibom states ( $F_{1, 904}=4.531$ ;  $p<0.05$ ). Invariably, there is significant interaction effect of gender and state of origin on ageing anxiety among teachers in Anambra and Akwa-Ibom states ( $F_{1, 904}=4.531$ ;  $p<0.05$ ). To disentangle this interaction, the graph in Figure 2 was plotted.



**Figure 2. Difference between mean scores of male and female teachers on ageing anxiety in Anambra and Akwa Ibom States**

Figure 2 shows disordinal interaction for the line plotted on the graph actually did not cross within the values of ageing anxiety (Newman & Newman, 1994). In this type of graph, gender is related to ageing anxiety but the kind of relationship depends on the state. The graph shows that in Anambra, male teachers had a little higher ageing anxiety than female teachers but in Akwa Ibom, female teachers had higher ageing anxiety than male teachers. According to the graph, for male, ageing anxiety of teachers does not differ widely between Anambra and Akwa Ibom as it is the case for female where ageing anxiety differ greatly between the two states.



#### **4.8 Discussion of Findings**

Hypothesis one states that there will be no significant difference due to gender and state of origin in the perception of ageing among teachers in Anambra and Akwa-Ibom states. The result of the finding indicated that there was significant difference in perception of ageing by teachers' due to their state of origin and gender. Hypothesis one is therefore rejected. This result is not illogical as gender is ordinarily a determinant of people's orientation in a number of life events just as the place of birth or residency of people may go a long way in shaping their general perception of life and its events. Thus, the way and manner the aged are treated which normally induces self-perception of ageing may depend on the society in question and whether such people are male or female. This is to say that while gender difference is a global occurrence, discrimination often exists and more pronounced between the masculine and feminine gender in certain societies especially in Africa. This line of thought was also trailed by Osarenren, Nwadinigwe, Ubangha and Ogunleye (2009) where they held that African society is much more permissive of ageing in men, most positive traits including competence, autonomy, self-control and power associated with masculinity actually increase with age; whereas feminine characteristics such as sweetness, passivity, non-competitiveness and gentleness remain stable.

Therefore, the perception of ageing and subsequently, the experience of ageing will not only be worse in some societies and for some gender group (particularly the female gender); perception of ageing and its attendant effects will be worst in some chauvinistic societies (in Africa) where ageism is also pronounced. The present finding is highly supported by the evidences in the assertion of Baugh, Dunn and Shelnut (2013) that women are consistently judged based on their physical appearance and relationship status, while men are measured more by their accomplishments and wealth. As it has been evidently supported by the present study, the explanation offered by Baugh, Dunn and Shelnut (2013) also clearly indicates why

ageing may be perceived more positively by men than women in certain societies especially in Africa. Also, the position of Goswami (2013) that in our youth oriented, patriarchal society, ageing women especially the married ones, often find themselves either ignored, pitied or feared which is why most women are very concerned with the ageing factor is also an academic view which corroborates the explanations offered by the facts of this research.

In addition to the above points, the test of hypothesis one as carried in this study has further revealed that individually, whereas gender did not significantly influence ageing perception, state of origin or residence was a significant predictor of teachers' perception of ageing. There are sound empirical facts in the literature in support of these rather complex results especially when the results are viewed holistically, rather than in fragments. For example, as Laura-Maria, Mariano and Newton (2013) contended, there is a growing concern over ageing and an increasing social pressure on women to retain physical attractiveness and sexuality through a slim figure and young looks as they grow older is supportive of the place of gender in the determination of ageing perception because such social pressure on women can only mar the perception of women on ageing rather than strengthen it. Thus, the difference between a man and a woman with respect to their ageing perception may not really be based on the characteristics traceable to the biological sex but may largely arise from the huge societal interpretation of and attitude to gender differences.

In a similar manner, it seems obvious why the place of residence or birth may also influence ageing perception for, culture, which mark the basis of perception on any life factor such as ageing, normally changes from place to place. The observation of Nigam, Knight, Bhattacharya and Bayer (2012) that environmental factors such as such as diet, exercise, exposure to micro-organisms, pollutants and ionizing radiation can influence ageing and its effects is therefore, in perfect accord with this finding because all the listed factors, that is,

diet, exercise, exposure to micro-organisms, pollutants and ionizing radiation change from place to place, and can functionally determine the responses and attitude of people to ageing.

Although not well-pronounced in the literature, one other important condition linked to state of origin or residence which may specifically explain why teachers' ageing perception significantly varies from state to state may be the enduring retirement implementation policies prevalent in a state. It can be argued logically that teachers in a state where government does not only have good retirement policies but has also, shown commitment to sustainable implementation plans, over time, may not develop negative ageing perception as it is highly probable for teachers in states without sound retirement (implementation) plans.

It is clear from the results obtained from the test of hypothesis one that although gender does not significantly singly predict ageing perception as does by state of origin or residence but each of the two factors when combined, usually reinforces or punctuates the other in determining ageing perception.

Hypothesis two stated that there will be no significant difference due to state of origin in ageing stereotypes among teachers in Akwa-Ibom and Anambra states. The result of the finding showed that there was significant difference due to state of origin in ageing stereotypes among teachers in Akwa-Ibom and Anambra states. Thus, the hypothesis was rejected. This outcome can only be well understood by considering the earlier study of Macia, Lahmam, Baali, Boëtsch and Chapuis-Lucciani (2009) who demonstrated that some notions associated with the status of older adults such as respect are shared across cultures whereas other notions such as the association between ageing and affection/love differ across societies. Thus, Anambra and Akwa Ibom States being geographically different and as such, culturally far apart are expected to have varying ageing stereotypic characteristics

notwithstanding some expected commonalities as suggested by Macia, Lahmam, Baali, Boëtsch and Chapuis-Lucciani (2009).

Further, the empirical facts in the outcome of the present study which showed significant difference due to state of origin in ageing stereotypes among teachers in Akwa-Ibom and Anambra States can also be used to explain the notion of ageing stereotypes by Popham and Hess (2015) as beliefs regarding the characteristics of people within the same demographic, cultural, or social group. In this respect, it can be inferred that teachers in Akwa-Ibom and Anambra States may not be exactly the same and similar demographically, culturally and socially owing to obvious geographical gap, and hence, the observed difference in their ageing stereotype is justified. Therefore, this finding is not only superimposable on the position of Chow and Bae (2011) which linked ageing perceptions to individuals' origin or place of residence but the reason behind this type of link is also factually explained.

Be this as it may, although the assertion of Fernandez-Ballesteros, Garcia, Abarcas, Blanc, Efklides, Moraitou and Patricia (2010) that self-perceptions of ageing are often more influenced by one's actual experiences rather than society's stereotypes about ageing appears apposite of the present finding but the researchers also did not rule out the existence of society-based ageing stereotypes. In the final analysis, it can be held to remarkably high level of confidence, that ageing stereotypes are not only culture-specific; slight geographic gaps can also introduce wide variations into the variable just as slight geographical changes can sometimes imply huge cultural gap.

Hypothesis three stated there will be no significant composite influence of societal roles, ageing stereotypes and socio-economic status on perception of ageing among teachers in Anambra and Akwa Ibom states. The results of the analysis showed that there was significant composite influence of societal roles, ageing stereotypes and socio-economic status on

perception of ageing among teachers in the two states. Thus, the hypothesis is rejected. This finding lends concrete empirical support to the information contained in the earlier assertion of Chow and Bae (2011) that ageing perception is shaped by the interaction of a number of factors. This outcome is also synonymous to the line of thought reported by Moser, Spagnoli and Santos-Eggimann (2011) which showed that a negative self-perception of aging can be contributed by a number of factors including low-economic status and living alone.

Thus, Niedzioiedz, Katikireddi, Pell and Mitchell (2014) and Huisman (2014) reports that the socio-economic position of individuals goes a long way in determining the whole process of their ageing and its perception are further supported by the fuller consideration of the facts arising from the present outcomes which also showed that socio-economic status is a significant predictor of ageing perception. Also, as this particular finding has further shown that societal role is a significant predictor of ageing perception, the observation of a positive link between active ageing and perception of ageing by Richelle (2012) and the suggestion of Menec (2012) enunciating the roles which the elderly can play in the society in spite of their age and the perceived limitations are accordingly consistent and corroborative.

However, the observation of no significant relationship between stereotypes and ageing perception which was also revealed from the test of hypothesis three seems to be incoherent with the foregoing and the general trend in ageing research. Apposite to Macia, Lahmam, Baali, Boetsch and Chapuis-Lucciani (2009) who suggested that stereotypes affect perception of ageing by shaping attitudes mainly along the mental/physical domain of old age; the present study found no significant individual relationship between stereotypes and perception of ageing.

Perhaps, Fernandez-Ballesteros, Garcia, Abarcas, Blanc, Efklides, Moraitou and Patricia (2010) who showed that self-perceptions of ageing are often more influenced by one's actual

experiences rather than society's stereotypes about ageing, offers a better conceptual frame for understanding and explaining the foregoing observation of no significant difference between stereotypes and ageing perception. In this line, individuals' actual experiences such as their personal life experiences, exposure, enlightenment and education may tell more of their perception of ageing than the ageing stereotypes predominant in their environment. As with the teachers who formed the target population of this study, their educational qualification and enlightenment may latently polarise or neutralise any plausible influence of stereotype on their ageing views, and hence, in this light, the observation of no significant link between stereotype and ageing perception documented by this study may be justified.

Hypothesis four stated that perception of ageing will not significantly influence emotional adjustment of teachers in Anambra and Akwa-Ibom states. The result of the finding showed that perception of ageing had significant influence on emotional adjustment of teachers in the two states. The hypothesis was rejected. This finding is not an incongruent discovery as studies like Ekot (2016) carried out before now have suggested a link between ageing perception and emotional adjustment. In specific terms, this result is a concrete evidence that can support the reports by Robertson, Savva, King-Kallimanis and Kenny (2015) which documented the influence of negative ageing perceptions on people's psychological well-being.

However, research outcomes of Scheibe and Carstensen (2009) portraying most older adults as enjoying high levels of affective well-being and emotional stability into their 70s and 80s without regard to the ageing perception of such older adults, may not adequately describe or represent the trend recorded in the present research for reasons including the age of the study, the age of the elderly being considered (70s and 80s) by the study and the geographical scope of the study. This is because while the target population of this study, that is, 45-59 years

elderly teachers in Anambra and Akwa Ibom States, Nigeria may be negatively affected emotionally by unhealthy perception of ageing, older adults in an entirely different geographical and cultural region may not definitely experience such emotional instability for obvious reasons which may include good social security plan, comfortable environment, good medical care, among others. This finding is also in agreement with the report of Laura-Mary et. al. (2013) who asserts that the growing importance given to body image and physical appearance give origin not only to physical, but also to psychological disorders that will ultimately affect ones overall wellbeing.

Hypothesis five stated that perception of ageing will not significantly influence self-esteem of teachers in Anambra and Akwa-Ibom states. The result of the finding showed that perception of ageing had significant influence on the self-esteem of teachers in the two states. The hypothesis was rejected. Explanation of this empirical finding covertly or overtly lies in a number of earlier research positions.

For example, one may partly see how ageing and perhaps, its perception may be intricately linked with self-esteem by considering the logic in the explanation offered by Goswami (2013) that physical changes such as weight gain, hair loss, and wrinkles can affect a woman's self-esteem, and that physical changes that occur with menopause may affect a person's body self-image, moods, depending on what level of self-esteem an individual may possess. In a similar vein, the confirmation of Laura-Mary, Mariano and Newton (2013) that in older adults, the body image distortion triggers feelings of worthlessness and lowers self-esteem offers another route to comprehending the onus of significant relationship this study observed between ageing perception and self-esteem while the view agreed to in Osarenren, Nwadinigwe, Ubangha & Ogunleye (2009) that self-esteem problems arise for women when they believe that they no longer conform to society's standards of youth and beauty also lends

support to the present outcome. Thus, a number of factors including weight gain, hair loss and wrinkles which accompany growing up, and common life events like menopause can shape people's ageing perception, and this can have effects on people's self-esteem. Still in agreement with Laura-Mary et.al. (2003) who stated that ageing comes with a variety of losses, from physical to functional and social health. These losses can promote dissatisfaction with one's life and lowering of overall self-esteem, sometimes leading to major morbidities such as depression. Dudley (2014) in line with this finding confirmed that many older adults start to lose their self-esteem after retirement. They feel they are no longer contributing except by spending their money and volunteering their time and they have lost the sense of accomplishment and the respect of others that is most easily acquired through work. They feel they aren't who they once were, and all they see is decline and death for themselves in the future.

Hypothesis six stated that positive perception of ageing will not significantly impact the health status of teachers in Anambra and Akwa-Ibom states. The result of the analysis showed that positive perception of ageing had significant impact on the health status of teachers in the two states. The hypothesis was rejected. This result is an empirical confirmation to the assertions of a number of past research on ageing where it has been asserted that individuals with positive perceptions of ageing have better and functional health, higher well-being and longevity than those with negative perceptions (Levy, Slade, Kunkle & Kasl 2002; Uotinen, Rantanen, & Suutama 2005; Barker, Meisner, Logan, Kungl & Weir, 2007). The value of this observed consensus in research findings on the significant link between positive perception of ageing and health status is that with positive ageing perceptions, individuals tend to battle the likelihood of unhealthy traits attached to ageing while dwelling on the positive ones to strengthen health status not minding the obvious challenges of ageing as ordinary life challenges have no power to overcome those that



prepare for, and are positively disposed to them. This finding also confirmed earlier study by Dionigi (2012), who averred that positive or negative perceptions of ageing can influence adults' health behaviours, including their decisions to engage in cognitive, social and physical activities and or seek medical assistance, as well as how older adults are treated by others in the society, all the above have the potential to affect the holistic health.

Hypothesis seven stated that there will be no significant difference due to gender and state of origin in ageing anxiety among teachers in Anambra and Akwa-Ibom States. The finding showed that there was significant difference due to gender and state of origin in the ageing anxiety among teachers in the two states. The hypothesis was rejected. This finding does not exactly tally with those expressed in Saxena and Shukia (2016) where gender difference in ageing anxiety was observed with the female gender being more susceptible to the negative consequences attached to ageing anxiety. However, the facts inherent in the report of Bergman, Bodner and Fridel (2012) where Arab women reported higher scores of ageing anxieties and ageist attitudes in comparison to Arab men, whereas no such differences were found among Jews, gives credence to the facts expressed in this study. Thus, difference in ageing anxiety earlier suggested by Dimkpa (2015) when they sufficiently documented how different regions in Nigeria treat their adult is a clear support to the presently emerging facts. It is clear from here that within the Nigerian context, while ageing anxiety may generally change from place to place, gender may not on its own generally affect ageing anxiety but in some places as reflected in this study, gender may become a predicting factor of ageing anxiety. As earlier study by Cummings, Kroff and DeWeaver (2000) supports the finding that women experience more anxiety about their own ageing than men.

## **CHAPTER FIVE**

### **SUMMARY, CONTRIBUTIONS TO KNOWLEDGE, RECOMMENDATIONS AND CONCLUSIONS**

This chapter is presented under the following sub-headings: Summary of Findings, Contributions to Knowledge, Recommendations, Suggestions for Further Research and Conclusions.

#### **Summary of the Study**

Ageing is a universal, inevitable, irreversible and extremely complex multi-factorial process that is characterized by the progressive degeneration of organs, systems and tissues. Every individual experiences the process in a different way, depending on the gender, culture, geographical location, environment and the culmination of life events. The present study examined the Influence of Psycho-social Variables on Perception of Ageing among Teacher in Anambra and Akwa-Ibom States. Three theories guided the study (Activity theory, Functionalist theory and Psycho-social theory of personality). Multi-stage sampling process was used for this study. First, Simple random sampling process using lucky dip method was used to select one Senatorial district from each state respectively. Secondly, thirty-five (35) secondary schools were randomly selected in Anambra State using lucky dip method. The same process was used to select thirty-six secondary (36) schools in Akwa-Ibom State. Thirdly, using Stratified Random Process four hundred and two (402) teachers were selected in Anambra State; using the same process five hundred and three (503) teachers were selected in Akwa-Ibom State. Seven research questions and hypotheses guided this study. Data was analysed using descriptive statistics, Analysis of Variance (ANOVA), Independent t-test, Multiple Regression and Pearson Product Moment Correlation. All hypotheses were tested at 0.05 level of significance. The study confirmed that there was significant difference due to gender and state of origin in the perception of ageing. Female teachers in Anambra state have higher perception of ageing while Male teachers in Akwa-Ibom State have higher perception of ageing. It was also shown that there was significant difference due to state of origin in ageing stereotypes. There was significant composite influence of societal roles, ageing

stereotypes and socio-economic status on perception of ageing. Perception of ageing had significant influence on emotional adjustment. Perception of ageing significantly influenced the self-esteem of teachers. Positive perception of ageing had significant impact on the health status of teachers. Finally, the study showed that there was significant difference due to gender and state of origin in ageing anxiety. Male teachers in Anambra State have higher ageing anxiety but reverse was the case in Akwa-Ibom State. It was recommended that periodical training be given to teachers to prepare them for retirement and ageing; pension and gratuity should be paid promptly; teachers condition of service need to be reviewed; Counselling services should be made available in schools to guide ageing teachers; seminars on positive perception of ageing should be given to teachers. Suggestions for further study were also made.

## **5.2 Contributions to Knowledge**

1. The study established that psycho-social variables such as socioeconomic status, societal roles, self-esteem and anxiety greatly influence perception of ageing among teachers in both states.
2. The study established that gender, cultural values and state of origin are great predictors of ageing anxiety among teachers in both states.
3. The study established that societal roles and socioeconomic status are more important predictors of perception of ageing than ageing stereotypes.

## **5.3 Recommendations**

Based on the findings of the study, the following recommendations were made:

1. In order to fortify teachers against unhealthy perception of ageing and prepare them early for the probable challenges of unhealthy ageing (perception), government and all other relevant stakeholder should give periodical training to teachers, right from earlier ages than 40, on how to develop positive ageing perception.
2. To avoid the danger in ageing anxiety, there should be sound policies and sustained institutionalised implementation framework for promptly delivering the retirement benefits of teachers to save them of unnecessary anxiety which may mar their perception of ageing and shatter their chances of having hitch-free process of ageing.

3. As improved socio-economic status can improve ageing perception, government needs to improve teachers' condition of service to give them some socio-economic boost which is a sure way of improving their saving capacity to enable them look forward to retirement with happiness and so develop positive perception of ageing.
4. Government and other interests should also encourage and support the formation of and ensure teachers' active participation in associations, fora and social groups for the coming together of retired teachers to socialise, render assistance to one another and press home some common demands from relevant authorities after formal service of government.
5. In a manner related to the above, researchers, trainers, donor agencies, non-governmental organisations, community based organisations and faith based organisations should also give more attention to women in designing treatment packages for individuals' who are susceptible to unhealthy ageing perception. Also Guidance counsellors in schools should also be made to serve willing teachers who need counselling on healthy ageing beforehand.
6. Serving teachers should also be encouraged and possibly, supported to prepare the ground for setting up of a Small and Medium Scale Enterprise (SMSE) of their interest to keep them engaged after government service. This is more than necessary as the sense of preparation can eliminate unfounded fear attached to ageing, enhance perception and eventually, get people actively engaged with no time left for inactivity.
7. Ministry of Education, Teaching Service Commission and various teachers' associations should also create awareness and make relevant information available to teachers on the important topic of ageing perception which is yet to be popular among the generality of teachers.
8. Following the insignificance of stereotypes in predicting ageing among teachers which is possibly due to their level of education and exposure, giving the generality of the people the needed education and exposure with respect to ageing may also reduce the prevalence of ageing stereotypes among the generality of the people.

9. Finally, arising from the significant difference due to state of origin in predicting ageing anxiety among teachers, it is expedient for Federal Government of Nigeria to channel an effective means through legislation or other administrative procedures to effectively harmonise and rationalise the improved conditions of service for teachers to ensure that minimal or no fear is created for them in anticipation of improved conditions of service and retirement.

#### **5.4 Suggestions for Further Research**

Based on the findings of the study, the researcher makes the following suggestions for further research:

1. Future research can enlarge the geographical scope of the present study in order to improve upon external validity.
2. Future research can also incorporate more moderator variables like occupation, educational qualification and age to this study in order to further categorise the influence of the independent variables on ageing perception.
3. Longitudinal studies should be carried out in future to examine how unhealthy perception nurtured at earlier stages in life can actually affect individuals in their later life.
4. Results emanating from the present study can be used by future researchers to develop, validate and test enriched, cheap and effective practicable self-administrable psycho-cognitive therapeutic treatment package to remediate unhealthy ageing among any given population.
5. Rather than the use of Likert-type scales alone which only to a remarkable extent well-served the purpose of this descriptive survey, future research can adopt other research design, instruments like observational techniques, socio-metric techniques and oral interview to prosecute similar studies.

## **5.5 Conclusions**

Based on the findings, the following conclusions were drawn:

1. The study proved that teachers' state of origin and gender when combined significantly influenced teachers' perception of ageing.
2. The study revealed that teachers' in Akwa Ibom State are significantly different in ageing perception from their counterparts in Anambra State.
3. The study established that societal roles, ageing stereotypes and socio-economic status are significant joint predictors of perception of ageing among teachers.
4. The study revealed that while societal roles and socio-economic status, when taken separately, significantly predicted teachers' ageing perception; but ageing stereotypes did not singly exert significant influence on the ageing perception of teachers.
5. The study also revealed that perception of ageing is a significant predictor of emotional adjustment and self-esteem of teachers.
6. The study confirmed that positive perception of ageing is a significant predictor of health status of teachers.
7. Finally the study revealed that teachers' state of origin and gender combine to significantly influence their ageing anxiety.

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## APPENDIX

### Questionnaire on Influence of Psycho-Social Variables on differential Perception of Ageing

#### PART A

#### INSTRUCTION

Dear respondent, this questionnaire is basically for research purpose and will be treated with high level of confidentiality. Please kindly respond to the items below objectively. Fill a gap and tick (✓) one box only where necessary.

#### BIO-DATA

1. **State** : Anambra ( ) Akwa Ibom ( )
2. **Sex**: Male ( ) Female ( )
3. **Age**: 45 -50yrs ( ) 51-55yrs ( ) 56-59yrs ( )
4. **Qualification** : NCE ( ) B.A, B.Sc, B.Ed ( ) M.Ed ( ) Ph.D ( )

#### PART B

#### INSTRUCTION

Below are some statements, indicate your agreement or disagreement by ticking ( ) the appropriate column you deem fit.

#### KEY

Strongly Agree SA

Agree A

Disagree D

Strongly Disagree SD

	STEREOTYPES QUESTIONNAIRE				
1	Older people should have less interest in sex				
2	Older people are easily irritated and grumpy				
3	As people get older they become more rigid and inflexible				
4	Older people behave in many cases like children				
5	Most people over 65 years have a range of disabilities that make them dependent on others				
6	As we age we lose the ability to solve the problems we face				
7	Memory loss is an inevitable part of ageing				
8	Sickness is part and sign of old age				
9	You are as old as you feel				
10	Social outing should be the activity of the young ones				

<b>SOCIO-ECONOMIC STATUS SCALE</b>					
1	Economically comfortable people live longer than those who are not economically comfortable.				
2	Rich people live longer than poor people Rich people seems to be happier when they are ageing				
3	Poor people are always aggressive				
4	People of low socio-economic status see ageing as a blessing				
5	The poor age faster than the rich				
6	I can afford to eat whatever I want to eat				
7	I do a routine medical check-up every year				
8	My income can conveniently take care of all my needs				
9	My financial burden gives me sleepless night				
10	I am not satisfied with my standard of living				
<b>HEALTH STATUS QUESTIONNAIRE</b>					
1	I feel stronger even as I am ageing				
2	I visit the hospital regularly due to ill health				
3	I have trouble bending over, stooping or kneeling				
4	My daily life is filled with things that interest me				
5	I am satisfied with my health status at my age				
6	Signs of ill-health in my body is due to ageing				
7	I woke up feeling fresh and rested				
8	I feel good and positive as I age				
9	I worry about a lot of things as I grow older				
10	Ageing has made me to feel hopeless about the future				
<b>SOCIETAL ROLES QUESTIONNAIRE</b>					
1	At my age I should be taking care of my grand children instead of furthering my education				
2	My dressing should show that I am getting old				
3	When you retire from paid job it is better to rest at home rather than taking up another job				
4	When you retire it is the responsibility of your children to take care of you				
5	Old age should be a time of resting rather than working				

6	Parents should leave adventures for their children				
7	Social activities should be restricted as you age				
8.	Old age is a time to advice the young ones				
9	Old people are no longer custodians of the people's culture				
10	Societies to a large extent determines how people age.				
	<b>BRIEF- AGEING PERCEPTION QUESTIONNAIRE (B-APQ)</b>				
1	I always classify myself as getting old				
2	I am always aware of the fact that I am getting older				
3	I feel my ageing is everything that I do				
4	As I get older I get wiser				
5	As I get older I continue to grow as a person				
6	As I get older I appreciate things more				
7	The quality of my social life in later years depends on me				
8	Whether I continue living life to the full depends on me				
9	The quality of my relationships with others in later life depends on me				
10	Getting older makes me less independent				
11	As I get older I can take part in fewer activities				
12	As I get older I do cope well with problems that arise				
13	Slowing down with age is not something that I can control				
14	I have no control over the effects with getting older has on my social life				
15.	I get depressed when I think about how ageing might affect the things that I do				
16.	I worry about the effect that getting older may have on my relationships with others.				
17.	I feel angry when I think about getting older				
	<b>Self-Esteem Scale</b>				
1	On the whole I am satisfied with myself				
2	At times I think I am not good at all				
3	I feel that I have a number of good qualities				
4	I am able to do things as well as most other people				

5	I feel I do not have much to be proud of				
6	I certainly feel useless at times.				
7	I feel that I'm a person of worth, at least on an equal plane with others.				
8	I wish I could have more respect for myself.				
9	All in all, I am inclined to feel that I am a failure				
10.	I take a positive attitude toward myself.				
	<b>SELF-RATING ANXIETY SCALE</b>				
1	I feel more nervous and anxious than usual.				
2	I feel afraid for no reason at all				
3	I get upset easily or feel panicky				
4	I feel like I'm falling apart and going to pieces.				
5	I feel that everything is alright and nothing bad will happen.				
6	My arms and legs shake and tremble				
7	I am bothered by headaches neck and back pain				
8	I feel weak and get tired easily				
9	I feel calm and can sit still easily.				
10	I can feel my heart beating fast.				
11	I am bothered by dizzy spells.				
12	I have fainting spells or feel like it.				
13	I can breathe in and out easily.				
14	I can get feelings of numbness and tingling in my fingers and toes.				
15.	I am bothered by stomach aches or indigestion				
16.	I have to empty my bladder often				
17.	My hands are usually dry and warm.				
18.	My face gets hot and blushes.				
19	I fall asleep easily and get a good night rest				
20.	I have nightmares.				
	<b>EMOTIONAL ADJUSTMENT</b>				
1.	I get upset easily.				
2.	I am easily irritated.				
3.	I feel my heart pounding or beating.				



4.	Sometimes I am in such a bad mood that I feel like not talking to anyone.				
5.	I find it difficult to concentrate on tasks.				
6.	I don't get disturbed by daily troubles.				
7.	I regard myself a happy person.				
8.	Often I feel tired and indifferent without a reason				
9.	I have very little confidence.				
10.	I feel uneasy as I thought I wished something, but without knowing what it might be.				
	<b>TOTAL</b>				