

**A THEORETICAL REVIEW ON DEVELOPMENTAL ASPECTS OF AGING AND ITS  
ASSOCIATED CHALLENGES IN DEVELOPING COUNTRIES**

**ABANYAM, NOAH LUMUN (PhD)**  
**Department of Sociology,**  
**Taraba State University, Jalingo. Taraba State, Nigeria**  
**E-Mail Address: [noahlumun@gmail.com](mailto:noahlumun@gmail.com)**  
**Contact: +234(0)7034928489**

**&**

**IBRAHIM YAHAYA DENIS**  
**Department of Sociology,**  
**Taraba State University, Jalingo. Taraba State, Nigeria**  
**E-Mail Address: [ibeec1111@gmail.com](mailto:ibeec1111@gmail.com)**  
**Contact: +234(0)9033525209**

**Abstract**

*Aging is a developmental and continues process of change in the individual that start from conception in the uterus and goes on throughout life. There is hardly any society in the world without aging population. Due to improve living standard and health care; the numbers of the elderly are growing rapidly. However, as old age sets in, one is not expected to be strong and agile as before and this group becomes dependent on the younger population. This study is a theoretical review on developmental aspects of aging and the challenges in developing countries. Functionalist disengagement, interactionist activity and Marxist conflict theoretical perspectives were used in analyzing the study. The study found that developmental aspect or process of aging occur biologically or physically, psychologically or mentally and socially or culturally. As person grows old there is generally an increasing risk of diseases and impairment in functioning. Old age reduces productive capacity in individual. Old people in developing countries are faced with numerous challenges such as physical and mental health, poverty and nutrition, shelter, transportation, isolation and loss of respect. The study also found that societal responses to the needs and/or challenges of the elderly have assumed a relatively lack of concern. It was recommended that government in developing countries should include gerontology or sociology of the aged in their school curriculum at both the primary, secondary and tertiary institutions in order to educate students or younger ones on how to give care to the elderly and that government of developing countries should also make sound and viable socio and economic relief laws to cater and care for the elderly as it is obtainable in developed countries. The study concludes that due the impairment in functioning associated with the developmental challenges of aging, there is urgent need for government of developing countries, health workers, family members, social workers and other related care givers to priority attention to the challenges faced by the elderly in developing countries.*

**Keywords:** Theoretical Review, Developmental Aspects, Aging, Challenges, Developing Countries.

**Introduction**

All societies - whether tribal, agrarian, or industrial – have always divided the life span into stages, seasons, or age groups. Each stage expected to have its own age norms – distinctive cultural value, pursuits, and pastimes that are culturally prescribed for each age cohort. Kimmel and Aronson (2009) disclosed that: Age remains one of our major social identities: we assess ourselves and each other positively and negatively – based on age as frequently as on class, race, ethnicity, gender and sexuality. These judgments result in social stratification, for distributing rewards and punishments, and

for allocating status and power. To the sociologist, age a basis for identity and a cause of inequality. As an identity, sociologists differentiate between your chronological age - a person's age determined by the actual date of birth – and functional age – a set of observable characteristics and attributes that are used to categorize people into different age cohorts. As age cohort is a group of people who are born within a specific time period and therefore assume to share both chronological and functional characteristics (p. 288).

While age is a faced of identity at all moments through the life cycle, most of the inequality based on age occurs at the upper and lower ends of life span (i.e among the young and the elderly). In most high income countries like the United State of American, older people often wield a great deal of political power. However, they still most battle negative stereotypes and limited social services (Kimmel and Aronson, 2009). While, teenagers, and young adults often lack any power, prestige, and resources, but they are seen as filled with potential, and as such even the old strive to look like them.

The concern for elderly people has attracted the attention of scholars and religious leaders since ancient times. The founder of one of the world religions, Buddhism, Siddhartha, Gautama who lived in Northern India once said to his adherents, “if there is no Buddha in the world, be good to your parents: for to be good to one's parents is to minister unto Buddha.” Thus, the problems of the aged have become the focus of a specialized field of research and findings called gerontology or sociology of the aged. Cardinal to social gerontology is the study of the social aspects of aging (Novok, 2012; Mbotu 2002). Thus, social gerontology is the scientific study of the sociological and psychological aspects of aging and the problems of the aged. While the medical discipline concerned with the medical problems of old age is call geriatrics (Mbotu, 2002). This study begins in the 1930s, as an increasing number of social scientists became aware of the pride of the elderly.

Gerontology relies heavily on sociological principles and theories to explain the impact of aging on the individual and society. They also draw on psychology, physical education, anthropology, counselling, and medicine in their study of the aging process. Two influential (important) views of aging – disengagement theory and activity theory can best be understood in terms of the sociological perspectives of functionalism and interactionism respectively. The conflict perspective commonly used in sociology also contributes to our understanding of aging. Scholars who study aging are known as gerontologists. The people they study go by several names, most commonly “older people”, “elders”, “aged”, and the “elderly”. The later though varies across society but is usually reserved for those 65 or older, while, “older people” and “elders” often include people in their fifties as well as those sixty or older.

### **Conceptual Clarity**

**Age and Aging:** These two concepts are biologically related although, the meanings are socially and culturally determined (Harven, 1978). The concept of age on the one hand refers to the time elapsed since an individual was born. This is sometimes called chronological age. Chronological age can be defined as the number of years since someone was born. Chronological age definitions arose out of the need to initiate policies and rules to determine those who will benefit and those not eligible to benefit (Abiodun, 2001 and Atchley, 1980). Thus, we can talk of chronological age in terms of functional age (the period of strength, coordination, and mental capacity), middle age (a time of marked crisis chronologically starting around 40 in which most people first become aware that they have less energy than they used to and begin to look for less physically demanding activities), later maturity (chronologically begins in early 60s in which there is decline in physical functioning and energy availability that began or noticeable in the middle age and continuous, chronic illnesses may be more common and activity limitations more prevalent), and old age (chronologically occurs in the late 70s and characterized by extreme physical frailty, slow down mental processes, and organic brain diseases). According to Kimmel (1980) age is “merely a measure of the number of revolutions that the earth has made around the sun since a person's birth” (p.30). Age provides a convenient index of the passage of time. A very clear means of assessing chronological age is birth certificate (Abiodun, 2001).

**Aging** on the other hand can be sociologically defined as the combination of biological, psychological and social processes that affect people as they grow older.

#### **Developmental (Dimensions) Aspects or Process of Aging**

Aging is a developmental and continuous process of change in individual's right from the uterus, conceptions to death. Atchley (1980) observes that aging is: "a broad concept that includes physical changes that occur in our bodies over adult life, psychological changes in our minds and in our mental capacities; and social change in how we are viewed, what we can expect, or what is expected of us" (p.10). Thus, three dimensions or types of aging can be identified viz: social, biological or physiological and psychological aspects.

- i. **Social or Cultural Aspects of Aging:** This refers to changes in a person's roles and relationship, both within their networks or relatives and friends and in formal organizations such as the work place and houses of worship. It consists of the norms, values, and roles that are associated with a particular chronological age. Social aging can differ from one individual to another depending on the social structure, gender, socio-economic status, racism, and ethnicity; it can also be profoundly influenced by the perception of aging that is part of a society's culture. If a society views aging positively, the social aging experienced by individuals in that society will be more positive and enjoyable than in a society that views aging negatively.

#### **Social Perspectives of Old Age in Developed (Western) Societies and Developing Societies**

Ideas about social age differ from one society to another, and at least in modern industrial societies, changes over time as well:

In Developing or traditional societies, older people were regarded as a source of historical memory and wisdom, especially in the olden days. Growing old in earlier days was quite different from what it is today. The aged in the traditional Nigerian society were very much respected and valued. In fact, Giddens (2010) said that:

In traditional societies, older people were often accorded a great deal of respect. Among cultures that included age-grades, the elders usually had a major-often the final-say over matters of importance to the community. Within families, the authority of both men and women mostly increased with age. In industrialized society, by contrast, older people tend to lack authority within both the family and the wider social community. Having retired from the labour force, they may be poorer than ever before in their lives (p.201).

In the traditional African society, the aged were highly esteemed because of the important roles they played to integrate the society, in preserving cultural values, transmitting knowledge and skills, settling disputes and educating the young. People's perception of the aged in the African society was positive. They got the best available food, and their judgments were highly valued. Societies were even classified by anthropologist as gerontocracy, or rule by the elderly, a term derived from the Greek word, *geras*, meaning "old age". The mutual aid concept of the family/clan structures constituted a very important unit of caring for the elderly. Through the family, their basic needs for food, clothing and shelter were taken care of. However, currently, changes in the structure of the society resulting to the geographic dispersion of families, characterized by the tendency for family members to be educated and work outside the home has created problems for the aged. Again, Giddens (2010) hinted that:

Transition to the age-grade of elders in traditional culture often marred the pinnacle of status an individual could achieve. In modern societies, retirement may bring the opposite consequences. No longer living with their children and often having retired from paid work, older people may find it difficult to make the final period of their life rewarding. It used to be thought that those who successfully cope with later life do so by turning to their inner resources, becoming less interested in the material rewards that social life has to offer (p.302).

Presently, the mutual obligations of the extended family/clan system are being systematically eroding by the increasing emphasis on material resources and individualism. Well to do young adults who lived far away think less of taking care of aged members of the extended family, who are not directly their parents. The impact of modernization and their accompanied western influence has, over the years, had some impact on the African perception of the aged. This has brought changes in the attitude towards the aged (Abiodun, 2002). Consequently, people are beginning to see old age as an age of increasing tension, frustration and insecurity. American physician Robert Butler in 1961 coined the word ageism to refer to differential treatment based on age. Many jobs are closed to people over 65 or even over 40 because potential employers believe that they are physically and mentally inferior to young people and therefore unable to handle the fast pace of the contemporary work place (Kimmel & Aronson, 2009). Abanyam (2011) listed the major challenges faced by the aged in developing countries as follows:

1. Physical and mental health problem: physical health is an obvious problem for the elderly, with the incidence of more diseases increasing with age
2. Poverty and nutritional problem: Nutrient deficiencies appear to increase with age.
3. Transportation problem
4. Problem of shelter
5. Problem of isolation and loss of respect
6. Thought of death and anxiety.

While in developed societies such as the U.S.A, U.K, Japan are more likely to dismiss them as non-productive, dependent people who are out of step with the times – both because they are less likely to have the high – tech skills so valued by the young people.

In terms of gender differences, women live longer than men therefore; the elderly are more likely to be female, the reason being that women have stronger constitutions and immunity to disease. They are less likely to fall victim to heart disease because testosterone increase the level of bad cholesterol (low-density lipoprotein) while estrogen increases the level of good cholesterol (high density lipoprotein). In addition, men's heart weaken much more rapidly as they age: between the ages of eighteen and seventy, their heart loss one – fourth of their power, but healthy seventy year old women have hearts nearly as strong as twenty year olds (Kimmel and Aronson, 2009: Goldspink, 2005). However, regular cardiovascular exercise can slow or stop the decline.

In developing countries, both women and men are increasingly susceptible to poor nutrition or health care, HIV, or violence and war. While in developed countries or wealthy countries, better health care and nutrition mean that both women and men are living longer (Woods, 2005).

**2. Biological or Physical Aspect of Aging:** This refers to the physical changes that slow us down as we get into our middle and older years. Here, aging is defined in terms of body posture, hair colour, voice and the ability to see and hear. It refers to body maturation or a period of obvious biological and physical changes in the individual over time (Abiodun, 2002). For example, our arteries might clog up, or problems with our lungs might make it more difficult for us to breath. Biological changes certainly occur as we age. The first signs are probably in our appearance. Our hair begins to turn grey, and a few wrinkles set in. Internal changes that often accompany aging are more consequential among them being that:

- a. Fat replaces lean body mass, and many people gain weight.
- b. Bone and muscle loss occur
- c. Lungs lose their ability to take in air, and our respiratory efficiency declines
- d. The functions of the cardiovascular renal (kidney system declines)
- e. The number of brain cells declines, as does brain mass overall, and
- f. Vision and hearing decline. Cognitive and psychological changes also occur. Learning and memory begin declining after people reach their seventies, depression and other mental and/or emotional disorders can set in, and dementia, including Alzheimer's disease can occur.

Thus, there are well – established biological effects of aging, although the exact chronological point at which they occur varies greatly from individual to individual, depending on genetics and life style. In general, for men and women alike, biological aging typically means:

1. Declining vision, as the eye lens loses its elasticity (small type is the bane of most people over 50).
  2. Hearing loss, first of higher – pitched tunes, then lowered – pitched ones,
  3. Wrinkles, as the skin's underlying structure becomes more and more brittle
  4. A decline of muscle mass and an accompanying accumulation of fat, especially around the middle age.
- 3. Psychological Aspects or Dimensions of Aging:** This dimension deals with old person's feelings, perceptions, and attitudes (Rogers, 1979). It is a developmental stage which considers emotional, cognitive and behavioural or mental aspects of the individual's personality. Psychological aging could reflect person's level of psychological maturity, or progression through a series of developmental stages. Some dimension diminishes with aging, some increase, while others remain relatively constant through adulthood. For instance, visual activity generally declines with age, vocabulary usually increases, and habits tend to remain relatively constant throughout adulthood. Atchley (1980) noted that variability is greater for psychological aging than it is for physical aging.

The psychological effects of aging are easily identifiable:

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

### **Sociological Perspectives or Approaches on Aging**

A sociological explanation of aging considers Elaine Cumming and William Henry's functionalist disengagement theory, Robert J. Highhurst's interactionist activity theory and conflict theory.

**Functionalists Disengagement Theory of Old Age:** The earliest explanations of aging reflected the functionalist view that was dominant in sociology during the 1950s and 60s. The prevalent ideas was that individual adjusted to changing social roles as they aged and that society needs to find roles for older people consistent with their advanced age. In line with the functionalist explanations the disengagement theory, first introduced by Elaine Cumming and William E Henry (1961) contend that all societies must find ways for older people's authorities to give way to younger people. This theory suggests that it is functional for society to remove people from their traditional roles when they grow older, thereby freeing up space for others. In other words, the marginalization of old people was actually functional for society as disengagement of people from social roles was necessary and beneficial for society. In keeping with the functionalist perspective, disengagement theory emphasizes that passing social roles on from one generation to another ensures social stability.

Cumming and Henry (1961) claim that, as people age, they lose ego energy (i.e. they lose vitality). The health usually deteriorates (declines). Giving this increasing frailty, illness and dependency of aged people, it becomes obvious that it will be dysfunctional for them to occupy traditional roles as they are no longer capable of adequately performing. This perspective maintains that the approach of death forces people to drop their social roles – including those of the worker, volunteer, spouse, huby, enthusiast, and even reader. Younger members of society then take on these functions. The aging person, it is held, withdraws into an increasing state of inactivity while preparing for death (Sheafer, 2008). Disengagement is assumed to be functional for the larger society since it opens up roles that were formally filled by older people to younger ones, who will, presumably, carry them out with fresh energy and new skills. At the same time, disengagement is also assumed to be functional for older people because it enables them to take on less taxing roles consistent with their advancing age and declining health. A society, thus, encourages its elderly

to disengage from previous roles and to take on roles more appropriate to their physical and mental decline. In this way, a society effects a smooth transition. Withdrawing the elderly by segregating them residentially, educationally, recreationally and politically will make them less well equipped than they were to carry out important social roles. According to Haralambos and Holborn (2008), the central idea behind this theory is that if people continue in these roles into old age, it will have a number of negative consequences viz:

1. The role will not be carried out – particularly well causing problems for the effective functioning of the society.
2. Older people will block opportunities for younger people by continuing to occupy key positions. There is a danger in these circumstances that society will stagnate because it will not benefit from the fresh and innovative ideas of new generations.
3. Attempting to maintain previous roles beyond an age when they can comfortably perform those leads to frustration and fatigue for older people as old people themselves will benefit from disengagement which allows them to maintain higher morale.

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

### **Criticism of Disengagement Theory**

Critics of disengagement theory often criticize this theory on the ground of its insistence that society must force the elderly into an involuntarily and painful withdrawal from the paid labour force and from meaningful social relationships. It assumes that older with to disengage from previous social roles when in reality they may not want to. Rather than voluntarily seeking to disengage, older employees find themselves pushed out of their jobs - in many instances, even before they are entitled to maximum retirement benefits. However, older people in many societies continue to perform their previous roles quite well. Many societies may suffer if its elderly do disengage, as it loses their insight and wisdom (Barkan, 2014).

Some people may not be able to disengage because they have a financial need to continue working, or they have responsibilities for caring for a disabled relative which they cannot give up because they do not have alternative. Disengagement might actually do more harm to society than good. It potentially wastes valuable human resources by encouraging premature withdrawal from social roles. Disengagement theory, underestimate the importance of the social roles that are undertaken by the elders. For example, evidence shows that grand-parents are increasingly important in looking after children while mothers are at work (Bakan, 2014). Cumming and Henry are also criticized on the ground that they failed to differentiate social from physical and psychological aspects of aging and thereby confusing biological causes of disengagement with social causes. They study the social causes as far more important than biological ones.

### **Interactionist – Activity Theory on Aging**

The activity theory, also known as the implicit theory of aging, normal theory of aging, and lay theory of aging, purposes that successful aging occurs when older adults stay active and maintain social interactions. It takes the view that aging process is delayed and the quality of life is enhanced when old people remain socially active. The theory rose in opposing response to disengagement theory. The theory was developed and propounded by Robert J. Havighurts in (1961) posits that older people benefit both themselves and their society if they remain active and try to continue to perform the roles they had before the age (Choi and Kim, 2011). Activity theory reflects the functionalist perspective that the equilibrium that an individual developed in middle age should be maintained in letter years. The perspective suggests that activity is the essence of life for people of all ages. The theory predicts that people who remain active physically, mentally and socially will adjust better. Activity theory assumes that aging persons should maintain the activities of their earlier years for as long as possible. In doing so, they will be able to maintain better self-image, greater satisfaction and more social supports resulting in a more graceful age, the improved health of other people-sometimes overlooked by social scientist-has strengthened the position (arguments) of activity theorists. Illness and chronic diseases are no longer quite the scourge of the elderly that they once. This theory is influential in the sense that life satisfaction in old age depends mainly on how much time we

spend doing things we find meaningful. The recent emphasis on fitness, the availability of better medical care, greater control of infectious diseases, and the reduction of fatal strokes and heart attacks have combined to mitigate the traumas of growing old. The aged are now finding new ways to remain socially engaged, as evidenced by their increasing use of internet, especially to keep in touch with family and friends. Activity theory, therefore, focuses on the potential contributions of older people to the maintenance of society. In their opinion, aging people will feel satisfied only when they can be useful and productive in society's terms – primarily by working for wages.

### **Criticism**

One criticism of this theory is that it over estimates the ability of the elderly to maintain their level of activities. Although, some elders can remain active, others cannot. Another criticism is that activity theory is too much of an individualistic approach, as it overlooks the barriers many societies place to successful aging. Some elders are less able to remain active because of their poverty, gender, and social class, as these and other structural conditions may adversely affect their physical and mental health. Activity theory overlooks these conditions (Barkan, 2014).

### **Conflict Theory of Aging**

This perspective emphasizes the impact of ageism, or negative views about old people and prejudice and discrimination against the elderly. Conflict theorists have criticized both disengagement and activity theorists for failing to consider the social impact of social structure on aging patterns. They often accused the former for often ignoring the impact of social class on the lives of the elderly. According to this view, old workers are devalued because they are no longer economically productive and because their higher salaries, health benefit, and other cost drive down capitalist profit (Barkan, 2014). Conflict theory singled out inequality among the aged along gender, race/ethnicity, and social class lines. Relatively, there is inequality in the larger society; some elders are quite wealthy, but others are very poor. The privileged upper class, generally; enjoys better health and vigor and less livelihood of dependency in old age.

### **Criticism**

Ageism is not only common in modern capitalist economies. Negative views about the elderly exist to some extent in modern, socialist societies and in preindustrial societies. Capitalism may make these views more negative, but such views can exist even in societies that are not capitalistic (Barkan, 2014). This study however, adopts activity theory because satisfaction in old age depended on active maintenance of personal relationships and endeavours.

### **Conclusion and Recommendations**

It is very obvious that developmental aspects of aging are associated largely with so many challenges in developing countries such as physical and mental health, poverty, lack of better nutrition, lack sophisticated medical expertise, transportation challenges, lack of shelter, isolation, loss of respect and thought of death anxiety. Despite these numerous challenges, societal responses have assumed a relatively lack of concern. There is therefore urgent need for government of developing countries, health workers, family members, social workers, charitable organizations, Community Based Organizations, and other related care providers or development partners to give priority attention to the challenges faced by the elderly in developing countries. From the foregoing, the following recommendations can be useful:

1. Government should include gerontology in the school curriculum in order to educate students or younger ones on how to give care to the aged.
2. Government should make social and economic relief laws to cater and care for the aged as it is obtainable in developed countries like USA, Britain, Canada, Sweden, Denmark, etc.
3. Government should make the aged a priority issue and put good mechanism to ensure the effective implementation.

4. Gerontologists and social workers and other related bodies or professions should organize workshop to motivate and inspire the entire members of the society towards more positive ways of caring for the elderly.
5. Government should provide care facilities for every elderly Nigerian wherever he or she may be living.
6. Physical exercise should become a corner stone of people at all ages.

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