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HEALTH AND WELL-BEING: PREDICAMENT OF THE AGED IN CONTEMPORARY NIGERIAN SOCIETIES

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Abstract

This study on health and well-being: predicament of the aged in contemporary Nigeria Society indicates that aged adults are complex situation or period that affects an individual's biology and their capacity for well-being. This study adopted three specific research objectives and research questions to guide the study. The study indicates that population ageing is becoming an important social and public health issue in contemporary Nigerian society. The challenges include inadequate access to healthcare services, poverty, social isolation, declining physical capacity, insufficient pension benefits, witchcraft stigmatization, limited government support systems, and limited access to healthcare services. A descriptive survey design was adopted for the study, and data were collected from 258 respondents who were selected through a random sampling technique and a structured questionnaire was used to collect data from the respondents. Disengagement theory was used in the study to explain why increasing social isolation and reduced social participation occurred among the aged adults in the study area. The findings of the study indicate that ageism and loneliness, family isolation, and government policies affect aged adults in the study area. The study concludes that aged adults in contemporary Nigerian societies face multidimensional challenges that adversely affect their health and well-being.

Keywords: *Predicament, Ageism, family isolation, government policy, Contemporary Society and well-being*

Introduction

The word "predicament" arises because it does not always have a positive connotation. For example, physical decline can impact social engagement and mental health. The challenge is to find ways to mitigate the negative impacts of aging and maximize well-being across all domains.

A predicament is a situation where a person or group faces a difficult choice between two or more alternatives, often involving conflicting values, interests, or outcomes. Predicaments can be challenging because each option may have significant drawbacks or undesirable consequences. Predicaments have subsectors, such as moral predicament, which involves conflicting moral principles or values, requiring a choice between ethical alternatives. Practical predicament involves everyday decision-making challenges with competing practical considerations. Social predicament concerns choices affecting social interactions, cooperation, or collective outcomes among the aged (Shiovitz-Ezra et al., 2018).

Aging in predicament refers to the complex interplay of factors that influence an individual's age and the challenges they face in maintaining well-being. This includes biological, psychological, and social variables, as well as the individual's ability to adapt to changes associated with aging. The elderly in Nigeria face a growing predicament, grappling with inadequate social support, poverty and a decline in traditional family care systems as the population of older adults increases. This situation is compounded by the absence of robust government policies and programs specifically designed to address the needs of this vulnerable population. Some challenges faced by the elderly in Nigeria include the erosion of traditional support, which includes the extended family structure. Traditionally, the primary source of care for the elderly is weakening due to factors like urbanization, economic hardship and migration, leaving many older adults isolated and without adequate support (Malcolm et al., 2019).

Chang et al. (2020) mentioned that predicaments in elderly individuals involve challenging decisions or situations affecting their care, well-being and quality of life. Moreover, lack of government support also affects aging adults. In Nigeria lacks of comprehensive national aging policies and social safety networks affects the elderly, leaving many aged individuals without access to essential services like healthcare, financial assistance and social programs. Economic hardship is among the issues confronting the ageing. Many older adults, as mentioned by Fakoya et al. (2020), struggle with poverty and lack of financial security, especially those without retirement benefits or adequate savings.

Age-related health problems are common because of a lack of access to affordable and quality healthcare services (Valtorta et al., 2016). Elders are abused both physically and emotionally, and it has become a significant concern that older adults experience neglect from family members or caregivers; many are facing ageism and social isolation. According to the World Health Organization (2025), approximately one in six people worldwide experience loneliness, and about 11.8% of older adults report significant loneliness. Research consistently shows that social isolation among older adults is associated with depression, anxiety, cardiovascular disease, cognitive decline, and increased mortality risk.

In Nigeria, the World Health Organization (2025) posited that older adults in Nigeria increasingly face social isolation due to urban migration, economic insecurity, and changing family dynamics. Although family support remains culturally important, many elderly individuals report reduced contact with adult children who live in distant cities or overseas and in South Africa, the aging population faces challenges related to family isolation, poverty, migration, and social inequality (Adedeji et al. 2023). Programs such as the Age Well peer-support initiative have demonstrated reductions in loneliness and improved social participation among older adults through regular home visits and companionship services in South Africa. Additionally, a report from Meehan (2023) on Ghana and Kenya shows that urbanization and the erosion of traditional kinship systems are

increasing the risk of loneliness and isolation among older adults, especially those living alone or in rural communities with limited family contact.

According to Malcolm et al. (2019), ageism and social isolation can lead to loneliness and a lack of engagement in social activities; this influences the elderly as well as neglect in families. Some elders face retirement challenges. The lack of adequate support and care for the elderly in Nigeria has significant social, psychological, and public health consequences, leading to increased poverty, vulnerability to abuse, and decreased quality of life. To address these challenges, there is a critical need for family rights and effective government policies to strengthen the bond with the ageing.

According to Madsen et al. (2019), strengthening government policies involves developing and implementing comprehensive national aging policies that prioritize the needs of older adults, including healthcare, social security, and housing, as well as promoting family support. Family support would encourage and support families to care for their elderly members, while also providing resources and education to address the challenges of caring for older adults. Improving access to affordable and quality healthcare services for the elderly, including geriatric care and specialized medical services, is mandatory.

World Health Organization (2013) mentioned that ageism and loneliness are two relevant public health phenomena because of their negative impact on the elderly. With the increase in average life expectancy, these tend to co-occur, which may increase the psychological distress of the elderly on ageing. The prevalence of loneliness has increased significantly across different generations in recent decades. Among the elderly population in particular, Fakeya et al. (2020) indicate that between 19% and 30% of people aged 60 years report feeling lonely. A meta-analysis has recently found that loneliness increases the risk of dementia by 50%, the risk of stroke by 30%, and the risk of overall mortality by 26% Valtorta et al., (2016). Moreover, loneliness has been very much associated with various mental health conditions, such as depressive and anxiety symptomatology and lower quality of life Malolm et al., (2019).

In addition, ageism is increasingly being recognized as a major threat to the well-being of aged adults, based on more than 83,000 people examined in 57 countries Officer et al. (2016). World Health Organization (2013) mentioned that 60% of general population respondents reported that the elderly do not receive the respect they deserve. Officer et al. (2016) further provide evidence that ageism increases the risk of mortality, slower recovery from illness, and mental health problems.

Thus, ageism and loneliness become independent factors of predicament and general associated among elderly Shiovitz-Ezra (2018). Madsen et al. (2019) postulated that combating abuse and neglect involves implementing measures to prevent and address abuse and neglect, including public awareness campaigns and support services for victims. Moreover, encouraging social participation and engagement for older adults, combating ageism and fostering a sense of community and belonging can enhance older adults. The growing population of older adults in Nigeria presents significant challenges, but also acts as an opportunity to create a more inclusive and supportive society that values and cares for its elders.

Madsen et al (2019) further mentioned that Ageism can lead to exclusion from employment, community activities, decision-making processes, and social networks. This exclusion reduces opportunities for meaningful engagement and can increase feelings of isolation. Older adults may face discrimination in employment or income-generating opportunities, making them more vulnerable to poverty and financial dependence. Loneliness is strongly associated with depression, anxiety disorders, feelings of sadness and hopelessness and increased emotional stress. Persistent loneliness can significantly reduce overall life satisfaction. Older adults who experience prolonged

loneliness are at greater risk of memory problems, reduced cognitive functioning, dementia and cognitive impairment, and regular social interaction helps stimulate the brain and maintain mental sharpness.

Farber and Rosendahl (2020) posited that the government should intervene to predicament of the elderly ones through the provision of policy actions or regulatory measures addressing complex societal challenges, balancing competing interests, and managing trade-offs. The regulatory intervention should be to enact laws that address issues like market failure, public health, or environmental protection and the economic interventions should be policies like taxation, subsidies, or price controls and social intervention programs targeting poverty, education, healthcare access and social challenges, along with crisis management, which includes downturns and natural disasters, among others.

Psychological distress path analysis model by Jose et al. (2022) stressed that lifestyle and worse levels of mental health and well-being, good economic and educational conditions of elderly or aged members of the society influence ageism and loneliness of the aged population. Figure 1 highlighted resilience as controlling loneliness, ageism, and psychological distress of the aging.

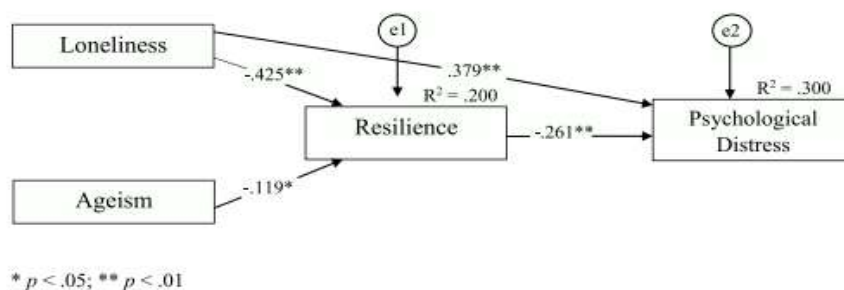


Figure 1: Psychological distress path analysis model

Considering the overall levels of psychological distress, moderate to high levels of ageism and loneliness, Kikurch et al. (2013) stated that significant levels of loneliness and distress are prevalent among the aging. The authors also stated that moderate levels of loneliness and ageism were found during their period of data collection, especially in the occurrence of anxiety and depressive symptoms and this was attributed to factors as lack of post-retirement and post-widow resources, changes in family configurations and family support, along with socialization resulting from digitalization.

African Union (2016) reported that government policies significantly affect the lives of older adults in Africa. Effective policies on pensions, healthcare, social protection, and human rights can improve financial security, health outcomes, and social inclusion. However, inadequate policy implementation, limited resources, and weak legal protections continue to expose many older Africans to loneliness, lack of medical facilities, poverty, poor health, and social exclusion.

The government intervention predicament highlights the conflicting outcomes of state involvement in economic or social issues, such as promoting financial access as well as fostering corruption and inefficiency, or the ethical debate surrounding humanitarian interventions. In a firm's financing, the predicament involves increased access to funds and weakening creditor power and increased financial corruption. In humanitarian contexts, intervention aims to protect citizens but risks destabilization and unintended negative consequences. Moreover, the works by Abdul, Abdullahi and Muhammad (2024) mentioned that Nigeria's aging population is increasing rapidly, as those aged 65 years and above make up 3.1% or 5.9 million of the total population of 191 million, which in crude numbers represents an increase of 600,000 during the 5 years 2012-2017. Perpetua et al. (2018) explained that Nigeria has no functional national policy on the care and welfare of older persons. Changing demographics in Nigeria, in addition to the breakdown of the family structure and absence of a social

security system, present unique challenges to the elderly in Nigeria. The studies reviewed did not examine ageism and loneliness as it affects aged adults, nor did the studies examine government policies as it affects aged adults in Nigeria context. Moreover, none of the studies visited highlighted the health and well-being predicament of aged adults in contemporary Nigerian societies. This remains a gap the present study fills.

Problem Statement

The concern of the aged has been an issue from time immemorial till the present period. The ability of one not to grow old could be possible, if not by nature, but since it is a concern that all must grow old, it must also stand or act as concern that the young or youth help the older or aged ones, knowing that one day they will also grow old or aged. The problems are that, today, social isolation. Elderly individuals often experience chronic diseases like arthritis, diabetes, hypertension, and cognitive decline, including dementia. Other challenges include inadequate access to healthcare services, poverty, declining physical capacity, insufficient pension benefits, and limited government support systems. Rapid urbanization, migration of younger family members, and the weakening of traditional family support structures have further increased the vulnerability of the elderly population. Their financial insecurity is as well a challenge due to retirement, insufficient savings, and rising healthcare costs. Negative stereotypes and age-related biases can lead to marginalization and exclusion that need care.

Government as well does not see the need to provide the necessary facilities to enhance the elderly sustainability of the elderly in society. Provisions that are supposed to be made for the elderly or aged ones are moved to another project that does not really benefit the aged in society; this causes mortality and mobility issues. It is known that changes in memory and processing speed can affect their daily life and decision-making. Retirement can lead to a loss of social connections and a sense of purpose, which, if families and government join their efforts to support the aged in society, can lead to effective aged management and reduce mortality in the study area. With this observes problems, the study on health and well-being: predicament of the aged in contemporary Nigerian societies was discussed to fill the gap in Knowledge of existing empirical studies.

Purpose of the Study

This study examines the predicament of the aged in contemporary Nigerian societies. Specifically, the study sought to:

1. Determine how ageism and loneliness influence the aged adults in Nigeria.
2. Assess the influence of family isolation among the aged adults in Nigeria.
3. Determine the influence of government policies on the aged adults in Nigeria.

Research Questions

The following research questions were formulated to guide the study.

1. How do ageism and loneliness affect ageing in Nigeria?
2. How does family isolation affect ageing in Nigeria?
3. How do government policies affect ageing in Nigeria?

Theoretical framework

Disengagement Theory of Aging

Disengagement theory of aging, developed by Cumming and Henry (1961) was used in this study. Disengagement theory is one of the earliest sociological theories of aging. It proposes that as people grow older, they naturally and gradually withdraw from social roles, relationships, and responsibilities, while society simultaneously reduces its expectations and involvement with them. This process is viewed as a normal and inevitable part of aging that prepares both the individual and society for the eventual end of life. Older adults gradually reduce their involvement in social activities and relationships. Society, in turn, prepares to transfer social roles and responsibilities to younger

generations. The theory argues that withdrawal occurs in all societies and is a natural part of aging. The process helps older adults adjust psychologically to aging and eventual death. It also allows society to maintain stability by replacing older role holders with younger ones. Older adults relinquish leadership, occupational, and family responsibilities over time. This theory helps explain why some older adults participate less in community activities, reduce social interactions after retirement, experience shrinking social networks due to loss of friends or spouses and become less involved in public and economic life. This theory relates to the present because both discuss how ageing affects the elderly and how older adults gradually disengage from services they used to render, as well as how younger ones replace the aged ones.

Methodology

A descriptive survey design was adopted for this study. The design was considered appropriate since the predicament in existence already exists in the study area. The population of this study comprised 2580 respondents, clustered into three groups in South-South Nigeria, that is, 680 respondents in Akwa Ibom State, 600 in Cross River State and 720 respondents in Rivers State Health Intervention Programme (2020). The sample for the study consisted of 258 respondents, which is made up of 106 from Akwa Ibom, 80 from Cross River State, and 72 from Rivers State. This was 10% of the study population. The use of 10% was based on Nwana (1981), who stated that no fixed number and no fixed percentage is ideal; rather, it is the circumstances of the study situation that determines what number or what percentage of the population should be studied.

The researcher-developed structured questionnaire titled “Influence of Predicament on the Aged Adults Questionnaire (IPAAQ)” was used for data collection. The instrument was designed according to the independent and dependent variables of the study. The researcher developed the questionnaire through ideas adopted from literature review, personal experience and observation. Mean and standard deviation were used to answer the research questions. Three experts validated the instrument for clarity. These experts were from the Department of Anthropology and Sociology, University of Uyo, Nigeria. 20 respondents were used from the Teaching Hospital; they were gotten during their visiting days in the hospital. A pilot test was used and 0.89 reliability was obtained, indicating that the instrument is valid to be used for the study.

The decision was as follows: very much influence (VMI) has 4 point with 3.50 - 4.00, much influence (MI) – 3point - 2.50 - 3.49, Low Influence (LI) has 2 point 1.50 – 2.49, and Very Low Influence (VLI) 1-1.00 – 1.49 were options used for determination. Mean statistics were used to answer the research questions.

Results

Research Question 1: How does ageism and loneliness influence aged adults in Nigeria?

Table 1: Mean responses of respondents on how ageism and loneliness influence aged adults in Nigeria

S/No	Items	$\bar{x}$	SD	Decision
1.	Neglect by family members	3.37	.63	MI
2.	Financial insecurity	3.48	.56	MI
3.	Adaptation to changes	3.31	.46	MI
4.	Social Isolation	3.63	.48	VMI
5.	Decline in family care	3.34	.49	MI
6.	Poverty	3.38	.83	MI
Cluster mean			3.41	

VMI, MI, LI and VLI

The result presented in Table 1 shows that ageism and loneliness have a cluster mean of 3.41. This reveals that ageism and loneliness have a greater effect on the aged adults in the study area. Additionally, the item on social isolation has the highest mean of ($\bar{x} = 3.63$). This indicates that this item has a very strong influence on ageism and loneliness of the aged adults in the study area. On the other hand, other items included had their means between (3.37, 3.48, 3.31, 3.34 and 3.38), indicating that ageism and loneliness affect the aged adults in the study area.

Research Question 2: How does family isolation affect aged adults in Nigeria?

Table 2: Mean responses of respondents on how family isolation affects aged adults in Nigeria

S/No	Items	$\bar{x}$	SD	Decision
1.	Stroke	2.90	.64	MI
2.	High blood pressure	3.46	.49	MI
3.	Premature death	3.45	.49	MI
4.	Obesity	3.52	.50	VMI
5.	Heart disease	3.37	.48	MI
6.	Depression	3.52	.65	VMI
Cluster mean		3.37		

VMI, MI, LI and VLI

The result presented in Table 2 shows that family isolation has a cluster mean of 3.37. This reveals that family isolation has an effect on aged adults in the study area. Furthermore, the items on premature death and depression have the highest mean of ($\bar{x} = 3.52$). This indicates that these items have a very high effect on aged adults in the study area. On the other hand, other items included had their means between (2.90, 3.46, 3.45 and 3.37), indicating a moderate effect.

Research Question 3: How do government policies affects age adults in Nigeria?

Table 3: Mean responses of respondents on the influence of lack of government policies on support of aged adult in Nigeria

S/No	Items	$\bar{x}$	SD	Decision
1.	Lack of incentive to provide rational care	3.25	.54	MI
2.	Lack of adoption of age inclusive practice	3.55	.49	VMI
3.	Lack of inclusive education for aged ones	3.59	.49	VMI
4.	Lack of close medical facilities	3.39	.52	MI
5.	Increase cost of living and isolation	3.50	.53	VMI
Cluster Mean		3.45		

VMI, MI, LI and VLI

The result presented in Table 3 shows that the lack of government policies for the support of aged adults in Nigeria has a cluster mean of 3.45. This reveals that government policies have an influence on aged adults in Nigeria. Additionally, items on lack of adoption of age-inclusive practice, lack of inclusive education of aged ones, and increase in cost of living have the highest mean of ($\bar{x} = 3.55$, 3.59 and 3.50). This indicates that these items have a very strong influence on the aged adults in the study area. On the other hand, other items included had means between (3.25, 3.39 and 3.23), indicating a moderate influence.

Discussion of Findings

The study found that ageism and loneliness affect aging adults. This is supported by the work of Kikurch et al. (2013), who stated that significant levels of loneliness are prevalent among the aging. The authors also stated that moderate levels of loneliness and ageism were found during their period of data collection, especially in the occurrence of anxiety and depressive symptoms, and this was attributed to factors as lack of post-retirement and post-widowhood resources, changes in family configurations and family support, along with socialization resulting from digitalization, as aligned with the present study.

The finding reveals that social isolation greatly influences aged adults in the study area. This is supported by the work of Malcolm *et al.* (2019), who explained that social isolation can lead to loneliness and lack of engagement in social activities. Some elders face retirement challenges, *indicating* that older adults are treated as less capable, less productive, or burdensome because of their age; they may begin to internalize these negative stereotypes, such as lower self-confidence, feelings of worthlessness, loss of personal dignity, and discrimination, as well as anxiety, depression and stress. Older adults who frequently experience ageism often report poorer psychological well-being than those who feel respected and valued. Research suggests that ageism can negatively influence health outcomes by discouraging older adults from seeking healthcare or engaging in healthy behaviors. It may result in increased risk of chronic illness, reduced physical activity, delayed medical treatment, and poor recovery from illness.

The finding shows that family isolation has been reported as a factor that affects aged adults. This is supported by research carried out by Adedeji et al. (2023), who mentioned that in South Africa, the aging population faced challenges such as family isolation, poverty, migration and social inequality. The findings also agree with the theory by Cumming and Henry (1961), who argue that withdrawal occurs in all societies and is a natural part of aging. The process helps older adults adjust psychologically to aging and eventual death.

In the aspect of government policies, findings shows that lack of medical facilities, high cost of living and isolation affect aged adults in the study area. This was supported by a report from the African Union (2016) which found that government policies significantly affect the lives of older adults in Africa. Effective policies on pensions, healthcare, social protection, and human rights can improve financial security, health outcomes, and social inclusion but are lacking in the system. However, inadequate policy implementation, limited resources, and weak legal protections continue to expose many older Africans to loneliness, lack of medical facilities, poverty, poor health, and social exclusion. The disengagement theory of aging used for this study also aligned with the present study because the theory explained how aging adults face issues of isolation from various sectors in the economy and withdrawal from carrying out specific duties to the young ones.

The finding on lack of medical facilities is supported by the work of Perpetua et al. (2018), who explained that Nigeria has no functional national policy on the care and welfare of older persons. Changing demographics in Nigeria, in addition to the breakdown of the family structure and absence of a social security system, stand as issues facing the conditions of the elderly in Nigeria.

Conclusion

The conclusion was drawn based on the findings on the influence of predicaments on aged adults in contemporary Nigerian societies. Based on the findings, it can be inferred that ageism and loneliness, family isolation and government policies influence the aged adults in the study area.

Recommendations

This study recommended that family members of the aged adults should help their aged parents so that they can avoid issues that can cause untimely death. Family members should also help ensure that health officers can check the aged adults routinely to avoid high blood pressure and other related illnesses. Government should provide health facilities as well as inclusive social facilities.

Government should help reduce the cost of feeding and medical aid or carry out campaigns for the aged to educate them on how to manage their old age.

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