

HEALTH EDUCATION INTERVENTION ON THE CAUSES OF EARLY MORTALITY OF SPOUSES IN OGUN STATE, NIGERIA

Salomi Matthew Olufunso (Ph.D)

Faculty of Education and Arts, Department of Human Kinectic and Health Education,
Ibrahim Badamasi Babangida University Lapai, Niger State Nigeria.

ABSTRACT: *This study investigated the cause of early mortality of spouses in Ogun State, Nigeria .There is a trauma on the health of the concerned indigene of the state on the rate early death of young spouses. Two thousand respondents of age below 50 specifically 20-49 surviving spouses were selected for the study, using a purposive sampling technique. The instrument for data collection was on Cause of Death Inventory. Demographic characteristics of the respondents were carried out on Age and that of the deceased at the time of death, sex, occupation and the Cause of Early Death of respondent's spouses was analyzed using Percentages to describe the data. The study found that the main cause of early death of spouses in Ogun State was sudden death/cardiac arrest 42.8% (858) followed by accident 644(32.2%)terminal illness 296(14.8%), witchcraft 84(4.2%), genotype (SS) 48(2.4%), suicide 28(1.4%), carelessness 32(1.6%) and hereditary 12(06%). The study thus recommended that people should be going for regular medical checkup even when they are not sick, consult their physician when they notice any strange things or feelings in their body, people should avoid anger, worry and take life generally easy, people should avoid violations of safety rules and avoid alcohol consumption when driving, people should not over work, rest when fatigue, people should be very close to their creator by praying fervently, people should know their genotype before getting married to avoid giving birth to(SS)children ,people should take seriously every suicidal threat or act, people should not be careless about their health and to engage in regular exercises.*

KEYWORDS: Health Education Intervention, Cause of Early Mortality, Spouse

INTRODUCTION

Generally speaking, health education provides information a person can utilize to enhance his own health status as it concern with human beings and their emotions, being multidimensional in nature. It helps people to live more efficiently and effectively especially when it comes to the area of aging and death education in order to attain their total wellness.

Much as death is a reality, people still find it difficult to accept it as a debt that human must pay either rich or poor; it is a common denominator for all human life.It is unfortunate that death discussion has never been a welcome to topic in Nigerian society, people regard it as a taboo that death is the enemy of the living and therefore, its discussion must be distance especially, from children. People understand birth and life, and not death (Udoh, 2000).

Parkes (2004) stated that the moment death is announced, it usually accompanied with great distress. Shear (2003) also stated that the death of someone close makes one's own death imaginable. Carr (2003) stated that sudden deaths are distressing. Salomi (2006) stated that death is inevitable and dying preceded death, the theologians describe death as when the soul

leaves the body..Salomi (2010) lamented that death snatches away loved ones, but we must learn to face the reality that, it will come one day.

Imogie (1998) stated that the word death is difficult to comprehend and explain fully to other people's conviction due to the fact that nobody has experienced death and be able to narrate the experience to others. Although some people have had what is known as Near Death Experience (NDE) but the fact still remains that people doubt and argue the completion of such transcendence. Ogundele (2003) defined death as the cessation of life, that is, the ceasing to exist. The physicians also define death as total stoppage of the circulation of the blood and the cessation of the normal and vital functions consequently there on, as respiration, pulsation and so on. Adodo (2004) said that death shatters our illusions of power, might and greatness

Udoh (2000) consider death a thief, wicked, inconsiderate spirit that snatches away loved ones; children from their parents or parents from their children. Anyanwu (1999) stated that except in the case of a protracted illness, death engenders extreme shock and disbelief especially when it comes suddenly and without previous warning, which is accomplished with frustration and depression. Udoh (2000) observed that the stress of death on those who survive the dead may precipitate physical pathology, sickness and emotional problems. Suffering the death of a spouse, a close friend or a significant other is often characterized by profound sense of loss, loneliness, fear, despair and helplessness.

The Statement of the Problem

The cause of early mortality of young spouses has become a sort of concerns to the people, especially a close friend or a significant persons some are disoriented psychologically and subjected to an over whelming stress in the State. People claimed that some people spends over one hundred years and above on earth. It is worrisome that people are now dying early why? What could have been responsible for the early mortality of young spouses in Ogun State Nigeria? Therefore, the thrust of this study is to find out the causes of early mortality of spouses in Ogun State,Nigeria

Research Questions

- 1.Will terminal illness be the cause of early mortality of spouses in Ogun State,Nigeria?
- 2.Will sudden death/cardiac arrest be the cause of early mortality of spouses in Ogun State,Nigeria?
- 3.Will suicide be the cause of early mortality of spouses in Ogun State,Nigeria?
- 4.Will accident be the cause of early mortality of spouses in Ogun State,Nigeria?
5. Will genotype (SS) be the cause of early mortality of spouses in Ogun State,Nigeria?
6. Will witchcraft be the cause of early mortality of spouses in Ogun State ,Nigeria?
- 7.Will carelessness be the cause of early mortality of spouses in Ogun State,Nigeria?
8. Will hereditary be the cause of early mortality of spouses in Ogun State,Nigeria?

Research Hypotheses

1. Terminal illness would not significantly be the cause of early mortality of spouses in Ogun State, Nigeria.
2. Sudden death/cardiac arrest would not significantly be the cause of early mortality of spouses in Ogun State, Nigeria.
3. Suicide would not significantly be the cause of early mortality of spouses in Ogun State, Nigeria.
4. Accident would not significantly be the cause of early mortality of spouses in Ogun State, Nigeria.
5. Genotype (SS) would not significantly be the cause of early mortality of spouses in Ogun State, Nigeria.
6. Witchcraft would not significantly be the cause of early mortality of spouses in Ogun State, Nigeria.
7. Carelessness would not significantly be the cause of early mortality of spouses in Ogun State, Nigeria.
8. Hereditary would not significantly be the cause of early mortality of spouses in Ogun State, Nigeria.

METHOD

Research Design and Sampling

The descriptive survey research design was used for this study

The population for the study comprised all literate widows / widowers under the age of fifty (50), specifically 20-49 years of age in Ogun State Nigeria.

The sample for this study was drawn from the twenty (20) Local Government in Ogun State. One hundred (100) respondents were purposively sampled from each of the twenty (20) Local Government for the study. A total of Two thousand (2,000) respondents constituted the sample.

Instrumentation

The instrument for this study was a self-structured Cause of Early Mortality of Spouses questionnaire. (CEM)

The researcher administered and collected copies of the questionnaire with the help of eight (8) research assistance who were widowers/widows and that had been trained to do the field work. The instrument was administered directly to the respondents in their various places of work, home, churches, mosques, and concerned Ngos.

The results are presented in two sections:

1. Demographic characteristics of the respondents using frequency counts, percentages and bar charts
2. Cause of early mortality of spouses, using frequency and percentage to analyze.

The Result

The demographic characteristics of the respondents are analyzed and presented in table 1 and figures 1-4 to show the background information of the respondents used in this study.

Table 1: Distribution of Respondents by Demographic Characteristics

Variable	Classification	Frequency	Percent	Cumulative frequency	Cumulative Percent
Age Range of surviving spouses	20-29	76	3.8	76	3.8
	30-39	752	37.6	828	41.4
	40-49	1172	58.6	2000	100.0
Age Range of spouse at death	20-29	80	4.0	80	4.0
	30-39	1048	52.4	1128	56.4
	40-49	872	43.6	2000	100.0
Sex of surviving spouses	Male	784	39.2	784	39.2
	Female	1216	60.8	2000	100.0
Occupation of surviving spouses	Civil servant	1060	53.0	1060	53.0
	Businessman /woman	784	39.2	1844	92.2
	Student	56	2.8	1900	95.0
	Unemployed	100	5.0	2000	100.0

Distribution By Age Of Survivor

Table 1 and figure 1 shows that majority or 1172(58.6%) of the survivors are between the age of 40 and 49 years while 752(37.6%) of the survivors are between the age of 30 and 39 years. However, some of the survivor's age ranged between 20 and 29 years. This implied most of the respondents were bereaved at the age between 40 and 49 years.

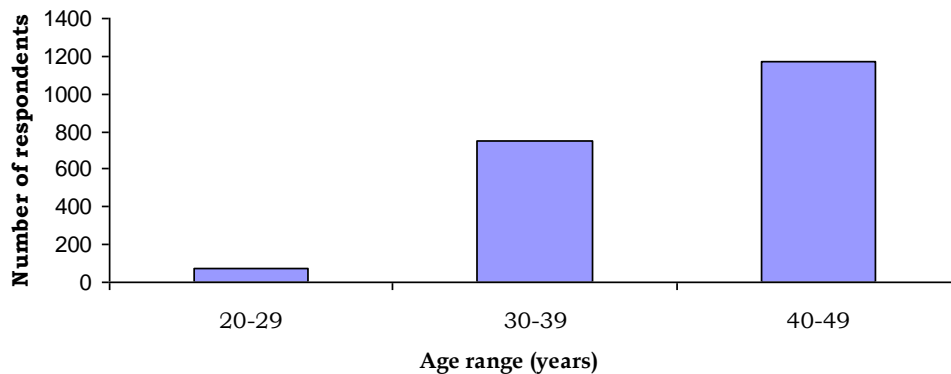


Figure 1: Distribution of respondents by age of survivor

Distribution By Age Of Deceased

Table 1 and figure 2 shows that majority or 1048(52.4%) of the deceased are between the age of 30 and 39 years followed by those with age 40 to 49 years accounting for 43.6 percent of the respondents. However, very few (4.0 percent) of the respondents' spouse were deceased at age of between 20 and 29 years. This implied that most of the respondents lost their spouses when the spouses were aged between 30 and 39 years, in other words, in their prime of life.

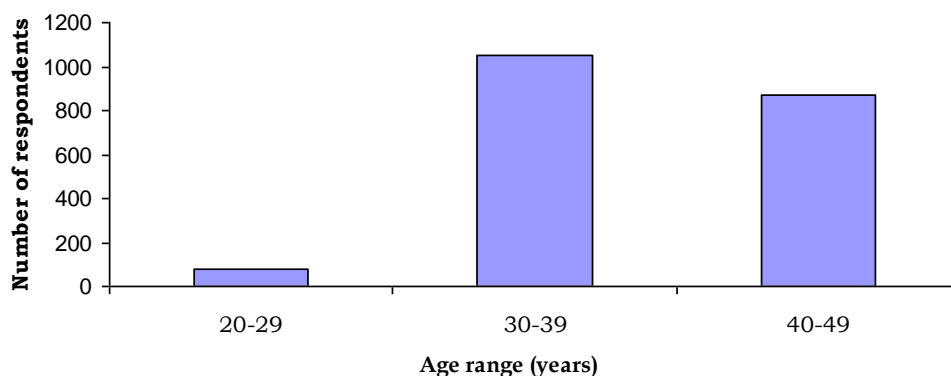


Figure 2: Distribution of respondents by age of diseased

Distribution By Sex Of Respondents

Table 2 and figure 3 shows that majority (1216;60.8%) of the respondents are female while the remaining 784(39.2%) are male. This implied that about 61 percent of early mortality occurs among men than women.

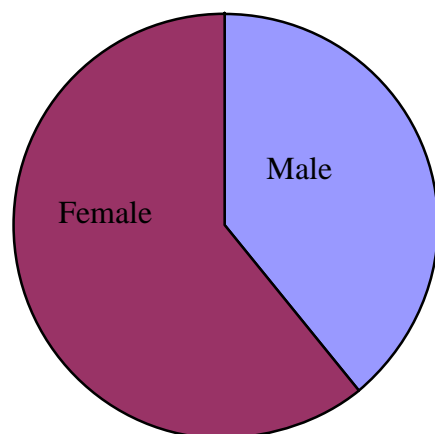


Figure 3: Distribution of respondents by sex

Distribution By Occupation Of Respondents

Table 2 and figure 4 shows that majority (1060;53.0%) of the respondents are civil servants while 784(39.2%) are business men/ women. Also, 56(2.8%) are students while the remaining 100(5.0%) are unemployed. This implied that majority of those that experienced early deaths of a spouse are civil servants

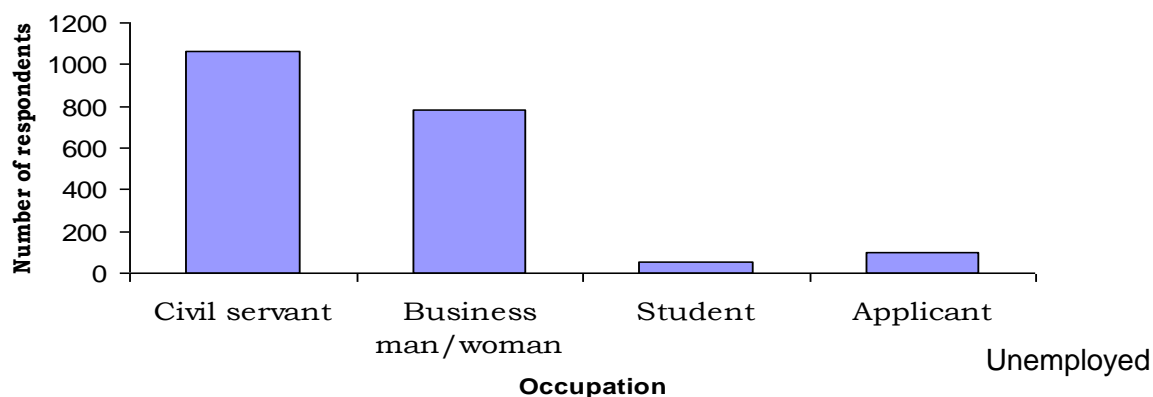


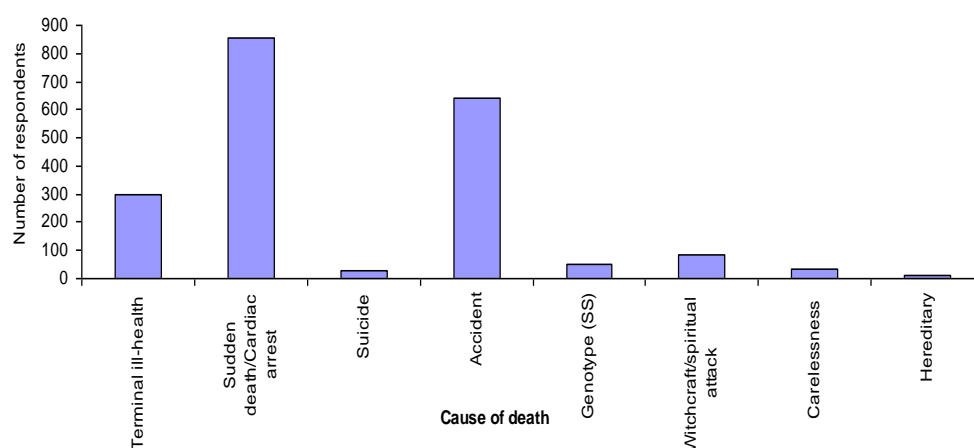
Figure 4: Distribution of respondents by occupation

Causes Of Early Mortality Of Spouses

Analysis was carried out to determine the distribution of the causes of early mortality of spouses. The result in table 2 and figure 5 showed the cause of death as well as frequency.

TABLE 2: Distribution of respondents by the cause of early mortality of their spouses

Variable	Frequency	Percentage	Cumulative Frequency	Cumulative Percent
Terminal illness	296	14.8	296	14.8
Sudden death/Cardiac arrest	856	42.8	1152	57.6
Suicide	28	1.4	1180	59.0
Accident	644	32.2	1824	91.2
Genotype (SS)	48	2.4	1872	93.6
Witchcraft/spiritual attack	84	4.2	1956	97.8
Carelessness	32	1.6	1988	99.4
Hereditary	12	0.6	2000	100.0

**Figure 5: Distribution of respondents by the cause of early death of spouse**

The result reveals that sudden death/cardiac arrest was the main cause of early death of the respondents' spouses with 42.8% (856). This was followed by accident with 644(32.2%) as the cause of death of spouses. Terminal illness was next with (296) 14.8 %. Witchcraft accounted for (84) 4.2 %, 2.4 % (48) were caused by genotype (SS). Suicide was responsible for early death of 28(1.4%), carelessness was the cause of early death of 32(1.6%) hereditary was responsible for the death of 12(0.6%) of early death of the spouse of the respondents. The finding reveals that early death in Ogun State is primarily caused by sudden death/cardiac arrest, accident and terminal illness. This is in line with Heising, Comastock and Szklo(1982) on the causes of death of widowed in Washington country ,Maryland. Information were obtained from the death certificate of those who had died. It was revealed that the major causes of death was infectious diseases followed by accident and suicide. Maritikainen and Valkonen(1991) also carried out their own research on mortality after the death of a spouse in large Finnish Cohort it was discovered that excess mortality among the bereaved was high from accident, followed by violent and alcohol related causes

CONCLUSION

This study has confirmed that the main cause of early mortality of spouses in Ogun State is sudden death/cardiac arrest followed by accident, terminal illness, witchcraft, genotype (SS), Suicide, carelessness and hereditary.

Recommendations.

Based on the findings the following recommendations were made.

1. People should be going for regular medical checkup even when they are not sick
2. People should consult their physician when they notice any strange things or feelings in their body;
3. People should avoid anger, worry and take life generally easy.
4. People should avoid violations of safety rules and avoid alcohol consumption when driving.
5. People should not over work, they should rest when fatigue.
6. People should be very close to their creator by praying fervently,
7. People should know their genotype before getting married to avoid giving birth to (SS) children.
8. People should take seriously every suicidal threat or act.
9. Victims of suicidal threat should be promise that everything will be done to keep him alive.
10. People should not be careless about their health and to engage in regular exercises to keep them fit.

REFERENCES

- Anyanwu, F. C. (1999). Relationship between socio-cultural practices and health disposition of widows in Imo State. *A Journal of the Nigeria for Physical, Health Education, Recreation, Sports and Dance* 2.1, 155-160.
- Boyle, R. O. (2001). Widowhood: Research dispels some common Myths. Retrieved March 2, 2001, from <http://www.umich.edu/2newsinto/releases/2001/mar01/r032701a.html>.
- Carr, D. (2001). Psychological Adjustment to Sudden and Anticipatory Spousal Loss Among Widowed Person. Retrieved from www.cloc.isr.unich.edu/papers/car.
- Carr, D. (2003). A "good dead" for whom? Quality of spouse's death and psychological distress among older widowed persons. *Journal of Health and Social Behaviour* 44. : 215-232.
- Clifford, C. (1997). *Qualitative Research Methodology in Nursing and Health Care*. New York: Churchill Living Stone.

- Hagger, V.(1994).Cultural Influence on Women Health.*Nursing Times*: 4.
- Heising,K.J,Comastock G.W. &Szklo,M. (1982) .Causes of Death in Widowed population
American Journal of epidemiology 116, (3)
- Kubler-Ross, E. 1969.*On Death and Dying: What The Dying To Teach Doctors, Nurses,
Clergies and Their Own Families*. New York: Macmillan Publishing.
- Martikainen,P & Valkonen, T.(1991). Mortality after the death of a spouse: Rate and Causes
of *Death in a large Finnish Cohort*.
- Nikhi, C. R. & Kane, T.(2000). *Socio-Economic and Health implications of Adult Death in
Families of Rural Bangladesh*. Bangladesh: ICDDR, B: Centre for Health and
Population Research. WP132.
- Ogundele, B. O.(2003). Education This Millennium – Incorporating Dying and Death
Education in the School Curriculum. *Education this Millennium – Innovations in
Theory and Practice*. O. Ayodele-Bamisaye, I. A. Nwazuke, A. Okediran. Eds.
Ibadan: Macmillan. 249-257.
- Parkes, C. M. (2004).*Supporting the Bereaved People*. London: Routledge.
- Salomi, O.M.(2006). Health coping strategies for bereaved survivors in early demise of their
spouse. *Journal of Science and Information Technology*, TASUED Ijebu Ode vol. 5,
44-53
- Salomi O.M (2010) Psychological implications of Early Demise on the health of Surviving
Spouses. *African Journal of Research in Personnel & Counseling Psychology*
vol.2(1)81-84
- Shear, K.(2003). Managing Grief after Disaster. *A National Center for PTSD Fact Sheet*.16.
- Udoh, C. O.(2000). *Death and Dying Education*. Ibadan: Stirling – Horden (Nig.) Ltd 56-
60.