

## **HUMAN GROWTH, DEVELOPMENT, AND QUALITY OF LIFE CHALLENGES OF THE ELDERLY IN AWKA, ANAMBRA STATE, NIGERIA**

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**ABSTRACT:** *This study explored human growth module, development and quality of life of the elderly in Awka, Anambra State, Nigeria. The outcome of every developmental stage contributes to the stability, functioning and well-being of an individual. Participants of this study were the elderly in Awka metropolis. The research adopted analytical design. Information collected from the participants within the age of 60 and above through interviews, observations and interactions were critically examined. The psychological themes reviewed are Robert Peck theory of personality development in elderly people and Eric Erickson's theory of psychological development. Findings showed the elderly in Awka manifested psychological feeling of regret, loneliness and lose of touch with the environment, unfulfilled life, cognitive failure and decline in body functioning. Recommendations were for persons in the late adult stage to be showered with (community, friends, kindred and family) social supports and care-giving.*

**KEYWORDS:** Human growth, Development, Quality of Life, Elderly, Challenges.

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### **INTRODUCTION**

Human growth and development is the primary focus of developmental Psychology. It is the study of human development from conception, through infancy, childhood, adolescence, adulthood to death. It examines growth and changes that occur throughout the human lifespan. It studies factors that influence habits, personality, preferences, and health.

Articulations on human development however opine that humans go through diverse stages of growth and development with various antecedents defining each stage. According to a popular proponent of human development Erik Erikson, human development consists of eight (8) stages in life from birth to old age, each of which is characterized by a specific task. They include:

1. Trust vs. Mistrust;
2. Autonomy vs. Shame and Doubt;
3. Initiative vs. Guilt;
4. Industry vs. Inferiority;
5. Identity vs. Confusion;
6. Intimacy vs. Isolation;
7. Generativity vs. Stagnation; and
8. Integrity vs. Despair (Erikson 1980).

Each of these stages has crucial factors defining it. According to him, individuals may experience tension when advancing to new stages of development and seeks to establish stability within each stage (Erikson, 1980).

However, the last stage, integrity vs. despair is the interest of this paper. The interest in Integrity vs. Despair stage categorized as 65years till death examines the developmental milestone of this stage. According to Erikson (1980), this final stage of development is saddled with retrospection. In it, people look back on their lives and accomplishments. They develop feelings of contentment and integrity if they believe that they led a happy and productive life. However, they may develop a sense of despair if they look back on a life of disappointments and unachieved goals (Erikson, 1980). This stage can occur in sequence when individuals feel they are near the end of their life (such as when receiving a terminal disease diagnosis). Evaluations of facts relating to life spent so far may translate to the evaluation of one's quality of life. Hence, an exposé of realities of this stage in the light of developmental milestone will satisfy research interest.

Human growth may be referred to as the quantitative and qualitative increases that are influenced inherently or genetically by the controlling process of maturation. On its own, maturation is defined as genetically determined sequence of growth or bodily changes that are relatively independent of environmental antecedents (Atkinson & Hilgar, 1983). Also, growth is the progressive increase in the size of a child or parts of a child. It also defines a quantitative increase in size or mass. Measurements of height in centimeters or weight in kilograms indicate how much growth has taken place in a child.

Development on the other hand is defined as a progression of changes, either quantitatively or qualitatively, that lead from an undifferentiated or immature state to a highly organized, specialized, and mature state. Physical maturation is measured by functional capacity; for example, the maturation of bipedal walking results from changes with age in the skeletal, muscular, and motor skills of the infant and child. Generally, developmental process is complex in that it is a product of various processes like biological processes, cognitive processes, and social processes. Biological processes are concerned with the changes in the person's physical nature. Cognitive development has to do with a person's brain development, while social processes are concerned with changes in the person's social relationship with other people, emotions and personality. On the other hand, development is the progressive acquisition of various skills (abilities) such as head support, speaking, learning, expressing the feelings and relating with other people.

Historically, the field of human growth and development in psychology was formalized in the past 150 years. Scientists in the late 19th and early 20th centuries, including biologist Charles Darwin, primarily focused their studies on childhood development. An important early text was German physiologist William Preyer (1882), the *Mind of the Child*, in which he described the development of his own daughter from birth through childhood. It was not until the mid-20th century that the focus of human

development in psychology moved beyond just children and adolescents.

Researchers realized development continues throughout life and started studying adults and the elderly. During this period, many of the human developmental psychology's most influential scientists published their theories, including Jean Piaget (1896-1980), Erik Erikson (1902-1994), and John Bowlby (1907-1990). Their research and ideas continue to influence modern professionals in the field and the views of human development in psychology.

According to these research inventions, human growth and development have been proposed to be majorly influenced by nurture vs. nature, as portrayed in nurture vs. nature controversy. Arguments along this line often address the question of what causes behaviours. Is it genetics, environment, or a combination of the two? Scientists who believe nature is responsible for behaviour are known as "nativists." The opposing point of view is that the environment is responsible for human development. Its supporters are known as "empiricists." While "nature versus nurture" has become a common phrase, few modern scholars follow that line of thinking. Modern human developmental psychologists instead try to figure out the extent to which these elements impact on behaviour, understanding that each plays a significant role.

Broadly however, scholars in developmental psychology have tried to explain growth and change through the lifespan in terms of developmental stages of life, which are initiated by distinct transitions in physical, cognitive, and socio-emotional developments (Hogan & Vaccaro, 2006). At each of these stages of human development, people are faced with a crisis that acts as a turning point in behavioural development. Successfully resolving the crisis leads to developing a psychological virtue that contributes to overall psychological well-being.

### **Statement of the Problem**

Late adulthood is the stage of life from the 60s onward. It constitutes the last stage of physical change. Average life expectancy in Nigeria is around 59 years for males and 63 years for female. However, this varies greatly based on

factors such as socioeconomic status, region, and access to medical care. Erickson has given us an insight on the stages of human development and all it entails, but studies have shown that all stages of human development are associated with severe issues which have not been exhausted starting from trust vs mistrust. However, this research will concentrate on Erickson's eight stage of development (ego integrity vs ego despair) and the challenges associated with human growth, development and the quality of life. These are the final stages of human development. This research will highlight findings on the quality of life of individuals from the age 65-death in Awka, Anambra State, Nigeria.

### **Objectives of Study**

The objectives of this research can be summarized as follows:

1. To explore the concepts of human growth, development, and quality of life.
2. To highlight the psychological challenges facing the elderly in Awka, Anambra State, Nigeria.
3. To proffer recommendations on the challenges of the elderly in Awka, Anambra State.

### **Research Questions.**

1. What are the concepts of human growth, development, and quality of life?
2. What psychological challenges are facing the elderly in Awka, Anambra State, Nigeria?
3. What recommendations are available concerning the challenges of the elderly in Awka, Anambra State?

### **Significance of the Research.**

This research is significant because of the following reasons:

1. The research will bring into focus the module of human growth and development in late adulthood in Awka, Anambra State, Nigeria.
2. The research will highlight the quality of life in late adulthood in Awka, Anambra State, Nigeria.
3. Finally, the research will proffer recommendations concerning the challenges of the elderly in Awka, Anambra State.

### **Operational Definition of Terms**

**Human Growth:** This is an increase in size.

**Development:** This is the increase and changes in stages of human life.

**Quality of Life:** An individual's life worth.

**Elderly:** Persons who are of 60 years and above.

### **LITERATURE REVIEW**

#### **Eric Erickson's Theory of Psychosocial**

**Development:** Erikson was one of the few theorists to look at development across the entire course of the lifespan. He was also one of the first to view the aging process itself as part of human development. Erikson's stage theory characterizes an individual advancing through the eight life stages as a function of negotiating his or her biological forces and socio-cultural forces. Each stage is characterized by a psychosocial crisis of these two conflicting forces. If an individual successfully reconciles these forces (favoring the first mentioned attribute in the crisis), he or she emerges from the stage with the corresponding virtue (Crain, 2011; Macnow, 2014). These stages include:

1. Hope: Trust vs. Mistrust (oral-sensory, infancy, 0–2 years),
2. Will: Autonomy vs. Shame/Doubt (early childhood, 2–4 years),
3. Purpose: Initiative vs. Guilt (locomotor-genital, preschool, 4–5 years),
4. Competence: Industry vs. Inferiority (latency, school age, 5–12 years),
5. Fidelity: Identity vs. Role Confusion (adolescence, 13–19 years),
6. Love: Intimacy vs. Isolation (early adulthood, 20–39 years),
7. Care: Generativity vs. Stagnation (adulthood, 40–64 years), and
8. Wisdom: ego integrity vs. despair (maturity, 65 – death) (Erikson & Erikson, 1998).

This study is interested in developmental stages in late adulthood. This is the eight stage of Erik and Erikson (1980) developmental stages known as Integrity versus despair and final stage of Erik Erikson's stage theory of psychosocial development. This stage begins at approximately age 65 and ends at death. It is during this time that we contemplate our accomplishments and can

develop integrity if we see ourselves as leading a successful life.

Individuals who reflect on their life and regret not achieving their goals will experience feelings of bitterness and despair. Erikson described ego integrity as “the acceptance of one’s life cycle as something that had to be” (1950) and later as “a sense of coherence and wholeness” (1982). As people grow older (65+ years) and become senior citizens, they tend to slow down their productivity and explore life as retired persons.

Erik Erikson believed if people see their lives as unproductive, feel guilty about the past, or feel that they did not accomplish life goals, they become dissatisfied with life and develop despair, often leading to depression and hopelessness. Success at this stage will lead to the virtue of wisdom. Wisdom enables a person to look back on their life with a sense of closure and completeness, and also accept death without fear. Wise people are not characterized by a continuous state of ego integrity, but they experience both ego integrity and despair. Thus, late life is characterized by both integrity and despair as alternating states that need to be balanced (McLeod, 2018).

**Robert Peck Theory of Personality Development:** Peck (1956) amplified Erikson’s 8th stage (1950). Similar to Erikson’s conflicts, Peck also outlines conflicts in middle and old age. Peck stresses that resolving these conflicts helps one to understand how to successfully arrive at the end of one’s life. Peck (1956) begins with the middle age conflict as valuing wisdom over one’s physical body and socializing over sexualizing. These two conflicts enable the older adult to accept the limits of their physical body, and to creatively use the mind to negate these losses. He discusses the emotional aspects of the aging adult by discussing the conflict of cathectic flexibility over cathectic impoverishment, and mental flexibility over rigidity. These two conflicts reflect the importance of emotional flexibility as one becomes older, by shifting emotional investment from one person to another, and by controlling one’s emotions. Peck (1956) does not use age as a marker. He stresses that the individual life of the older adult will place each

person in a different situation. Old age is a time when self-image surfaces in ego differentiation over work role pre-occupation. For example, this is when the older adult becomes secure outside the context of employment.

Peck stresses the importance of one’s attitude toward pain and sickness in the conflict of body transcendence over body pre-occupation. This is evident by the older adult who can accept a failing body and live with pain and change. The last stage focuses on the final journey of death with the conflict of ego transcendence over ego pre-occupation. Peck emphasizes the importance of the older adult to accept death and move beyond its finality by focusing on others.

### **Empirical Review**

Paul, Maria, and Dalila (2017) highlighted that richer information about cognitive failures was revealed through the investigation of specific factors of cognitive failures. They also confirm that the absence of changes in cognitive failures across old age is independent of variation in depressive symptoms, at least among cognitively healthy elders.

Netuveli and Blane (2008) found that quality of life is described often with both objective and subjective dimensions. The majority of the elderly people evaluate their quality of life positively on the basis of social contacts, dependency, health, material circumstances and social comparisons. Adaptation and resilience might play a part in maintaining good quality of life. Although there are no cultural differences in the subjective dimension of quality of life, in the objective dimension such differences exist. Two major factors to be considered with regard to quality of life in old age are dementia and depression.

Toyama, Heather, Fuller and Hektner (2020) found out that growth is essential in the lives of adults of any age and is associated with a variety of well-being outcomes. Building on previous research on psychosocial factors associated with growth, the present study aimed to investigate whether and how psychosocial factors (including working, generativity, positive interpersonal relationships, and spirituality) could affect aging adults’ growth longitudinally.

Using three waves of midlife from adults with baseline ages of 20-75, two level hierarchical linear modeling analysis were conducted to examine the effects of psychosocial factors, as well as age and gender on levels and trajectories of growth over the span of nearly two decades. All the factors predicted levels of growth while positive relationships and generativity had larger effects relative to others. In addition, some of the effects were moderated by baseline age or passage of time (aging). Particularly, the moderated effects involving positive relations were multifaceted. Among those with less positive relationships, older people's levels of growth remained lower than younger people over time.

However, among those with more positive relationships, older people reported lower growth initially but the age difference was no longer confirmed two decades later. In other words, having positive relationships appeared to become increasingly important for aging adults to maintain higher growth. These findings suggest shifts in life priorities that could influence personal growth among aging adults, and the implications can be informative for future research and practice.

#### **METHOD**

The method describes the research methodology for the research. It is very important because it gives the information on how the research was carried out.

**Participants:** Participants for the research were members of the elderly persons living in Awka metropolis, Anambra State, Nigeria. Their age range was from 65 years and above.

**Information Gathering:** The information gathering for the research were interview, observation and interaction methods. Hence, the information from elderly persons in Awka metropolis concerning their experiences on human growth, development and quality of life were critically examined. Some of the questions asked includes: How old are you? Have you achieved all you want to achieve in life? At this stage are you fulfilled? Do you have things you regret? What is your advice to the younger generation?

**Procedure:** The research focused on Awka, Anambra State, Nigeria, which is the scope of interest. The procedure for the research involves interview, interaction and analytical examinations of the information given to the researchers by participants that fall within the range of the late adulthood (65 years - death) in Awka. Critical evaluation of this information were done as it concerns their age.

**Design:** The design has analytical design. The analytical design is a non-empirical design in which facts and information available are used to analyze and make critical evaluations of behavioural phenomenon. Analytical design, especially when considered with another design(s) allows a researcher to achieve creative thinking that gives insight into performance dynamics of an event (Coral & Bokelmann, 2017).

#### **FINDINGS**

The following findings could be deduced the psychological challenges of the elderly in Awka, Anambra, Nigeria:

1. Psychologically feeling of regrets;
2. Unfulfilled life;
3. Cognitive failure;
4. Decline in body functioning;
5. Loneliness; and
6. Lose of touch with the environment.

#### **DISCUSSION**

Late adulthood is the stage of life from the 60s onward. It constitutes the last stage of physical change. During late adulthood the skin continues to lose elasticity, reaction time slows further, and muscle strength diminishes. Hearing and vision-so sharp in twenties-decline significantly, cataracts, or cloudy areas of the eyes that result in vision loss, are frequent. The other senses, such as taste, touch, and smell, are also less sensitive than they were in earlier years. The immune system is weakened, and many older people are more susceptible to illness, cancer, diabetes, and other ailments. Cardiovascular and respiratory problems become more common in old age. Seniors also experience a decrease in physical mobility and a loss of balance, which can result in falls and injuries.

With the continuing increase in the elderly population, the issues of maintaining their physical and mental health, independence, and, and general quality of life have become of great psychological and social concern. The most significant aspects of quality of life assessment in the elderly are autonomy, self-sufficiency, decision-making, absence of pain and suffering, the preservation of sensory abilities, the maintenance of a system of social support, a certain financial level, a sense of usefulness to others, and a certain degree of happiness (Gurková, 2011). Quality of life among the elderly are affected by the many demanding situations and factors that are associated with older age. Some of these are changes in health status, coping with new restrictions in life, identifying new roles, opportunities, and available social support (Gurková, 2011).

Demographic variables (age, gender, ethnicity), socio-economic characteristics (education, social status, income, social support), cultural influences and values, health factors (health/medical condition, disease, functional status, health care services), and personal characteristics (coping mechanisms, self-efficacy) can be considered to be predictors of quality of life at this stage (Dragomirecká, Prajsová, 2009; Gurková, 2011; Bryła, Burzyńska & Maniecki-Bryła, 2013; Layte, Sexton & Savva, 2013; Bilgili & Arpacı, 2014; Chin, Lee & Lee, 2014; Forjaz, 2015).

Scholars had earlier conceptualized quality of life as having diverse dimensions. Specifically, European Framework 8 + 1 assert that quality of life constitutes the following dimensions:

1. Material living conditions: Material living conditions cover the income, consumption, and material conditions of a person.
2. Health: Health is measured in outcomes, healthy and unhealthy behaviours, and access to healthcare.
3. Education: Education covers competences and skills, lifelong learning, and opportunities for education.
4. Productive and valued activities: Productive and valued activities relate to

economic activity, quality and quantity of employment, as well as other activities, inactivity and unpaid work.

5. Governance and basic rights: Governance and basic rights cover institutions and public services, discrimination and equal opportunities, and active citizenship.
6. Leisure and social interactions: Leisure and social interactions include quantity and quality of leisure, as well as access to leisure, and the social dimension, relations with people and activities for people together with social support and cohesion.
7. Natural and living environment: Natural and living environments include pollution, access to green and recreation spaces, as well as landscape and built environments.
8. Economic and physical safety: Economic security and physical safety address wealth (assets), debt, and income insecurity from the economic side, and crime and a perception of physical safety from the physical side; and
9. Overall experience of life: Overall experience of life covers life satisfaction, effects (negative-being nervous or being depressed or down, and positive-being happy), and meaning and purpose of life (Eurostat, 2000; Theofilou, 2013).

From the foregoing, one can conclude that quality of life is something like the overall enjoyment of life and a multidimensional concept which emphasizes the self-perceptions of an individual's current state of mind, which is affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships, and their relationship to salient features of their environment (Theofilou, 2013).

### **Conclusion**

The issue of the elderly quality of life and its determinants are becoming important in order to manage the challenges of the aging generation. This is helpful in the implementation of initiatives to improve their quality of life. In the old age, negative indices of poor quality of life

such as depression, anxiety, functional disability, poly-morbidity, and living without a partner usually manifest.

### Recommendations

1. Early detection of quality of life challenges, such as depression and anxiety by care-givers of these elderly is very necessary. This helps a lot in the prevention of anxiety and depression in the elderly.
2. There is need for creation of community-based programs aimed at improving the quality of life of the elderly in Awka is urgently needed.
3. The need to create opportunities for the formation and maintenance of social contacts, the implementation of various leisure activities, and the involvement of seniors/elderly in different programs or voluntary activities.
4. The elderly should have social support and care-givers.
5. The government should make available and accessible elderly people homes.
6. The elderly should be encouraged to continue in their daily activities like reading, games and societal meetings to improve cognition and physical effectiveness. This inhibits a quick relapse of the body functioning.

### Suggestions for further study

1. Further studies need to examine other aspects the elderly's life.
2. Future researches on these topics need to be empirical.

### REFERENCES

- Bilgili, N., & Arpaci, F. (2014). Quality of life in older adults in Turkey. *Archives of Gerontology and Geriatrics*, 59(2),415-421.
- Bryła, M., Burzyńska, M., & Maniecka-Bryła, I. (2013). Self-rated quality of life of city-dwelling elderly people benefitting from social help: Results of a cross-sectional study. *Health and Quality of Life Outcomes*, 11, 181.
- Chin, Y.R., Lee, I.S., & Lee, H.Y. (2014). Effects of hypertension, diabetes, and/or cardiovascular disease on health-related quality of life in elderly Korean individuals: a population-based cross-sectional survey. *Asian Nursing Research*, 8(4), 267-273.
- Dragomirecká, E., & Prajsová, J. (2009). WHOQoL-OLD. Praha: Psychiatrické centrum Praha. (in Czech) Erikson, E., & Erikson, J. (1998), *The life cycle completed*. W. W. Norton & Company, New York.
- Erikson, E.H. (1950). *Childhood and society*. New York: W.W. Norton.
- Forjaz, M.J., Rodriguez-Blazquez, C., Ayala, A., Rodriguez-Rodriguez, V., de Pedro-Cuesta, J., Garcia-Gutierrez, S., & Prados-Torres, A. (2015). Chronic conditions, disability, and quality of life in older adults with multimorbidity in Spain. *European Journal of Internal Medicine*, 26(3),176-181.
- Gurková, E. (2011). *Hodnocení kvality života. Pro klinickou praxi aošetřovatelský výzkum*. Praha: Grada Publishing (in Czech).
- Hogan, J., & Vaccaro, T. (2006). *Internationalizing the history of developmental psychology*. New York University Press, New York.
- Layte, R., Sexton, E., & Savva, G. (2013). Quality of life in older age: Evidence from an Irish cohort study. *Journal of the American Geriatrics Society*, 61 (Suppl 2), S299–305.
- McLeod, S. A. (2018). Erik Erikson's stages of psychosocial development. *Simply Psychology*. <https://www.simplypsychology.org/Erik-Erikson.html>
- Peck, R. (1956). Psychological developments in the second half of life. In J. E. Anderson, (Ed.), *Psychological aspects of aging* (pp. 42-53). Washington, DC: American Psychological Association.
- Wadsworth, B. (2004). *Piaget's theory of cognitive and affective development: Foundations of constructivism*. Longman Publishing: London.