

ALCOHOL USE AND HEALTH STATUS OF RURAL OLDER PERSONS IN IKOT OBONG EDONG, ITU LOCAL GOVERNMENT AREA, AKWA IBOM STATE, NIGERIA

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ABSTRACT

This paper examined alcohol use, abuse, or disorder and its effect on the health status of older adults of 65+ in the rural community of Ikot Obong Edong, Itu Local Government Area of Akwa Ibom State. To achieve the goal of this investigation, three (3) objectives were formulated and three (3) research questions were raised. However, the investigation guided by the research questions attracted an in-depth review of the literature. This was facilitated by the use of data from the previous research findings of experts in medical science, social gerontology, geriatric sciences, and sociology. In order to illustrate the views of other scholars, such theories as Disengagement, Wear and Tear, and Continuity were adopted and used. Findings revealed that older adults of 65+ enjoyed alcohol use with friends of the same age cohort, family members and or in herbal treatment leading to addiction. Beyond this, alcohol consumption among rural older persons has aided various health challenges and triggered negative interactions with some medications. Again, most alcohol-induced health challenges are usually mistaken for old age-related health problems. The paper recommends among others that older adults in that situation should interact with medical doctors often for counseling either for abstinence or moderation of alcohol use.

Keywords: *Alcohol Use, Health Status, Rural Older Persons of 65+, Ikot Obong Edong.*

Introduction

It has been generally argued that in Sub-Saharan Africa, Nigeria, and the South-South Zone in particular, aging presents significant health challenges as the number of the aged 65+ increases in rural communities per year. There are inadequacies on several fronts, which have reduced older persons to near that of sub-humans. For instance, there are conspicuous absence of a good road network, a drinking water source, irregular electricity (where there is, high tariff is a common challenge), and no opportunities and health care services. More than this, low income, the absence of deliberate government policies and programmes, and a breakdown of traditional family support systems further compounded the problems of social support and health care for older persons (Offong, 2020).

Scholars (Wacker and Roberto, 2008; Williams and Torrens, 2008; and Novak, 2012) have rightly argued that older adults are more likely than young adults to have chronic illnesses that result in health challenges that can only be managed rather than cured. The challenges are viewed, always and almost as if all health challenges of the older persons are old age-induced. For that reason, threats of chronic disease on the aging population have been widely reported. For instance, Novak (2012) asserted that across the world, “more children now live, grow to adulthood and enter old age”. According to Novak, this trend has led to an increase in the rate of chronic illnesses such as arthritis, diabetes, heart disease, hypertension, etc. This scenario is referred to as the epidemiological transition.

Yet, and without caution, Fernandez-Sola (2012) noted that older persons enjoy an alcoholic beverage with friends or family members until they become addicted. As we age, Fernandez-Sola argued further that, alcohol consumption can make existing health problems of older persons worse and more dangerous as alcohol intake interacts with some medications. Again, because the person is aged, sometimes family and friends, and health care workers may overlook the concerns about the drinking habit of older adults. Even the ‘side effects’ of drinking in older persons are mistaken for other conditions related to aging and aging (Lal and Pattanayak, 2017).

As earlier mentioned, aging is a period of increasing health challenges among older persons of 65 years and above. These adverse health problems revolve around chronic illnesses. Offong (2020) in his work titled “Cultural and Linguistic Competence in Health Care Delivery: Innovation for Utilization by Older Adults in Rural Communities of Akwalbom State, Nigeria”, noted that:

Older adults of 65 years and above are commonly found in rural communities of Akwa Ibom State. This situation arose from the trending phenomenon known as aging-in-place. The majority of them display differing characteristics such as being found in an “empty nest”, low income, frail, confronted with chronic health issues, widows and widowers, who are also separated from any meaningful socio-health policies that can assist them.

Scholars such as Lorig, Sobel and Gonzalez (2012) rightly observed that older adults are carriers of osteoarthritis with severe pains which caused them to withdraw from active life in

search of where they could find succour. Lorig et al. (2012) still identified, several problems caused by chronic conditions. These include – anxiety disorder, arthritis, asthma disease, congestive heart failure, peptic ulcer, renal failure, stroke, high blood pressure, heart disease, chronic heartburn, falls, fractures, etc. Lal and Pattanayak (2017) observed as well that, as people age, alcohol consumption has the potency of making the existing health problems more challenging to them and society. Lal and Pattanayak further stressed that heavy drinking of alcohol can exacerbate other health issues that older adults commonly experience. According to them, health conditions could become potentially worse with heavy alcohol intake which compounds such health conditions as diabetes, high blood pressure, congestive heart failure, liver problems, osteoporosis, memory problems, mood disorders, etc. In line with these observations and arguments, we are compelled to investigate the extent to which alcohol consumption has promoted health challenges of diverse magnitudes among rural older persons of 65 years and above in Ikot Obong Edong, Ibiaku Itam, Itu Local Government Area.

Objectives of the Research

This research was meant to achieve the under-listed specific objectives:

- i. Context of alcohol use among rural older adults of 65+ in Ikot Obong Edong community;
- ii. Effects of alcohol use among rural older adults of 65+ in Ikot Obong Edong community;
- iii. Compelling methods to discourage rural older adults of 65+ from alcohol addiction in Ikot Obong Edong community.

Research Questions

- i. In what context does the alcohol-drinking habit of rural older adults of 65+ heighten in Ikot Obong Edong community?
- ii. What are the effects of alcohol use among rural older adults of 65+ in Ikot Obong Edong community?
- iii. What are the compelling methods of discouraging rural older adults of 65+ from alcohol use and abuse in Ikot Obong Edong community?

Significance of the Study

The findings of this study shall benefit the under-listed groups; Older Adults of 65+: The findings of this study shall remain and exist as the remedial and correctional measures for the effects of alcohol use and abuse. Research outcomes have revealed that alcohol use and addiction promote harmful health challenges and consequences. These can be taken care of through the findings of this study.

Family Members: In the absence of formal care policies for older persons in Nigeria, a combination network of 2nd generation family members (modern family of father, mother & children) are responsible for the care of older adults of 65 years and above. This then becomes a huge burden for such families, whenever elderly persons run into health crises. Oftentimes, most families may mistake alcohol-induced health crises for advances in age with little or no knowledge about the effect of alcohol intake among older adults. Therefore, the findings of this study may be useful information to guide families in the management of older adults with health problems.

Care Providers: There are care providers without knowledge of the source (s) of health challenges among older adults. Getting acquainted with alcohol-induced health challenges through the findings will guide them with the tool of discouraging alcohol addiction among older adults of 65+.

Counsellors: Care providers and counsellors are meant to work in partnership, while CP is clinical, Counsellors are social therapists. The findings of this study will provide useful information that can help social therapists address alcohol addiction in older adults in rural communities.

Government at all Levels: Though the aged and associated health and socio-economic challenges are yet to be captured by policies and programmes across levels of government, the findings of this study shall provide a direction for governments within the national boundary. This entails knowledge of Alcohol Promoted Adverse-Health Consequences (APAHC) against older adults. This knowledge becomes the driver of policy and programme direction to address health care issues across the local, state and national governments in favour of older adults of 65+.

Conceptual Framework

Alcohol Use

It is commonly argued that alcohol is the most used substance among adults of 65+, and alcoholism is a serious disease affecting many older adults (Offong, 2014). It is estimated that one-third of older individuals suffering from alcohol use disorder (mood, memory, liver, high blood disorders) have developed the problem as they begin to grow older. Beyond this, some studies indicate that “*binge drinking*” among older adults has increased in recent times. Binge drinking is defined as consuming enough alcohol to bring a person’s blood alcohol concentration (BAC) to 0.08g/dl or above (Scott, 2020). Scott (2020) still, noted that among women, “binge drinking” generally means consuming 4 or more drinks in a two-hour interval. In men, it means consuming 5 or more drinks within the same time frame. However, heavy drinking across sexual lines shows 15 or more drinks for men and 8 or more drinks for women per week, leading to alcohol abuse. Against this backdrop, it is important to note that these estimates or statistics (“binge drinking”) in terms of gender differentials cut across adults of all ages. This is because the body, composition changes with age, on average, any given amount of alcohol could result in a relatively higher blood alcohol concentration (HBAC) in an elderly individual than it would, in

a younger adult. In other word, there are a range of effects of alcohol on the body and mind that may change as you age.

Scholars (Han and Moore, 2018) have argued that historically, older adults had low rates of alcohol use and these rates decreased as they aged. Currently, older adults aged 65+ have higher rates of alcohol use due to societal tolerance of alcohol sales and use. Bares and Kennedy (2020) noted that in the Western world, alcohol was commonly abused among older adults, with a 19.2 per cent increase in binge and heavy drinking. Given the increased rate of alcohol among older adults, it is expected that instances of alcohol use disorder (AUD) in older adults will drastically increase as the number of people aged 65 + grows by 2030 (Han, Moore, Sherman, Keyes, and Palamar, 2017). Equally, by 2050 alcohol use disorder (AUD) will affect 2.1 billion older adults globally, if the sales and binge drinking rate is not checkmated (Scott, 2020). It is also reported that sensitivity to alcohol intake increases with age, with the penchant for increased medical problems among older adults of 65+ in developing economies (Chol, 2015).

Health Status of Rural Older Adults

Scholars (Williams and Torrens, 2008; Lorig, Sobel, and Gonzalez, 2012) have agreed that chronic diseases are common among older adults of 65+. This trend occurs because cells are the building blocks of tissues and organs such as the lungs, heart, brain, blood vessels, bones, and muscles. Given this, Lorig et al. (2012) informed us that for a cell to remain alive, active, and functional, three (3) things are needed which include nourishing, enough oxygen, and excretion of waste products. If there is a deficiency in one or all of the above functions, the cells become diseased. When cells are diseased, the organ or tissue suffers. In response, the body would experience limitations and the distortion of the ability to be active in daily life and living.

In light of the aforementioned, rural older adults are quick to experience what gerontologists call “epidemiological transition,” stage of health status where chronic diseases are more common than acute. Such chronic ailments that are frequent among older adults include – anxiety disorder, arthritis, asthma and lung disease, cancer, chronic heartburn, chronic pains, congestive heart failure, depression, diabetes, heart disease, high blood pressure/hypertension, peptic ulcer, renal failure, stroke, inflammatory bowel disease, multiple sclerosis, Parkinson’s disease, HIV/AIDs, prostate enlargement, etc (Lorig et al., 2012). The presence of one or more of these diseases could trigger serial illnesses leading to frailty and limitations in the Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).

However, the differences among chronic diseases in older adults depend on which cells and organs are affected and the processes by which the distortions occur (Offong, 2020). For instance, Lorig, et al. (2012) in Offong (2020) explained that:

- i. In osteoarthritis, the cartilage becomes worn, frayed, or displayed, causing severe pains in the life of older adults. Loss of functions would occur also in arthritis as a consequence;

- ii. In liver and kidney disease, the cells of these organs do not work properly, making it difficult for the body to get rid of waste products;
- iii. Diseases of the lungs create the problem of getting oxygen to the lungs such as bronchitis or asthma, or the lungs cannot effectively transfer oxygen to the blood as with emphysema;
- iv. In diabetes, the pancreas does not produce enough insulin or produce insulin that can be used efficiently by the body. Without this insulin, the body's cells are not able to use glucose in the blood for energy, hence, weakness in the body of older adults;
- v. In heart disease, heart attacks occur when the vessels supplying blood to the heart muscles become blocked. This is called a "coronary thrombosis". The absence of effective primary, secondary, and tertiary health care tailored to address these health challenges has compounded the health problems;
- vi. During a stroke, a blood vessel in the brain becomes blocked or even burst after a persistent high blood pressure. Oxygen and nutrition are cut off from part of the brain supplied by that artery. Consequently, the part of the body controlled by the damaged brain cell such as the arm, leg, or a portion of the face loses function (paralysis).

It can be inferred from the above that, heavy alcohol intake regularly can exacerbate health challenges among older adults. This suggests that a greater percentage of older adults of 65+ have one ailment or the other. The enabling factors for the thriving and the persistence of poor health status of older adults in rural communities include:

- i. Low or inadequate income;
- ii. Costly and unaffordable access to health care through the primary, Secondary, and tertiary systems of delivery;
- iii. Absence of policies and programmes on aging across levels of government;
- iv. The breakdown of traditional family support systems has reduced the power of concerted efforts in the care of older adults within the collaborated family social support network (Harvey and Alexander, 2016).

Context of Alcohol Drinking Habit of Rural Older Adults of 65⁺

Scholars (Scott 2020; Bares and Kennedy, 2020) agreed that alcohol is part of social life, fun, and social engagement (that is to be enjoyed with others). Beyond this, other patterns that attract alcohol to older adults are:

- i. Drinking it as a treat, that is spending time together with friends and relatives;

- ii. Drinking alcohol is identified as a habit and routine exercise that keeps older adults' minds active;
- iii. Empowerment by social norms for maintaining an attitude of relevance for role loss and functional limitations;
- iv. Availability of social groups within the retirement settlement that call for drinking of alcohol as a key to social activity and creating a sense of continuity and belongingness;
- v. Retirement settlement creates an opportunity for re-socialization into a life rid of activity, and freedom from daily responsibilities of work and family. This has exposed them to more disposable income that enabled them to participate in social drinking of alcohol;
- vi. Health-related issues: Several research outcomes have revealed that drinking alcohol for medicinal purposes especially mixing with herbs for known treatment is common among rural older adults (Offong, 2014).
- vii. Dinking to deal with difficulties in life: It is a general notion as well that older adults of 65+ who engaged in alcohol drinking do so to deal with negative issues of life such as – anxiety, sadness or stress, loneliness, bereavement, loss of partners (family or friends), partner's illness, divorce or termination of the relationship, the persistence of ill health, etc. Undoubtedly, these socio-medical challenges prompted heavier alcohol 'use' or less controlled drinking of alcohol by older adults (Offong, 2020);
- viii. Access or opportunities – cost, availability and affordability, influence alcohol consumption and drinking behaviour in older people. However, low-income older people can access and afford alcoholic drink regularly because it is cheap, available in neighbourhood, credit sale is common, and sale time is not restricted (early morning, midnight, etc). There is no unholy hour for the sale of alcohol in the local neighbourhood.

Drawing intellectual strength from the above contexts in which older people are given to alcohol drinking, there emerge categories of drinkers: minimal, moderate, and heavy drinkers. However, the negative effect of alcohol on health is not determined by belonging to any category but depends on the health status of a particular older person. This explains why abstinent is imperative in some circumstances.

Effects of Alcohol Use among Rural Older Adults of 65+

Scholars (Fernandez–Sola and Planavila, 2016; Lal and Pattanayak, 2017) have agreed that excessive alcohol at one time, on any given day, or in a week, increases the risk of harmful consequences such as falls, injuries and health problems. Beyond this, people who consistently or constantly misuse or abuse alcohol over time are also at greater risk of developing alcohol use disorder. As progress is made in this section of the research, it is of essence to mention some warning signs of excessive drinking of alcohol among older adults. These include; family violence, cognitive decline, neglecting self-care, missing medical appointments, non-adherence

to recommended medical treatment, uncontrolled hypertension, recurring falls or accidents, family estrangement, forgetfulness, etc. However, in several instances, these signals are usually mistaken for age-related symptoms, especially in older adults who may not engage in routine medical or clinical check-ups. Beyond this, other noticeable areas where alcohol use by older adults can be devastating are:

Alcohol and Safety

Opinions, research outcomes, and observations have revealed that abuse of or excessive alcohol intake affects safety. Alcohol abuse by older adults in particular and among adults, in general, is a factor in about 30 per cent of suicides and fatal motor vehicle crashes; 40 per cent of burn injuries; 50 per cent of drownings and homicides; and 65 of fatal falls (Liao and Moore, 2015). It becomes risky based on the above statistics to drink alcohol excessively and engage in driving, use machines to perform activities that require attention, or coordination (especially for those whose balance or stability is in doubt). Generally, alcohol users have higher risk of some unintentional injuries, such as falls or road traffic injury, (Effiong and Agha, 2020).

In a similar line of argument, excessive drinking of alcohol among older adults can lead to poor balance or stability problems and falls. This is the potential source of hip or arm fractures, bruises, and injuries. Major research findings show that older people have thinner bones than younger people which could break easily. Therefore, most fractures and other bone challenges are the result of excessive alcohol use (Bare and Kennedy, 2020).

Worthy of note is the fact that adults of all ages who drink alcohol excessively and drive, are at higher risk of auto-crash than those who do not drink. The reason is obvious, drinking slows reaction speed, and coordination interferes with eye movement and information processing, which in several instances leads to injuries or death (Liao and Moore, 2015).

Beyond the aforementioned, alcohol misuse or alcohol use disorder can strain relationships with family members, friends, and others (Lal and Pattanayak, 2017; Han and Moore, 2018). In extreme cases, excessive drinking of alcohol by older adults has led to domestic violence, child abuse and neglect, and even family disorganization.

Alcohol Use and Health

Scholars (Bares and Kennedy, 2020; Offong, 2020) have identified several health challenges leading to chronic problems as a result of excessive alcohol intake among older adults. According to Bares and Kennedy, “heavy drinking of alcohol had exacerbated and promoted health issues that are known with older adults”. Chief among them are categorized below (A-C)

(a) Alcohol-promoted Ailments among the Aged: Diabetes, High blood pressure, Congestive heart failure, Liver problems, Osteoporosis, Memory problems, and Mood disorders.

(b) Increase Risk of Acquiring Sexually Transmitted Diseases (STDs) Among Older

Persons: It is very common among older adults to facilitate the spread of sexually transmitted diseases. This is a major characteristic of those in senior/elder living communities who engage in heavy or excessive drinking of alcohol. In most developing nations where proper care for older adults is not trending, rural and low-income older persons are given excessive alcohol intake. The rate has become higher by day in the last 3 years where the functionality of preventive measures for Coronavirus (COVID-19) was associated with alcohol intake; economic

crises or the aftermath of the lockdown had pushed many to alcohol as a supportive measure to cope with the hardship. The hardship, in turn, has opened the market for sex workers who are heavily patronized by young and old.

Against this background, the diagnosis at several levels among older persons revealed – herpes simplex, gonorrhoea, syphilis, hepatitis B, trichomoniasis, and chlamydia, to be on the increase, affecting thousands of adults, aged 65 years and above (Scott, 2020). Scott still noted that the wide spread of STDs points to excessive drinking of alcohol which calls for a higher urge for sexual intercourse within the circle of commercial sex workers.

(c) Alcohol Interactions with Medication Administered on the Older Adults: Earlier arguments in this paper confirmed that old age in Sub-saharan Africa in general, and Nigeria, in particular, has some forms of disability generated by chronic disease. To manage chronic health conditions, more than 90% of older adults take medications often. Several studies revealed that older adult drinkers take medications that could have negative interactions with alcohol (Scott, 2020). This implies that alcohol can render some medications ineffective, intensify certain side effects, and increase drug toxicity in some cases. National Institute on Alcohol Abuse and Alcoholism (NIAA, 2014) noted that medications that can interact negatively with alcohol include; aspirin, acetaminophen, cold and allergy medicine, cough syrup, sleeping pills, pain medication, mood stabilizers and anti-anxiety medications, anti-depressants, and antipsychotics, herbal remedies (valerian, chamomile, etc.).

The bottom line is that alcohol can have a detrimental effect on all bodily organs, including the brain, cardiovascular system, liver, pancreas, and immune system. Alcohol abuse, therefore, gives health concern for older persons who may be susceptible to specific health issues viz: heart disease, ulcers, liver problems, bone disorders like osteoporosis. However, alcohol-related health issues can improve, when drinking stops among rural folks. Abstinence and proper treatment, better health and improved quality of life can be achieved with a supportive attitude.

Compelling methods of Discouraging Rural Older Adults of 65+ from Alcohol Use and Abuse

Scholars (Harvey and Alexander, 2012; Scott, 2020) noted that making a change in drinking habits can be a hard decision to take. For instance, Slade, Chapman, Swift, Keyes, Tons, and Tesson (2016) argued that many older adults are unable to take steps against excessive alcohol consumption, and rather choose to quit drinking in later life, a decision which may spell doom. However, some methods or approaches can help to discourage further abuse of alcohol:

- i. To open up to and demand from doctors advances in medication that can help for abstinence or reduce cravings for alcohol consumption;
- ii. Engaging a trained Counselor who knows about alcohol problems and treatment in older people;
- iii. Identification and interactions with a “support group” for older people with alcohol disorder is of the essence, and interacting with counseling sessions or meetings to attract help can alleviate the challenge of quitting alcohol consumption;

- iv. Identifying and discussing with individuals, families, or organizations (Alcoholics Anonymous) that could offer support for people or older adults who want to stop drinking alcohol can be helpful (Harvey and Alexander, 2012).
- v. Identify websites or mobile applications that can help to track alcohol intake and offer positive support either through counseling or programmes that could discourage these dangerous habits.

Scott (2020) argued further that an individual who desires to quit alcohol drinking could evaluate himself to know the particular time or conditions or in reaction to emotions (stress, loneliness, or boredom) that he or she drinks more to adjust. This evaluation could lead effectively to taking the following steps:

- i. Developing interest in the area(s) that do not involve alcohol;
- ii. Avoiding people (friends), places, and situations that may trigger drinking alcohol;
- iii. Avoiding drinking if you are disappointed, angry, or upset;
- iv. Planning what you will do if you have an urge for alcohol.
- v. Learning to say “no, thanks” when you are offered an alcoholic drink

It is believed that applying all or some of the steps enunciated above could discourage alcohol intake and abuse among rural older adults of 65+.

Theoretical Framework

The study adopted the Wear-and-Tear Theory, Disengagement Theory of Aging, and Continuity Theory to highlight the underlying factors for aging, and the need to disengage from active and dangerous lifestyle. The Wear-and-Tear Theory was propounded by August Weismann in 1914 (Moody and Sasser, 2015). Weismann noted that:

- i. Human body like all multi-cellular organisms is continuously wearing out and being repaired;
- ii. Each day, thousands of cells die and are replaced, while damaged cell parts are repaired;
- iii. Like components of an engine car, parts of the body wear out from repeated use.

In applying the theory to the subject of discussion we see the wear-and-tear theory explaining the aging process. For example, joints in our hips, fingers and knees get damaged as individuals are aging because of repeated use. This damage in the words of Moody and Sasser

(2015) becomes the cause and source of chronic diseases such as osteoarthritis in which cartilage in joints disintegrates. Beyond this, the weaknesses in cartilage could also lead to cataracts where degeneration causes vision loss. Offong (2020) observed that advancing age would usually result in the elasticity of blood vessels which gradually weakens, causing normal blood pressure to rise and athletic performance to decline. This implies that engaging in excessive drinking of alcohol would naturally exacerbate the chronic health conditions of older persons. This is because; aging takes place because somatic cells cannot renew themselves.

Consequently, human nature succumbs to the wear-and-tear existence. Most aging process is associated with chronic disease, therefore, engaging in addictive alcohol drinking would complicate the health conditions of older adults. Obviously, excessive, addictive, or uncontrollable drinking habits of older adults would result in cognitive decline, neglect of self-care, missing medical appointments, non-adherence to recommended medical treatments, uncontrolled hypertension, recurring falls, or accidents, family estrangement and forgetfulness (Fernandez-Sola and Planavila, 2016).

Another theory adopted for this paper is the Disengagement Theory of Aging. This theory was propounded by Cumming Henry in 1961 (Moody and Sasser, 2015). The theory looks at old age as a period in the life course in which an individual and society agree to mutually separate through the process of retirement or disengagement from active work. This withdrawal of older adults from active roles is believed to be the product of physical decline, mental weakness and eventual thought of death. This process is described by gerontologists as natural, normal, and functional because it paves the way for the assignment of new or non-challenging roles that are demanded by society. Offong (2020) argued that some people need retirement, while others wish they should continue either because there are no alternatives or because their capacity can be utilized in the organization they desire. Whatever it is, people found within the realm of less capacity or ability, as a result of the decline in physical strength promoted by age, must disengage from active service to pave the way for the engagement of younger generations. Submissions by Effiong and Ekpenyong, (2017), advocated for adoption of an inclusive strategy (community based approach) to re-integrate this less ability people into the general society.

In applying the theory to the subject matter, it is argued that, though disengagement may not be total, re-engagement shouldn't be directed towards alcoholic consumption. Old age in the first instance, is associated with a decline in body capacity with less immunity, but a high risk of chronic disease. Refusal to disengage from addictive or excessive alcohol consumption, therefore, would promote such health conditions as diabetes, high blood pressure, congestive heart failure, liver problems, osteoporosis, memory problems, and mood disorders. In light of this, both theories (wear-and-tear; and Disengagement) have justifiably addressed the biological as well as social processes of aging.

The third theory adopted for this paper since the other two could not give satisfactory explanation is Continuity Theory. The proponent of this theory was Robert J. Harvishurst in 1961 (Moody and Sasser, 2015). The tenets of the theory are outlined as follows:

- i. Personality, values, morals, preferences, roles, activity, and basic patterns of behaviour are consistent throughout the life span, regardless of the life changes that one has encountered. That is, the later part of the life is simply a continuation of the earlier part.
- ii. The later part of life is conditioned by the aged trying to preserve and maintain internal and external structures by using strategies that maintain continuity. This implies that older adults may seek to use familiar methods in familiar areas of life for survival as they age;
- iii. In later life, older people tend to use continuity as an adaptive strategy to deal with changes that occur during normal aging. In this regard, this theory uses the antecedents to explain the current situations that give a fair idea about how a person's past can help in setting goals for the future.

In applying continuity theory to the subject matter, we see older persons recalling past lifestyles to survive the current realities. In other words, older adults recall the memory of the past and utilize the principles to meet their current demands, for instance, adopting the former lifestyle of engaging in leisure, social events, evening outings, etc, with the use or blend of alcoholic drinks. It could also be a token to ease off emotional trauma, boredom, loneliness, anger, treatment of some kind, etc. However, continuing with the life believed to be full of strength in later life (with a decline in physical strength) is dangerous to the extent of causing "falls" among older adults of 65+.

Materials and Methods

The study focused on a small rural community named, Ikot Obong Edong in Ibiaku Itam II, Itu Local Government Area. This is a rural community with 3,800 residents both indigenes and non-indigenes. Among the social characteristics and compositions of the community is the trending social phenomenon known as –aging-in-place. In other words, most residents (indigenes and non-indigenes) had lived there from their youth till old age and are blended into the cultural group in social, economic, religious and political spheres of human interactions. That is, they are what the community represents and the community is what they represent in thoughts and actions. However, unbiased field observation through visitation during extended family heads' meetings, village council meetings, regular interactions with the community during social activities, and surveys of alcohol retail shops or locally made gin, have opened it up for social inquiry. In this regard, older adults of 65+ are growing steadily leading to a total number of 580 older persons with which we beamed empirical research activity.

Data for this study, mostly secondary were generated from books, journal articles, unpublished monographs, archival materials, oral tradition, and key informants. These data were

used to address the objectives of the study, and research questions, to achieve the goals of the study. As a qualitative research design, data were analysed using descriptive statistical tools such as bar charts. These modes have revealed the commonest context, in which alcohol is used, the effects of alcohol use, and compelling methods of discouraging alcohol use and abuse in the study area.

Results and Discussion

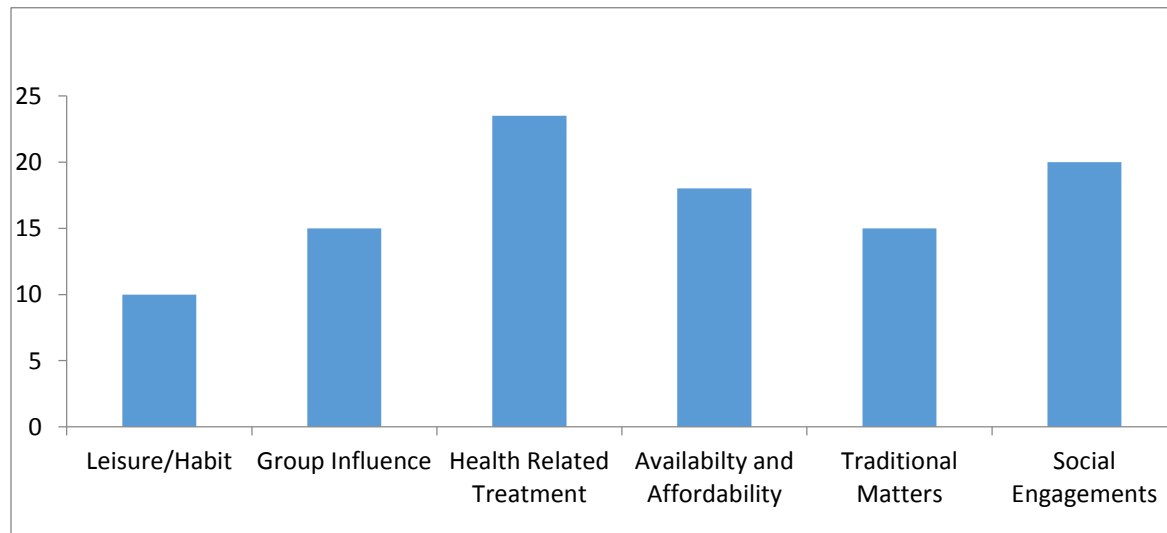
Participants/Key Informants

Participants or key informants were 50 and between the age bracket of 65 years and above, men and women. They have low and high educational attainment (FSLC, GCE, Diploma and above). This suggests that most of them had advanced educationally, while others possessed basic education, yet no stark illiterate, because each of them had one form of training or the other. A greater number of them were married with grown-up children (grandfathers and mothers), except a few who were divorced and separated (5%). However, some of them were retirees and engaged in subsistence socio-economic activities (farming, fish farming, livestock, rental chairs and canopy, sales of borehole water, and land vendors). They were all Christian, and only a few of them said, they were not going to church again. Alcohol consumption is a common practice in the study area. But men were more involved than the women. Most participants reported that they were given to drinking palm wine, alcohol (local gin), beer, brandy, whisky, etc. But lack of cash flow has limited them to local gin (ufo fop). This is because local gin is available, accessible, affordable, and was offered on credit sale (to pay later). The study area is predominantly rural, though city influence is permeating the settlement because few strangers have lived as tenants and as landlords. Few migrants from the remote rural villages have settled there for decades and are very old (aging-in-place phenomenon). In a confluence of ideas, the key informants reported that alcohol consumption is culturally motivated to serve the under listed purposes:

- (i) Penalty for traditional offences;
- (ii) Payment for traditional initiations;
- (iii) It is socially oriented; serve in social functions (marriage, burial, festivals, consultations etc.);
- (iv) It is used in herbal treatment as immunizing substance for covid19;
- (v) It is a measure of gifts that honours elders during festive periods;
- (vi) Alcohol consumption is a life-style to become fearless;
- (vii) Alcohol is also used as performance enhancing drinks;
- (viii) Alcohol consumption is key in traditional practices, invocation, libation and necromancy;
- (ix) Alcohol consumption applies in political and elections season, serving as instrument of consultation, campaigns, enticement for votes as well as mobilization and leisure.

In view of the above contexts where alcohol plays a vital role, scholars (Liao and Moore, 2015) noted that easy accessibility, availability, and affordability of alcohol, especially home or locally-made alcohol, have been noted to contribute to the high prevalence of alcohol abuse across societies. Essoh (2019) also noted that the high prevalence of abuse among rural older adults is attributable to social norms for tolerance of alcohol use in ceremonial activities. This trend has come to stay as normal practice.

Fig 1: Context of Alcohol Use in the Study Area



Source: Field Survey, 2023

This bar chart shows the contexts in which alcohol use and abuse are promoted, with health related treatments and social engagements (fines, libation, initiation etc) being the highest.

Effect of Alcohol Use among Rural Older Adults of 65+ in Ikot Obong Edong Community

Some of the key informants of 75+ reported that:

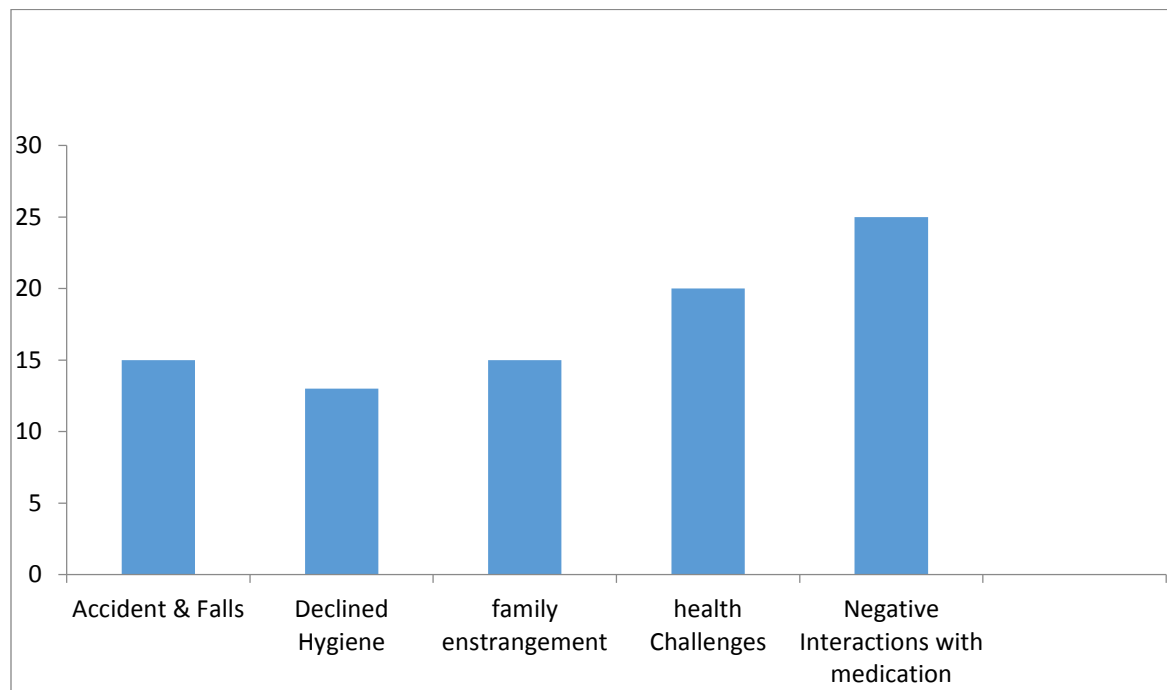
A day after I have heavy alcohol or alcoholic drinks, my body will experience discomfort (headache, high blood pressure, long periods of sleep and pains). Sometimes it may take me 3 or 4 days to recover, except I drink more before it will quicken the recovery. Besides, I will have the urge to meet my wife and in the morning I will feel as if I donated blood, I will feel dizzy and light...This usually occurred during burial, adjudication on land matters, evening outings, herbal treatment, etc....

The assertion by some key informants tends to agree with the thought of Choi, DiNitto & Mavti (2016) who observed that sensitivity to alcohol increases with age, which can lead to

increased medical problems related to drinking, Choi and other Scholars argued further that, given the increased rate of alcohol use among older adults, it is expected that instances of alcohol use disorder in older adults will drastically increase as the number of people aged 65+ increases across the sub-Saharan Africa.

Gerontologists and Geriatric physicians (Ham, Moore, Sherman, Keyes &Palamar, 2017) noted that body mass, volume of body water, blood flow, and liver function are age-related. These scholars further stressed that this biological state of older people enunciated above, would lead to an increased blood alcohol concentration (BAC), and higher sensitivity to the effect of alcohol consumption. Beyond this, DiBartolo & Jarosinski (2017) believe that alcohol use can also increase mortality risks in older adults, particularly males and especially those diagnosed with anxiety for which they may be taking medications that mixed poorly with alcohol. However, frequent alcohol use is associated with numerous health problems, cancer, “falls”, liver disease, heart disease, memory problems, etc. that require increased utilization of health care services at the primary secondary and tertiary health care services (Han & Moore, 2018).

Fig 1I: Effect of Alcohol Use in the Study Area



Source: Field Survey, 2023

This bar chart shows different effects of alcohol abuse on older adults of 65+ with the highest being negative interactions with medication.

Methods to Discourage alcohol Use and Abuse among Rural Older Adults of 65+ in Ikot Ebong Edong Community

Most children and wives of excessive alcohol consumption have brought Pastors and Priests to talk, advise, preach, counsel, and even pray to their husbands who are dangerously gifted to alcohol consumption, but this effort often time does not yield the desired result. Beyond this, the wives and children have gone to alcohol dealers and sellers to stop them from selling this liquid to their husbands on cash and carry or on a credit basis to discourage them from having access to alcohol. Some of these approaches have generated bitterness within and between neighbours. According to them:

Why you can't force someone with a drinking problem to get help, you can communicate your concern to a loved one with support and compassion. Talk to them and let them know that you're worried about their drinking and the impact it has on their health and well-being. Share facts and information you have gathered about the effects of alcohol on older adults. Encourage them to talk to their doctor about their alcohol use, who will offer to help them find a solution to addictive alcohol consumption with its attendant danger.

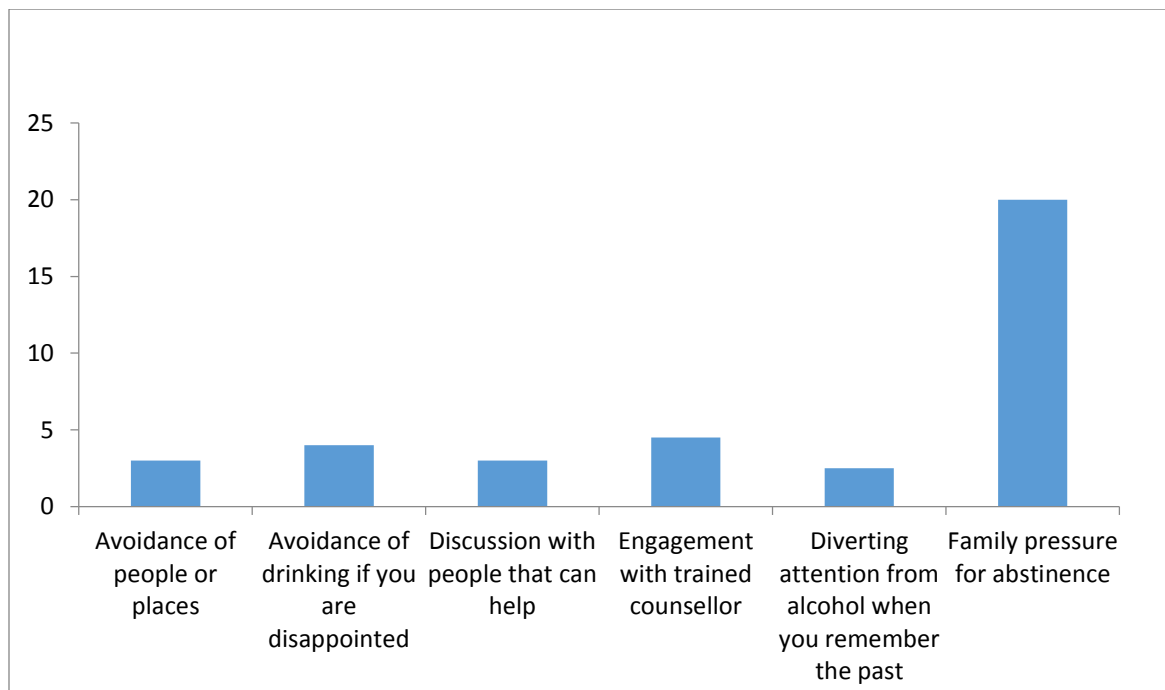
Han and Moore's model is quite instructive and applicable. But in rural Ikot Obong Edong community, one of the key informants reported that:

Most children and wives of excessive alcohol consumers have brought Pastors and Priests to talk, advise, preach, counsel, and even pray to their husbands who are dangerously gifted to alcohol consumption, but this effort often time does not yield the desired result. Beyond this, the wives and children have gone to alcohol dealers and sellers to stop them from selling this liquid to their husbands on cash and carry or on a credit basis to discourage them from having access to alcohol. Some of these approaches have generated bitterness within and between neighbours

It can be inferred from the above remarks that frantic efforts have been made by family members to discourage their older members from engaging in excessive alcohol consumption, even when they are not aware of the medical implications. Slade et al. (2016) argued that many older adults were unable to take steps against alcohol consumption. Scott (2020) called for the services of doctors, trained counselors, support groups, family, and non-governmental organizations, and going to websites or mobile applications, where information can be drawn to help older adults against excessive alcohol consumption.

Beyond this, some affected older folks in the study area reported that they are into alcohol consumption because of arthritis pains, stress, loneliness (widowers and widows) and boredom arising from sitting in one place from morning to night, interacting with the same people day in, and day out. On the strength of this, the study referred to the model of Scott (2020) who taught his readers that, to step out of addictive alcohol consumption, the following must be done – develop an interest in areas that do not involve alcohol; avoid people, situations, places, etc. associated with alcohol, and plan what you can drink as a substitute for alcohol if you have the urge for it.

Fig III: Methods to Discourage Alcohol Use by Older Adults in the Study Area



Source: Field Survey, 2023

This third bar chart shows the low response of alcohol abuser to the recommended steps. The family pressure for abstinence was found to be more effective.

Discussion of Findings

The study area, Ikot Obong Edong is a contiguous settlement where several residents are people of 65 years and above, with varied occupations and or means of livelihood. It is known with the related characteristic among others as aging-in-place settlement. That is a settlement where people had lived when they were young and grew to old age. Social interactions are closely knitted not for the older adults, but for the generality of the residents.

However, sales of alcoholic drinks for social exchange and leisure are the common and predictable character of the residents, with adults of 65+ on top of the leisure. Though there are no restrictions to the advertisement, sales, and consumption of alcoholic drinks (local gin - kaikai, Beer and other foreign-brewed drinks), some families and faith-based organizations are against their use and abuse. This tends to agree with the argument of Choi and DiNitto (2011) who noted that “older men have higher rates of alcohol consumption than older women”. In this case, older women are worthy ambassadors who check the excessive habit of alcohol consumption of their spouses.

Alcohol consumption in the study area is socio-culturally motivated. Findings revealed that alcohol consumption and abuse were driven by social engagement, patient treatments, and traditional, political, leisure, and group motives. Thus, the “frequency bar chart” in Fig. I showed different forces that exposed older men to excessive alcohol consumption in the study area with social and health-related cases being the highest. Somehow, alcohol consumption among certain age cohorts remains an integrating factor in the age-in-place settlement. For instance:

- i. **Social-alcohol is served as entertainment in social engagements:** These involve such engagements as traditional marriage, burials, festivals, consultations, laying of the foundation of a house and gifts to honour elders in festive periods (Easter, Christmas).
- ii. **Traditional and customary practices:** these include initiation into Ekpo, Ekpe, Ekong cults; invocation or necromantic enchantment to bring the spirit of ancestors or dead heroes or heroines to bear in a given situation, and libation pouring.
- iii. **Leisure:** older adults frequently used alcohol for a treat among certain age cohorts. In the atmosphere of merry-making, alcoholic drinks usually played a key role such as getting to a state of stupor by the consumers.
- iv. **Political season and reason:** in electioneering consultation and campaigns, alcoholic drinks are a motivator and pacifier to sustain support. Older adults are not usually dull in alcohol consumption during this season and for this reason.
- v. **Herbal treatments:** The study revealed that many herbal treatments are conducted using a mixture of alcohol and herbs. Beyond this, alcoholic drinks are also used as performance-enhancing liquids. Moreover, alcohol (illicit gin) is used for immunization, especially during the “COVID-19” era, a memory being sustained till now.

In view of the above conditions that drive older persons into alcohol consumption, Scott (2020) noted that alcohol consumption is part of social life, fun, entertainment, treatment, and a source of recalling the memory of ancestors through libation pouring. While Slade et al (2016) observed that many older adults are unable to take steps against excessive alcohol consumption,

rather they prefer to quit when they are very old (old of the old). It was also revealed that alcohol consumption and abuse can have such effects as domestic violence, accidents and falls, declined hygiene, family estrangement, health challenges, negative interactions with medication, and abuses of many kinds. Han and Moore (2018) argued that “frequent alcohol use is associated with numerous health challenges”. The health-related problems arising from excessive alcohol intake would place a high demand on health care services from formal health institutions, to informal and the family members, community, and neighbours older adults (Nelson, 2014). Community based rehabilitation remain the best treatment support and interventions strategy for persons with alcohol-related problems in Akwa Ibom State, (Effiong, Udokang, Udom and Nkanta, (2023).

Key methods to discourage alcohol consumption and abuse have been identified. Among them were – avoidance of people with an alcoholic inclination and places of sale, diversion of attention from alcohol to something else when the memory of the past flashes, engagement with professional counselors, discussion with men of God of good standing to give biblical/scriptural direction; and avoidance of drinking wherever disappointment or frustration stares. However, alcohol consumption can be avoided and its attendant problems averted.

Conclusion

In view of the fact that the older adults of the 65+ population are growing with the growing health challenges, there is a need to fashion health care and utilization to accommodate older adults with a penchant for abusing alcohol and incurring the attendant health issues. Studies have revealed that utilization of health care services increases with age as an individual’s health deteriorates which requires greater medical attention. Rates of healthcare utilization tend to be highest among older adults compared with other age groups. In a violent-led world, both drinking and violence are part of the socio-cultural construction of gender. Drinking is a socially approved male behaviour, though women's incursion into the habit is a contradiction of traditional gender roles. But very strongly, the study reveals that aging is a forcible force to develop drinking habits, abuse, and the manifestation of anti-social behaviour.

Recommendations

Based on the study finding, the following recommendations ensued;

- i. Family members should intensify efforts to go against the consumption habits of their older aunt, uncle, father and mother. This can be done through counselling, checks, and access denial.
- ii. Alcohol advertisements, sales, and locations should be regulated either by law or prosecution in order to get our society free of violence.

- iii. The non-governmental organization should mount outreach campaigns against excessive alcohol consumption by older adults as well as exposure to the danger associated with the habit.
- iv. Public service of alcohol should be discouraged by the government and public sales by license so that the sales agents can be controlled by the supervisory agent. After all, abuse of alcohol is an immoral act as well as drug abuse which necessitated the emergence of NDLEA (National Drug Law Enforcement Agency).
- v. Faith-based organizations (FBOs) should also be involved in the campaign against alcohol abuse and excessive consumption. Road safety currently is involved mostly in checking motor documents and not drunk drivers, personnel of the agency should return to their traditional roles of identifying alcoholic-addicted drivers.

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