

SENESCENCE IN AFRICAN & WESTERN COUNTRIES

Tuntufye Sselemani Mwamwenda

University of Mpumalanga, Nelspruit, South Africa
Correspondence Contact: Professor TS Mwamwenda
tsmwamwenda@yahoo.com
50 Holznerroad, Pinetown 3610
South Africa

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ABSTRACT: In Western countries, old age may be marked by retirement, which usually occurs at the age of 65 for men and a little earlier for women. During retirement, people need to develop new interests, or to pursue their hobbies to keep themselves active and to give meaning to their existence. Retirement does not necessarily mean that people stop working altogether. Many people who have retired from their career jobs take up part-time jobs with other employers, or with the same employers under different terms and conditions of service. A limited number of Africans are employed in the public, private and business sectors. The majority of Africans are self-employed and thus the question of retirement is not a dominant concern. Most continue working until they are no longer able to do so, which may be either before or beyond the conventional retirement age. Given the nature of old age, it is doubtful that many people, whatever their cultural background, look forward to it.

KEYWORDS: Senescence, late adulthood, decline in energy, encounter with death, retirement, bereavement, acceptance of death

I. INTRODUCTION & DISCOURSE

Late adulthood & Senescence: Prior to senescence is late adulthood. Therefore, for us to appreciate senescence, it is vital for us to understand what happens during late adulthood.

There is a decline in physical strength and activity during late adulthood. Movement becomes less automatic and can be difficult to perform. Activity of a various nature can be uncomfortable to engage in since the circulation of oxygen moving from the lungs through the blood to the muscles becomes less efficient. There is a decline in weight and height, with women losing more height than men, although this is hardly noticeable (Mwamwenda, 2020; Lenfranco 1984). Women lose about 5 cm and men about 2 cm during a lifetime. There is also a decline in weight in both men and women. (Mwamwenda, 2020).

Physical changes also occur in other areas. The skin loses its elasticity, the gums begin to recede, and there is a decrease in muscle tone. The hair starts to thin and go grey and some men go bald. It is not uncommon for people in late adulthood to experience problems with senses of hearing and sight. The sense of taste becomes less sensitive, so more flavour and salt are used to make food palatable. There is a considerable decrease in fertility and a rise in impotency. Most women reach menopause, which means they no longer ovulate and therefore can no longer conceive. Menopause is said to have set in, if a woman does not menstruate for twelve consecutive months (Mwamwenda, 2020; Schaie & Willis 2002). Menopause is generally accompanied by hot flashes, vagina dryness, depression, irritability, weight gain, insomnia, dizziness, and night sweats (Mwamwenda, 2020; Schaie & Willis 2002). At this stage, people become less interested in sexual intercourse than they were during early and middle adulthood. This is generally compensated for by positive growth in friendship, trust and companionship.

From a study based on American women, it is evident that women have different views on menopause (Mwamwenda, 2020; Hite, 1981). While some women enjoy sex more than ever before, others experience a decrease in sexual interest. Some of those who continued to enjoy sex attributed this to the fact that they no longer feared becoming pregnant. There were of the women who felt that, as a result of menopause, they could no longer perceive themselves as "proper" women. In their view, what constituted their womanhood was their capability to ovulate and become pregnant (Mwamwenda, 2020).

Though no such research has been carried out on African women, it is reasonable to assume that they would react to menopause in similar ways. On the other hand, this is a challenge for new research in such area.

II. PHYSICAL FUNCTIONING

During late adulthood, most body systems no longer operate at their optimum (Mwamwenda, 2020):

The heart's ability to pump blood is diminished

There is a loss of neurons from the central nervous system.

There is primary aging, which is related to a person's age and secondary aging, which in turn is related to illness or disease.

The skin becomes wrinkled, dry and sagging. In older people, skin bruises easily, heals slowly and grows lesions. Bones become more brittle.

Cardiovascular system changes

There is a reduction in the flow of blood, even if there is no disease of the cardiovascular system. The amount of blood pumped by the heart falls below the optimum level.. Exercise still remains important in maintaining the body's health.

Respiratory system changes

In late adulthood, the respiratory system becomes less efficient. It is affected by a number of factors, such as nutrition, smoking exercise and sleep-related disorders. Since the efficient functioning of brain cells depends on the supply of oxygen and nutrients to the brain, the decrease in efficiency of the respiratory system may lead to a stroke or loss of brain function.

Sensory system changes

The sensory system often experiences a reduction in sight and hearing, as well as some loss in the senses of taste and smell.

Diet

People in late adulthood are likely to encounter health problems, when they consume inadequate amounts of vitamins, minerals and nutrients. Inadequate nutrition can make an old person vulnerable to heart disease, cancer, acute brain syndrome, osteoporosis, and infectious illnesses.

Obesity contributes to troubled breathing, diabetes mellitus, gallstones, hypertension, heart disease and arteriosclerosis.

Exercise

To maintain good health, people in late adulthood need regular exercise, good nutrition, and sufficient sleep. These factors make people feel better, reduce stress, control weight, lower blood pressure, improve quality of life, and fortify the body against disease.

Senescence

In Western countries, old age may be marked by retirement, which usually occurs at the age of 65 for men and a little earlier for women (Mwamwenda, 2020).. During retirement, people need to develop new interests, or to pursue their hobbies to keep themselves active and to give meaning to their existence. Retirement does not necessarily mean that people stop working altogether. Many people who have retired from their career jobs take up part-time jobs with other employers, or with the same employers under different terms and conditions of service (Mwamwenda, 2020)..

A limited number of Africans are employed in the public, private and business sectors. The majority of Africans are self-employed and thus the question of retirement is not a dominant concern (Mwamwenda, 2020). Most continue working until they are no longer able to do so, which may be either before or beyond the conventional retirement age.

Given the nature of old age, it is doubtful that many people, whatever their cultural background, look forward to it. During old age, the skin becomes wrinkled and folded. As a result of a change in the metabolism of calcium, the bones are brittle, and an elderly person who falls, or has an accident is more likely to break his or her bones (Mwamwenda, 2020; Rathus 1984). Old people's senses become less acute and their physiological functioning may become less efficient, although there are many who continue to enjoy good health until they pass on.

During old age, the erection rate on men changes, so that it takes longer for them to become sexually aroused. Generally, in old age, the strength of a man's erect penis is less than, when he was younger and in some cases, old men lose their capability to have erections (Mwamwenda, 2020). In a British study, it was reported that impotency among men who were over 50 was on the increase Mwamwenda, 2020; Sunday Times, 17 April 1994). It was estimated that, at the age of 40 one in 50 men is impotent and that by the age of 65, one third are impotent. At age 75, close to 50 per cent of British men are impotent. Some of the affected men have sought medical help, which has led to restoration of potency. Though no such study has been done on Africans, the picture is probably very similar or worse, given their low standard of living! (Mwamwenda, 2020)

The average lifespan of Americans is about 76 years and among women who live relatively longer about 80 years. This means most Americans pass on in their late 70s. The lifespan of a Japanese woman is about 82 years and that of a man is about 76 years. The lifespan of most Africans is much shorter than that of Americans and Japanese. However, the lifespan of Africans has been improving and increasing rather rapidly in the last decades, in response to improving living standards in the majority of African countries, subsequent to their independence years. "People are living longer because they are better informed about health, taking better care of themselves and medicine continues to make new breakthroughs" (Mwamwenda, 2020; Rincover 1994). Nevertheless, it is relevant to take into account that HIV and AIDS have dramatically affected the lifespan of millions of Africans particularly in Sub-Saharan Africa, where some countries are among the leading HIV/AIDS in the world (Mwamwenda, 2020; Mwamwenda & Lukhele-Olorunju 2018; Mwamwenda, 2007).

Dying, death and bereavement

The inevitable end to old age is death. While some old people suffer for a long time before dying, others die suddenly (Mwamwenda, 2020). While some are ready to die, others resist the concept of death and wish to continue living. At an African funeral in South Africa it was said that "we know we must pass on, yet we are reluctant to go" (Mwamwenda, 2020). What we have to accept is that we are mortal beings and, as such, death is our inevitable and ultimate end, but only on this earth, particularly for those who believe that there is life beyond the grave (Mwamwenda, 2020).

Dying and death

All human beings are destined to pass on at one time or another, therefore it is correct to say that death is universal and non-discriminatory (Mwamwenda, 2020).. While death does not only happen to old people, they are more affected by it than the younger groups of people. Most old people without looking forward to it expect it in the near future on account of their age or failing health (Mwamwenda, 2020).

While some people accept the reality of death, others deny it. The death of a person impacts on family members as well as friends, colleagues and acquaintances (Mwamwenda, 2020; Schaie et al. 2000). Most people dislike the thought of death or death itself and most people would like to live for a long time, some of the reasons people fear death, are the fact that death is unknown and unknowable. For example, we are eager to know if death is painful and especially what happens when a person dies (Mwamwenda, 2020; Schaie & Willis 2002). People are afraid of being separated from those who are close to them. They are further afraid and dissatisfied because they feel guilt about not having accomplished enough for their self, their family and society at large.

Both Mwamwenda (2020); Schaie & Willis (2002) and Seifert et al. (2000) have identified the following stages of death:

Denial_ "Not me!": Initially a person refuses to believe that death is just about to happen to him or her.

Anger_ "Why me?" Anger is directed at the family members or doctors, as if they are responsible for the person's pending death. It is difficult for caregivers to put up with such a situation.

Bargaining_ "Yes me, but..." The person pleads with God to allow more time, so that he or she can accomplish something important, including being more religious than she or she has been in the past.

Depression_ “Yes me”: The impending death is acknowledged and the person mourns the impending loss, deeply regretting the inevitable departure and separation from those who are dear to his or her heart.

Acceptance_ “My time has come and it’s fine”.

Bereavement

“Bereavement is the experience of loss of a loved one through death” (Seifert et al. 2000:694). It is clear that dying not only affects the dying person, but also those who are closely related to the person. There is hardly a person who has not, or will not experience bereavement at one time or another in his or her lifetime (Mwamwenda, 2020). The death of a parent or caretaker causes serious problems for children compared to adults. While adults can eventually find another source of comfort and support, this may not be so with children who have not learnt the survival skill of adjustment (Mwamwenda, 2020). The death of a child may be taken so badly by parents that they are not emotionally available to those children who are still alive. When adolescents witness death, there is often a tendency to live in the present and to deny death. Their feelings of grief emerge as anger. Such anger is directed at the person who has died, at the people who should have prevented the occurrence of the death, or it may well be directed at God (Mwamwenda, 2020).

Bereavement can be divided into grief and mourning. “Grief is the emotional response to one’s loss”, while mourning refers to the actions and manner of expressing grief (Mwamwenda, 2020; Seifert et al. 2000:695). Responses to bereavement, especially mourning are often culturally dictated (Mwamwenda, 2020, 2004, 1995, 1989).

Grief is experienced when a close person dies. Such a person would fall into what is called a primary or attachment relationship, which includes people such as spouses, parent, children and siblings. When in grief, a person experiences severe and persistent distress. The death of a person with whom one has a community relationship, such as a friend, a colleague at work, or even a family relation who is not close, usually evokes distress and sadness, but it does not cause persistent grief. In the attachment relationship, a spouse or child is irreplaceable, but this is not generally the case with the loss of a colleague or friend who is said to be replaceable.

There are three stages of grieving (Mwamwenda, 2020):

The first stage is the experience of shock, disbelief and denial.

The second stage is the experience of social withdrawal, intense mourning and emotional discomfort.

The third stage is restitution

Bereavement includes crying, distressing thoughts about the loss, a yearning for the a need to talk about the person who has died, intrusive thoughts about the person who has gone, a preoccupation with images and thoughts of the lost person, and distress at any reminder of the person who has died (Mwamwenda, 2020).

Grief can be divided into two parts, namely, anticipatory grief, which occurs before the person dies, based on the knowledge that the person is dying. The second one is known as actual grief, which occurs when a person dies.

III. CONCLUSION

Old age is marked by retirement but, but for majority of old people, life remains exciting, as they watch their grand children grow and observe the results of their contribution to their community. They continue to share their days with younger and older people until they pass on!

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