



Student Name: HARRIET ANYANWU

Student ID: 1916050

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Lecturer name: Diola Bijlhout

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Introduction

In general, anyone above the age of 65 is regarded an elderly person. However, applying a rigorous description is difficult since people age physiologically at various rates, therefore someone at 70 could be healthier compared to a person around 60. Condition, rather than age, has a greater influence on their chances of requiring care and support.

Current Statistics

Because of the issues facing the UK's official and unstructured care systems, the proportion of older persons with unsatisfied care and support requirements is growing significantly. Tackling these unsatisfied demands is quickly becoming one of the most pressing public health issues. To design successful responses to some of these demands, it is necessary to firstly establish the healthcare needs of older individuals (Abdi et al., 2019). More than one-fifth of the population in the United Kingdom is currently over 60, and this number are predicted to rise from 14.9 million in 2014 to 18.5 million in 2025. (ONS, 2015). Similarly, 75% of 75-year-olds in the United Kingdom have more than one protracted ailment, increasing to 82% of 85-year-olds (Barnett et al., 2012). Between 2007 and 2014, the number of Accident and emergency visits by those aged above 60 climbed by two-thirds, a greater rise than would be predicted from population increase alone. As a result, it is considered that if the manner elderly people are supported is not changed, health care institutions would struggle to satisfy the rising demand for services as well as evolving patient demands.

The older adults in Nigeria are primarily individuals aged 65 and up. They account for 3.1 percent of the entire population of 200 million, or 5.9 million people, representing a 600,000 rise during the five-year period 2012-2017. The growing number of old people in Nigeria is due, among other things, to a continuously falling crude rate of death (Adebowale et al., 2012). Nigeria, Africa's most populous country (over 200 million people), has a predicted old population growth rate of 3.2 percent. This is expected to quadruple by the year 2050. (Mbah, 2016). Furthermore, it has been predicted that by 2050, there will be more senior adults (aged 60 and more) than persons below the age of 15 (UNDESA, 2015).

Theories of loneliness

Loneliness and social isolation are major public health problems that disproportionately impact the world's aging population. Loneliness and social isolation are two separates yet connected ideas. One of the most popularly used concepts of loneliness, according to Valtorta and Hanratty

(2012), is cultural and psychological loneliness. Loneliness is a subjective negative sensation attributed with a presumed lack of a larger social network (social loneliness) or absence of a specific desired partner (emotional loneliness). There is little agreement on how to define social isolation, however scholars have viewed it as a multifaceted term, describing social isolation as the objective absence or insufficiency of social connections and exchanges with relatives, acquaintances, or the larger community. People might be lonely without being socially isolated; they can experience both loneliness and isolation; or they can be socially isolated without feeling lonely.

Although loneliness and social isolation have been linked to lower health status and hence lower standard of living, data show that these notions may have distinct effects on wellbeing and should thus be viewed as personal attributes (Dickens et al., 2011). Family separation, limited movement and money, death of dear ones, and poor condition are all risk factors for loneliness and social isolation among the elderly.

There are various theories to Loneliness and Social Isolation. The cognitive method is based on a paradigm that distinguishes between intended and real social relationships. Loneliness, according to this view, is a reaction to a disparity between wanted and attainable degrees of genuine companionship, academic connection, or even other link to a cohesive society (Weiss, 1973, p. 17). The psychodynamic concept of loneliness, on the other hand, is based on the infant's bond to the mother. The young person begins to experience meaningful relationships and how to relate with others through this bonding, but also the feeling of isolation when the important person is out of sight: Loneliness, which is the extremely undesirable experience associated with unsatisfactory discharge of the necessities for human affection, for interpersonal intimacy. It starts in childhood with an integrating propensity that we only learn about later through pathology material and a craving for engagement with the living (Sullivan, 1955, p. 290).

An existentialism concept of loneliness distinguishes between multiple types of loneliness, the major one being existential, which means there is loneliness that is inherent to the person state, but there is also anxiety-based loneliness: Existential loneliness is an inherent and organic fact of human existence in which agony and victorious creation emerge from lengthy moments of emptiness. Man is completely conscious of himself as an isolated and lonely entity in existential loneliness, but in loneliness anxiety, man is estranged from himself as a feeling and knowing person (Moustakas, 1961, p. 24).

Impacts

Social isolation and loneliness have been associated to an increased risk of a number of medical and mental illnesses, including hypertension, cardiovascular diseases, overweight, a weaker immune mechanism, anxiousness, feelings of hopelessness, mental impairment, Alzheimer's illness, and even mortality (Cacioppo and Cacioppo, 2014). Individuals who are suddenly alone as a result of the death of a spouse or companion, disconnect from mates or relatives, retiring, loss of movement, or lack of transportation are particularly vulnerable.

People who indulge in important, constructive activities with others, particularly in a care environment, live much longer, have a better disposition, and have a feeling of purpose. These activities appear to aid in their overall health and may even boost their mental performance. Thus, when comparing the two countries, the negative impact in the UK has been limited due to the availability of operating official and informal care homes. In Nigeria, for example, one of the major themes has been family care. Families have been the most important assets, with ethical, societal, and legal obligations to kin. For example, relative obligation rules deemed adult children liable for their parent's care. If children were unable to accept an elderly parent who need care into their houses, they were liable for covering at least a portion of the costs of caregiving for that parent elsewhere (Okunola 2002). In Nigeria, most elderly adults live at their own homes or in the homes of children or relatives. This is not to argue that the care is satisfactory or that there are no examples of elderly mistreatment, but the practice of formal care setting is uncommon in the country.

Legislation and policies to deal with Loneliness

The rising older demographic, and also the harmful consequences of loneliness and social isolation, has compelled the United Kingdom to enact laws and policies aimed at strengthening care for lonely elderly people. Among the policies are the need to having a Minister for Loneliness with a ministerial working group comprising of members from all relevant government departments. They also developed a cross-government (National, Local, public services, voluntary and community settings) to identify opportunities to combat loneliness and collaborate to build more integrated and resilient communities. The policies also include creating an acceptable loneliness marker for people of all ages and setting out a specific fund combat loneliness

In implementing the policies, the UK government in July 2018 launched a £20 million donation for initiatives combating loneliness, with the government, the Big Lottery, and the Co-op contributing £11.5 million and the Health Lottery and the Postcode Lottery contributing the rest. Also, the 'What

Works Wellbeing Centre' published their evidence evaluation 'Tackling Loneliness in October while the Office for National Statistics issued recommendations in December on utilizing new loneliness questions in national surveys, as recommended by Age UK in 2015.

The government released 'A connected society: a plan for reducing loneliness - building the groundwork for change' in October 2018. (ONS, 2018). The strategy contained pledges from nine government ministries, as well as a pledge to collaborate with enterprises, companies, local governments, health, and the volunteer sector to address loneliness. The strategy also contained a promise to improve the financing and geographical reach of social prescribing, with the goal of ensuring that GPs in all regions had the means to do so by 2023. Age UK is also participating in the development of the government's 'effect on families' test of measures to meaningfully quantify the impact on loneliness.

Despite these efforts in the United Kingdom, the same cannot be said of Nigeria. What actually exacerbates the country's loneliness problem is the lack of a defined strategy or any efficient social security agency for the elderly. As a result, public policy for the aged in Nigeria remains tumultuous, particularly with the restructuring of the social security program in favor of the acceptance of neoliberal economic policies. Privatization, which relies on the earnings incentive, and the elimination of governmental subsidies are two important defining features of the neoliberal state. Both the aged and the indigent were particularly disadvantaged by these (Ekanade, 2014). Studies on the elderly have long stressed the need of Nigeria making real efforts to meet the requirements of this group, as well as the fact that the old require specific governmental action for care and protection (Animasahun and Chapman, 2017). The government lacks defined policy for lonely elderly people.

LOCAL, NATIONAL AND GLOBAL PROVISION OF SERVICES

The World Health Organization came up with plans to collaborate with countries at all levels of government to develop and execute five strategic intervention strategies for older people. The strategy includes efforts to prevent fall among elderly people, encourage them to undertake physical exercise and efficient vaccination of the elderly against influenza and other contagious disease. The WHO also encourage the public to support the informal caring with special emphasis on home care and lastly, they encourage geriatric and gerontological training programs among the health and social care working population (WHO, 2017).

In many elements of care for elderly persons, the NHS and social care services in England lead the globe. They have increased care facility standards through the new National Care Standards Commission and the Better Care, Higher Standards Charters. They have also expanded accessibility to treatments such as free NHS eye tests for anyone over the age of 60, increased accessibility to cataracts care, and expanded the mammography monitoring initiative to women up to the age of 70. There has also been more equitable financing for long-term care, as well as the creation of programs that promote autonomy. Independence Grant assists councils in assisting more individuals to maintain their mobility for a longer period of time. Supporting Individuals is a new program that provides a variety of home assistance services to enable disadvantaged individuals live freely in the communities. The offer also includes free influenza immunization for everyone aged 65 and up, which aligns with the World Health Organization's five priorities (WHO, 2017).

The provision of social services such as earnings, safety, universal healthcare, accommodation, and legal aid can have a good impact on the elderly's well-being and health (Oladeji, 2011). However, there is no federal social welfare policy in Nigeria to offer an economic cushion in old age. The Nigerian government established the national social development strategy in 1989 with the goal of providing a strategy for protecting older people from ethical and economic neglect and providing public support as needed. Despite the formulation of a national social development policy to care for the aged, no government agency has implemented it effectively and as such it is assumed that no policy exists (Abdulkadir, 2016; Oladeji, 2011). Lack of these are indicators of policy frameworks for the elderly to be implemented in Africa, but policy reforms have not been noticed in Nigeria (Mudiare, 2013). The inability of Nigerian federal agencies to pay pension benefits to retirees on a regular basis and to provide necessary social services to the elderly has constituted a direct danger to food security, social security, and national security (Ajomale, 2007).

WHAT NEXT

Looking forward, the UK government may recognize the need for urgent assistance for caregivers. Also, caregivers must be attentive to clients, since the beginning point must undoubtedly be thinking about what effective care looks like for older people and attending to what they say they desire. We know that the great majority of people want to stay in their own homes for as long as feasible.

FOR NIGERIA In terms of aged people policy, the three branches of government should start taking care of the old at the local, state, and federal level. They should establish a database for the elderly in each town to avoid double dipping or fraudulent activities that would infiltrate monies set aside for aged care. This database will assist those in charge in determining who will receive from the government-initiated initiative. Furthermore, in every LGA, facilities for the aged should be constructed where older persons who do not have someone to look after them, or any senior person who desires to stay, can stay. The government should then collaborate with non-governmental organizations (NGOs) to manage the houses in each local government region. Nigerians do not regard or take the government institution seriously, which is why they should collaborate with NGOs. However, if a collaboration is formed, the government will have someone on the ground to oversee the employees.

USE OF TECHNOLOGY

Studying how to use a computer to write documents, surf the Web, and look online for knowledge relevant to older people, such as reading local papers, searching for medical information, looking for social events, and learning how to use various e-services and communicate via electronic mail. There was a significantly meaningful decrease in loneliness between the initial and follow-up investigations after the training. (Blazun et al., 2012).

Despite data showing an increase in digital use among elderly people, this demographic is still less certain to use the web than the younger individuals, with over four million persons of over 65 having never used the web in the UK (AgeUK 2018). Over the years, the Age UK network has undertaken a number of digital inclusion initiatives, including one-to-one assistance, classroom - based programs, one-time slide, or broader public awareness workshops, and cross - generational projects. In recent years, a common thread in the integration of digital inclusion programs has emerged.

Even though innovative devices such as robotic virtual reality and sophisticated virtual assistants are now being used to enhance social interaction far outside Nigeria, factors such as limited data facilities, technological literacy, and costs can limit the efficacy of rising digital solutions in the country. Furthermore, internet access is limited or non-existent in areas where seniors are likely to live alone, away from relatives and loved ones. There are also debates regarding the

irreplaceability of human engagement with machines and their capacity to perceive and react to the entire range of human feelings (Ugwuede, 2019).

Loneliness among the elderly is by all accounts an epidemic. In the UK alone, around one million people over the age of 65 now experience chronic loneliness and research shows this number is increasing (Hoyland, G, 2017).

Benefits of AI Technology in healthcare

AI-powered chatbots are the most used AI technology in the healthcare industry because it improves patient's experience, which helps with loneliness and social isolations and enable medical professionals interact with and treat patients without consuming customer service methods takes (Software Advice, 2022).

"This AI application uses natural language processing (NLP), sentiment analysis, deep learning, machine learning, and concept extraction algorithms to provide instant answers to patient's statements or questions about bill payments, appointment scheduling, and medication refills" (Software Advice, 2022).

Virtual assistants help patients with treatment process, giving them access to their health records digitally. Whether, scheduling an appointment, navigating the patient portal, or collecting patient data, an AI-powered virtual assistant ensures the patient has a consistent experience, which improves patient engagement and communication (Hoyland, G, 2017).

RECOMMENDATIONS

It is imperative that all government sectors in Nigeria design innovative policies specifically targeted to meet the emerging issues that come with ageing.

CONCLUSION

The UK has been recognized to have practical and successful policies for older persons, as well as an intentional attempt to promote the wellbeing of lonely and socially isolated senior individuals. Nigeria, on the other hand, lacks an adequate policy strategy for this population group, and even the developed social and security policies for the elderly are not implemented.

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