

From Vulnerability to Vitality: Active Ageing as an Intervention Strategy for Improving Quality of Life in Economically Disadvantaged Older Adults in Nigeria

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Abstract

Systemic poverty, weak social protection systems, health disparities, and social exclusion are continuously threatening the quality of life of older adults in low-income countries such as Nigeria. Despite growing recognition of population ageing globally, proactive interventions addressing the vulnerabilities of economically disadvantaged older adults in Nigeria remain limited. Elderly populations are largely exposed to social isolation, elder abuse, and limited access to care, especially in rural communities and urban slums.

This discourse advances the argument that the World Health Organisation's active ageing framework provides a viable, multidimensional strategy for improving the physical, social, and mental well-being of economically disadvantaged older adults. Drawing on activity theory, continuity theory, and empowerment theory, the paper synthesises existing empirical evidence and policy frameworks to examine how active ageing can enhance health, participation, and security in later life.

The paper adopts a conceptual, policy-oriented approach to advocate a shift from reactive welfare responses toward proactive and empowerment-driven interventions. The paper concludes by emphasising the need for the systematic integration of active ageing principles into Nigeria's social welfare and public health systems to promote dignity, autonomy, and improved quality of life for older adults.

Keywords: Active ageing; economically disadvantaged; older adults; quality of life; vulnerability; Nigeria

Word Count: 188

Introduction

The global trend of population ageing indicates a major demographic shift in the 21st century. By 2050, one in six people worldwide will be 65 or older, with the fastest growth in developing regions, particularly sub-Saharan Africa (United Nations, 2023). Increased life expectancy clearly reflects the progress in the public health sector, this seems to be creating serious challenges, especially for economically disadvantaged older adults who face combined health, social, economic, and emotional risks such as poverty, inadequate healthcare, social isolation, and neglect.

Historically, Nigeria's cultural norms emphasise respect for elders; however, prolonged economic instability, migration, limited access to healthcare, and breakdown of family support systems have significantly undermined informal care and left many older adults struggling to meet basic needs. As a result, many older adults continue to experience preventable health deterioration, emotional distress, social isolation, and exposure to abuse and neglect.

Within policy and practice discourse, ageing is often viewed through a lens of dependency or decline. In contrast, the World Health Organisation's active ageing framework reconceptualises ageing as a process of optimising opportunities for health, participation, and security in order to enhance quality of life as people age (WHO, 2002). An approach that emphasises autonomy, ongoing engagement, and social inclusion, and aligns closely with the ethical values of social work.

Despite its global relevance, active ageing has not received much attention in low-income settings such as Nigeria. Structural barriers such as poverty and weak social services have limited its practical use to a large extent. Existing discussions are often sector-specific or health-focused, with insufficient integration of social work theories, social policy analysis, and community-based intervention strategies. This paper advances the position that active ageing should be understood and operationalised as a multidimensional, social work-driven intervention framework capable of transforming older adults' lived realities from vulnerability to vitality.

This article is a conceptual policy-oriented position paper, which draws on gerontological theories, existing empirical studies, and global and national documents, to construct a normative argument that the active ageing principles must be structurally integrated into Nigeria's social welfare and public health systems. Rather than generating primary empirical data, the paper

synthesises and critically interprets existing evidence to advance policy-relevant insights and practice-oriented recommendations.

Literature Review

Research indicates that older adults from low-income backgrounds in Nigeria and other low- and middle-income countries are facing serious challenges. For instance, over 80% of older adults in sub-Saharan Africa lack access to formal social protection programmes such as pensions or health insurance (HelpAge International, 2023). While Akinyemi et al. (2020) highlight the challenges of accessing healthcare in rural Nigeria due to limited transportation and high out-of-pocket costs, Oni-Eseleh and Afesimi (2024), on the other hand, emphasise that pension benefits are inadequate even for those who receive them, thereby increasing emotional distress and social isolation.

Although these studies have established that economic disadvantage to a large extent drives vulnerability, they differ in focus and depth. For example, Akinyemi et al. (2020) primarily document healthcare access barriers, while a study by Ola-David and Oyelade (2019) highlighted sociocultural risks such as witchcraft accusations specifically against older women. This reveals fragmentation in terms of understanding, with many studies addressing specific risks but failing to examine how these vulnerabilities relate or intersect, particularly in the Nigerian socio-cultural context.

The role of family and community support is equally documented, yet seems to be under strain. Ajomale (2011), in his article titled “The challenges of ageing in Nigeria, highlighted that urban migration and changing family structures may weaken traditional eldercare, while Agulanna (2021) revealed that relying on informal networks alone is insufficient to protect older adults from multidimensional deprivation. These contrasting findings clearly indicate a critical gap and show limitations in empirical analysis on how formal social policies and community-based mechanisms could mitigate vulnerabilities among economically disadvantaged older adults in synergy.

International frameworks, such as the WHO active ageing model, provide a comprehensive view emphasising health, participation, and security (WHO, 2002). At the same time, Boudiny (2013) and Mudege and Ezeh (2009) demonstrate successful grassroots adaptation of active ageing principles in rural African contexts, which means that there is little evidence on systematic adoption in Nigeria, particularly within low-income populations. This gap underscores the

necessity of positioning active ageing not just as a theoretical model but as a practical intervention strategy aligned with Nigeria's policy environment.

Furthermore, ageism seems to be an under-explored barrier. Studies by Courtin and Knapp (2017) and the WHO (2021) have documented the persistence of stereotypes of dependency and decline in healthcare, policymaking, and social institutions. In Nigeria, Ola-David and Oyelade (2019) provided evidence of culturally specific forms of discrimination, yet few studies integrate this awareness into actionable frameworks for social work intervention. Overall, existing literature indicates that economic disadvantage, to a large extent, drives vulnerability among older adults, particularly in low-resource settings, where policy and social protections are insufficient or poorly implemented, and structural factors, including ageism and gendered discrimination, exacerbate risks. Finally, the active ageing principles are underutilised with minimal evidence of systemic application in Nigeria.

Theoretical Framework

This paper adopts activity, continuity, and empowerment theories, in addition, global and national policy documents that support healthy ageing to guide social work interventions within welfare systems were utilised to examine the extent to which active ageing can improve the quality of life for economically disadvantaged older adults. The combination of these theories and frameworks provides a deep understanding of ageing processes by emphasising participation, identity continuity, and agency.

Activity theory (Havighurst, 1961) suggests that older adults achieve life satisfaction and healthy ageing through continuous involvement in meaningful roles and relationships. This theory clearly underlines the importance of active engagement in family, community, and economic activities as a determinant of well-being. While this was originally applied in high-income contexts, studies in African settings suggest that the principle of sustained engagement is universally relevant (Atoyebi & Ogunbameru, 2019; Mudege & Ezeh, 2009). However, this is not practically applicable in Nigeria, due to poverty, cultural constraints, and weak social support structures, which highlights a gap between theory and practice.

Continuity theory of Atchley (1989) complements activity theory by emphasising that roles, habits, and identity should be preserved throughout the ageing process. Continuity facilitates psychological stability and adaptive coping in situations when socio-economic disruptions occur.

Older adults in Nigeria face issues such as displacement and breakdown of family support systems as a result of urban redevelopment. Studies by Wang (2019) suggest that engaging older adults in culturally meaningful activities, such as traditional crafts or storytelling, can help in maintaining continuity and promoting resilience. This clearly suggests that continuity theory provides a critical lens for designing relevant active ageing programs in this context.

Empowerment theory of Zimmerman (2000) focuses on enabling individuals and communities gain control over their lives. For older adults, empowerment entails easy access to information, involvement in decision-making, and participation in both social and economic activities. Scholarly Evidence has shown that interventions such as skills development, digital literacy, and microfinance initiatives can shift older adults from a state of dependency to that of active involvement (Lee, 2001; Atoyebi & Ogunbameru, 2019). Despite this, Nigeria clearly seems to lack a workforce trained in gerontology and structured programs that target the empowerment of older adults, which constrains the practical application of this theory to a large extent. Together, these theories offer a holistic conceptual foundation, and when integrated, can provide a robust framework for applying the WHO active ageing framework principles in low-income countries, including Nigeria.

Global and Local Policy Frameworks

Global and national policies also provide a framework for promoting active ageing; however, there are gaps in translating these principles into practice. The active ageing framework by WHO (2002) emphasises health, participation, and security; its application in low-income settings such as Nigeria appears highly limited by poverty, infrastructural deficits, and underfunded programs (Beard et al., 2016; WHO, 2015). Similarly, the UN Decade of Healthy Ageing (2021–2030) highlighted inclusive care and age-friendly environments; however, the mechanisms to implement or enforce these goals locally appear insufficient (WHO, 2021).

Nigeria's National Policy on Ageing (2021) clearly outlines healthcare, social protection, and participation objectives. Yet, weak enforcement and limited political will hinder effectiveness to a large extent, particularly for economically disadvantaged older adults (Onyeka, Ezike, & Obiekwe, 2021).

This gap between policy and practice highlights the urgent and critical role of social workers in bridging theory, policy, and community interventions, which can be achieved by

facilitating empowerment and culturally relevant programs. Thereby helping to operationalise active ageing principles and addressing both scholarly and practical gaps.

Vulnerability of Economically Disadvantaged Older Adults

Many older adults in Nigeria are presently facing compounded vulnerabilities, which are caused by structural inequality, marginalisation, socioeconomic exclusion, and the natural physiological decline associated with ageing. These vulnerabilities has significant impact on the overall well-being of older adults, thereby limiting their ability to age with dignity (Helpage International, 2023; Agulanna, 2021).

These challenges are clearly highlighted in national and regional studies which shows that over 75% of older adults in Nigeria are experiencing multidimensional deprivation, with women largely affected (36% severely deprived compared to 20% of men) and regional disparities evident in the north-east (38%) and north-west (40%) (Ajayi, Fatusi, & Afolabi, 2024; and Mobolaji, 2024). Another study revealed that health vulnerabilities include high prevalence of arthritis (53%), fever (52%), headaches (39%), and chest pain (18%), while 65% and 59% of older adults report unmet needs in instrumental and basic activities of daily living respectively and overall, only 6.4% receive pensions, and 74% earn less than ₦1,000 monthly (Amoo, Olawole-Isaac, & Oni Eseleh & Afesimi, 2024).

Table 1: Evidence of Vulnerability among Economically Disadvantaged Older Adults in Nigeria

Indicator	Findings
The overall Multidimensional deprivation	75% of older Nigerians (60+) are multidimensionally deprived
Severe deprivation	27% severely deprived
Gender disparity in deprivation	Women: 36% severely deprived; men: 20% severely deprived
Regional disparity in deprivation	North-east: 38%, north-west: 40%, severely deprived
Unmet needs in instrumental activities of daily living (IADLS)	65% unmet needs

Unmet needs in basic activities of daily living (ADLS)	59% unmet needs
Monthly income below ₦1,000	74% of elderly respondents
Common health problems	Arthritis: 53%, fever: 52%, headaches: 39%, chest pain: 18%
Elderly below the poverty line	75% of elderly household members
Receiving pension	Only 6.4% receive pensions

These figures are drawn from secondary sources and national surveys, synthesised to provide a clear picture of older adults' vulnerabilities. They demonstrate the urgent need for targeted interventions, particularly integrating active ageing strategies that address health, social participation, and economic security.

The Concept and Pillars of Active Ageing

Active ageing, according to the World Health Organisation (WHO, 2002), is “the process of optimising opportunities for health, participation, and security to enhance quality of life as people age.” This approach shifts the narrative from viewing ageing as decline to seeing ageing as potential, recognising older adults as capable contributors to family, community, and national development (Beard et al., 2016). For economically disadvantaged older adults, the active ageing model offers a rights-based and dignity-enriching framework for various interventions, and emphasises physical, mental, and social well-being, with a focus on autonomy and social inclusion. In middle-income countries such as Nigeria, where life expectancy is arguably low, and social safety nets are weak, active ageing goes beyond physical fitness to include participation in family and various institutions, amid poverty and marginalisation (Ajomale 2007; Akinyemi et al. 2020).

The Three Pillars of Active Ageing

A. Health: The health pillar of active ageing promotes functional ability rather than just managing illnesses; it emphasises prevention, access to healthcare, and mental well-being while addressing social factors such as housing, income, and education (Beard et al., 2016). In Nigeria, community-based strategies such as mobile clinics, traditional health programs, and subsidised insurance can help mitigate healthcare access barriers for disadvantaged older adults.

B. Participation: Older adults have the right to fully engage in economic, social, and civic life. Involvement in traditional crafts, mentoring, and community leadership can help alleviate isolation and improve mental health (Courtin & Knapp, 2017). However, systemic issues such as ageism and digital exclusion continue. But social workers can promote inclusion through skills training, digital literacy, and elder forums, leveraging policies such as the Senior Citizens Centre Act (2021) for practical results.

C. Security: Security includes the legal rights, safety, housing, and financial protection. Many older adults in Nigeria struggle to secure safe housing, stable income, or protection from abuse (Agulanna, 2021). Social workers can provide psychosocial support and advocate for housing justice, legal aid, and policy enforcement, especially for vulnerable groups.

While the WHO active ageing model was originally designed in high-income contexts, its principles can also be adapted to low-income contexts. Grassroots initiatives, including elder clubs, intergenerational storytelling, and age-inclusive faith groups, go a long way in promoting dignity and social cohesion (Mudege & Ezeh, 2009). By aligning theory, policy, and practice, social workers can facilitate the implementation of active ageing, thereby ensuring that interventions are culturally relevant, sustainable, and empower the target population (economically disadvantaged older adults).

The Pathway from Vulnerability to Vitality: Active Ageing in Practice

The shift from vulnerability to vitality among older adults is not an automatic process; it requires carefully coordinated efforts based on policy, social action, and cultural relevance. For economically disadvantaged older adults, the active ageing framework encourages autonomy, dignity, and quality of life. Some of the practical pathways include:

1. Reducing Social Isolation: Chronic loneliness, which is worsened by widowhood, migration, and the breakdown of family systems, poses serious risks to the mental and physical health of older adults (Courtin & Knapp, 2017; Holt-Lunstad et al., 2015). Active ageing fosters reconnection through community centres, senior clubs, and intergenerational activities. In Nigeria, informal groups such as age grades and faith-based organisations can serve as platforms for networking and inclusion. Social workers' roles in this context include: identifying isolated individuals, facilitating

participation, organising community mapping and home visits, and linking theory to practical interventions.

2. Improving Health Outcomes: Health can significantly influence and reflect vulnerability in old age. Active ageing lays great emphasis on functional ability, self-care, and social interaction rather than the treatment of diseases. Low-cost programs such as walking clubs, health talks, and screenings can enhance health outcomes. Social workers can collaborate with health centres to deliver these services, customising approaches to local needs and resources, thereby operationalising the health pillar of the active ageing framework.

3. Promoting Economic Empowerment: Despite challenges such as a lack of funds, expertise, or age-friendly environments, older adults continue to contribute economically. Active ageing encourages entrepreneurship and lifelong learning, supported by microgrants and retraining in crafts or agro-processing. Intergenerational programs can connect younger people with older adults, which would help them improve digital and marketing skills. Social workers can assist in forming cooperatives, organising training, and promoting microcredit, thereby bridging empowerment theory with actionable programs.

4. Fostering Purpose and Civic Inclusion: Older adults seek meaningful roles and civic engagement, yet they often face exclusion from policy discussions. Participation in leadership, advocacy, and volunteer activities can boost life satisfaction and mental health (Ayalon et al., 2021). Social workers need to create an inclusive forum that amplifies the voices of the elderly and encourages their involvement in governance and community planning, thereby integrating theoretical, policy, and practice perspectives.

5. Bridging Generations: Inter-generational programs can help combat ageism and social exclusion. Storytelling, mentoring, and cooperative projects significantly promote mutual respect and sharing of cultural knowledge. A successful pilot initiative in Ibadan, where students visited elders, assisted with household tasks, and documented life stories, strengthened connections and reduced feelings of loneliness. Social workers can scale and replicate these models, thereby linking empirical insights with conceptual frameworks.

Each of these pathways demonstrates how active ageing principles can be implemented in low-resource settings. By combining theory, policy frameworks, and practical social work interventions, economically disadvantaged older adults can transition from a state of vulnerability marked by dependency to that of vitality marked by productivity, with interventions that are not only culturally relevant but also sustainable.

The Role of Social Work and Social Welfare in Promoting Active Ageing

Social work and social welfare systems play central roles in enabling older adults' transition from vulnerability to vitality. Grounded in the values of justice, human dignity, and empowerment, social work can provide strategies that support active ageing through targeted interventions and advocacy.

Unlike charity-based models that reinforce dependency, social work challenges this narrative, promoting empowerment and rights-based approaches that recognise older adults as active contributors to society. This aligns with the activity, continuity, and empowerment theories, thereby applying them in practical interventions.

Social Work Approaches to Promoting Active Ageing in Nigeria

Standardising Elder Care: Social workers play critical roles in improving the quality of eldercare facilities, implementing programs such as peer support networks, and inter-generational initiatives, which foster engagement and knowledge transfer. This also reduces loneliness and isolation among the elderly.

Policy Advocacy and Institutional Change: Social workers are key agents in bridging the gap between policy and the lived realities of older adults. By working with communities, NGOs, and governments, they can help in designing and implementing programs that address the vulnerabilities of older adults. For instance, the Nigerian Constitution clearly mandates a social protection fund under the National Commission for Senior Citizens, which, if implemented, could significantly improve older adults' welfare.

Collaborations and Partnerships: Partnerships with NGOs such as HelpAge International and organisations such as the WHO can generate resources and enhance program visibility and

effectiveness. Academic institutions can contribute through research and evidence-based practices, thereby supporting the National Institute on Ageing's mission.

Social workers apply the health, participation, and security pillars of the WHO framework in interventions. By linking policy, theory, and practice, they continue to promote autonomy and well-being, thereby ensuring interventions are not only culturally relevant and sustainable but also responsive to the individual challenges of economically disadvantaged older adults in Nigeria.

Challenges and Limitations of Implementing Active Ageing in Nigeria

Despite its significant potential, implementing active ageing in low-and middle-income countries such as Nigeria faces multi-factorial challenges. These issues, including cultural beliefs, weak policy enforcement, poor infrastructure, and consistent underinvestment, severely obstruct efforts to help older adults transition from vulnerability to vitality.

1. Cultural Misconceptions and Ageist Norms: Although society generally values elders, ageist stereotypes persist. Older adults are often viewed as weak, passive, or dependent. This mindset discourages their participation in leadership, civic activities, and economic roles. In some areas, particularly among older women, harmful cultural beliefs, such as accusations of witchcraft, lead to exclusion and abuse (HelpAge International, 2019). Internalised ageism further erodes self-confidence, preventing older individuals from engaging in empowerment programs. Addressing these cultural barriers requires community education, advocacy, and inclusive programming.

2. Weak Policy Implementation and Institutional Gaps: While there are established policies, for example, Nigeria's National Policy on Ageing and the Senior Citizens Centre Act (2021), they lack implementation. A recent study revealed that the country lacks a coordinated eldercare policy despite urgent demographic needs (Oni-Eseleh and Afesimi, 2024). Many of these policies suffer from underfunding, lack enforcement measures, and tend to focus on urban areas. Rural elders often face neglect as social workers, crucial to policy implementation, are frequently overlooked and under-resourced, undermining their advocacy and program delivery capacity. Strengthening policy requires dedicated funding and monitoring, and integration with community-based interventions, thereby linking theoretical principles with actionable practice.

3. Infrastructure Deficits and Resource Inequality: Active ageing relies on access to age-friendly infrastructure, such as healthcare facilities, recreational areas, transportation, and digital platforms. Unfortunately, in Nigeria, these resources are often unavailable or difficult to access. Health systems struggle with underfunding, while geriatric care services are nearly nonexistent. Many older adults face transportation costs and long travel distances to health centres, limiting their access to care and social involvement (Odumosu & Adebayo, 2021). Social workers must advocate for resource allocation and leverage community networks to ensure access to services and participation opportunities.

4. Literacy Barriers and Digital Exclusion: A large portion of the elderly population, particularly those in rural areas and women, lacks formal education and digital skills. This digital divide restricts their ability to access essential digital services. As these countries continue to digitise, the absence of focused strategies for digital inclusion further marginalises older adults (Ajayi et al., 2021; Iyanda, 2025). Bridging this gap would require digital literacy training and accessible technology.

5. Funding Instability and Program Sustainability: Most active ageing programs depend highly on donor funding or short-term pilots, which compromises long-term sustainability. Lack of government commitment and limited private sector engagement may hinder program continuity. Social workers and policymakers must develop sustainable financing models, combining public, private, and community resources.

6. Shortage of Gerontological Expertise: A critical challenge in Nigeria is the shortage of trained professionals in gerontology. Without a specialised workforce ready to meet older adults' unique needs, many interventions would be superficial and difficult to expand (Idyorough, 2013). Integrating gerontology into social work curricula and developing certified training paths for geriatric social work will enhance professional capacity to a large extent. The Nigerian Association of Social Workers (NASoW), as a professional body, can lead efforts to build institutional expertise and support age-inclusive practices across sectors.

Recommendations

To improve the well-being of economically disadvantaged older adults, the following recommendations are vital:

1. For policy, social protection systems should be strengthened by implementing universal pensions. Additionally, a national active ageing implementation framework should be established under the Ministry of Humanitarian Affairs and Social Development, with legal backing and a dedicated budget.
2. For practice, a skilled gerontological workforce must be developed by incorporating gerontology into social work curricula and enhancing professional capacity with certified training programs. In addition, partnerships with NGOs and international organisations must be leveraged to encourage inter-generational and community-based programs such as mentorship and shared learning to combat social isolation and reinforce the value of older adults.
3. For research, scholars should conduct empirical studies to evaluate the effectiveness of active ageing interventions in diverse Nigerian contexts, particularly rural and marginalised communities.

These recommendations would balance policy action, practical implementation, and research evidence, while providing a structured roadmap to moving economically disadvantaged older adults in Nigeria, from vulnerability to vitality.

Conclusion

This paper has highlighted the urgent need for Nigeria to shift its economically disadvantaged older adults from a state of vulnerability to vitality through the active ageing framework. By integrating gerontological theories, the discourse demonstrates that older adults can continue to participate meaningfully in society and contribute to community and national development, even amid poverty and social marginalisation.

The analysis has shown that active ageing is not just a conceptual ideal but a practical strategy that can be used to enhance health, participation, and security of older adults. Additionally, it highlights

the central role that social workers play in translating policy into practice, fostering social inclusion, facilitating economic empowerment, and lastly, bridging intergenerational gaps.

While issues such as poverty, lack of policy enforcement, cultural misconceptions, and limited gerontological expertise persist, this position paper has provided a conceptual foundation for

policy, practice, and research interventions. It identifies clear gaps in the Nigerian context and proposes targeted interventions for improving the quality of life of older adults.

In conclusion, adopting active ageing principles offers a rights-based and empowerment-focused approach to ageing in Nigeria, with great potential for both national and global applicability. Additionally, the strategic integration of policy, practice, and research would go a long way in ensuring that older adults age with dignity, autonomy, and purpose.

References

- Agulanna, C. C. (2021). *Ageing, Care, and Social Protection in Nigeria*. Ibadan University Press.
- Ajayi, A. I., Fatusi, A. O., & Afolabi, R. F. (2024). Multidimensional Poverty and Vulnerability Among Older Adults in Nigeria. *Journal of Population Ageing*, 17(2), 245–263. <https://doi.org/10.1007/s12062-023-09375-4>
- Ajayi, O., Adeagbo, M., & Bello, T. (2021). Digital Exclusion and Ageing in Sub-Saharan Africa. *Information Development*, 37(4), 567–580. <https://doi.org/10.1177/0266666920975903>
- Ajomale, O. (2007). Ageing in Nigeria: Current State, Social and Economic Implications. *African Journal of Social Sciences*, 2(1), 1–12.
- Ajomale, O. (2011). The Challenges of Ageing in Nigeria. *Ibadan Journal of the Social Sciences*, 9(2), 31–43.
- Akinyemi, J. O., Chisumpa, V. H., & Odimegwu, C. O. (2020). Deprivation and Access to Health Care Among Older Adults in Nigeria. *BMC Public Health*, 20, Article 1049. <https://doi.org/10.1186/s12889-020-09131-8>
- Amoo, E. O., Olawole-Isaac, A., & Oni, G. A. (2019). Poverty and Ageing in Nigeria: Implications for Social Protection. *African Population Studies*, 33(2), 4770–4783.
- Atchley, R. C. (1989). A Continuity Theory of Normal Ageing. *The Gerontologist*, 29(2), 183–190. <https://doi.org/10.1093/geront/29.2.183>
- Atoyebi, O. A., & Ogunbameru, O. A. (2019). Active Ageing and Social Participation Among Older Persons in Nigeria. *Journal of Gerontological Social Work*, 62(7), 753–770. <https://doi.org/10.1080/01634372.2019.1631545>
- Ayalon, L., Chasteen, A., Diehl, M., Levy, B., Neupert, S. D., Rothermund, K., Tesch-Römer, C., & Wahl, H. W. (2021). Ageing in Times of the COVID-19 Pandemic: Avoiding

- Ageism and Fostering Intergenerational Solidarity. *The Journals of Gerontology: Series B*, 76(2), e49–e52. <https://doi.org/10.1093/geronb/gbaa051>
- Beard, J. R., Officer, A., de Carvalho, I. A., Sadana, R., Pot, A. M., Michel, J. P., Lloyd-Sherlock, P., Epping-Jordan, J. E., Peeters, G., Mahanani, W. R., & Thiyagarajan, J. A. (2016). The World Health Organisation's Global Strategy and Action Plan on Ageing and Health. *The Gerontologist*, 56(Suppl. 2), S163–S178. <https://doi.org/10.1093/geront/gnw106>
- Boudiny, K. (2013). 'Active Ageing': From Empty Rhetoric to Effective Policy Tool. *Ageing & Society*, 33(6), 1077–1098. <https://doi.org/10.1017/S0144686X1200030X>
- Courtin, E., & Knapp, M. (2017). Social Isolation, Loneliness and Health in Old Age: A Scoping Review. *Health & Social Care in the Community*, 25(3), 799–812. <https://doi.org/10.1111/hsc.12311>
- Havighurst, R. J. (1961). Successful Ageing. *The Gerontologist*, 1(1), 8–13. <https://doi.org/10.1093/geront/1.1.8>
- HelpAge International. (2019). *Violence Against Older Women: A Neglected Reality*. HelpAge International.
- HelpAge International. (2023). *Global Ageing and Social Protection Report*. HelpAge International.
- Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and Social Isolation as Risk Factors for Mortality. *Perspectives on Psychological Science*, 10(2), 227–237. <https://doi.org/10.1177/1745691614568352>
- Idyorough, A. E. (2013). Social Work Education and Ageing in Nigeria. *Journal of Social Development in Africa*, 28(2), 57–73.
- Iyanda, V.F., (2025). Loneliness and Social Isolation of the Elderly: A Digital Transformation Intervention," *Lead City Journal of the Social Sciences (LCJSS)*, Lead City University, vol. 10(1), pages 40-52.
- Lee, J. A. B. (2001). *The Empowerment Approach to Social Work Practice* (2nd ed.). Columbia University Press.
- Mobolaji, J. W. (2024). Regional Inequalities and Ageing in Nigeria. *African Journal of Development Studies*, 9(1), 112–129.
- Mudege, N. N., & Ezech, A. C. (2009). Gender, Ageing, Poverty and Health: Survival Strategies of Older Men and Women in Nairobi Slums. *Journal of Ageing Studies*, 23(4), 245–257. <https://doi.org/10.1016/j.jaging.2008.11.0>

- Odumosu, O., & Adebayo, A. (2021). Transport Access and Healthcare Utilisation Among Older Adults in Nigeria. *Journal of Transport & Health*, 21, Article 101078. <https://doi.org/10.1016/j.jth.2021.101078>
- Ola-David, O., & Oyelade, O. A. (2019). Witchcraft Accusations and Abuse of Older Women in Southwestern Nigeria. *Journal of Elder Abuse & Neglect*, 31(3), 243–259. <https://doi.org/10.1080/08946566.2019.1608475>
- Oni-Eseleh, O., & Afesimi, A. O. (2024). Financial Well-being and Quality of Life of Older Adults in Nigeria. *Journal of Gerontological Social Work*, 67(2), 167–185. <https://doi.org/10.1080/01634372.2023.2265147>
- Onyeka, I. N., Ezike, J. E., & Obiekwe, O. (2021). Policy Gaps in Ageing Care in Nigeria. *International Journal of Social Welfare*, 30(4), 412–423. <https://doi.org/10.1111/ijsw.12467>
- United Nations. (2023). *World Population Ageing 2023*. United Nations Department of Economic and Social Affairs.
- Wang, Q. (2019). Cultural Continuity and Ageing Well: Evidence from Community-based Programs. *Journal of Cross-Cultural Gerontology*, 34(3), 261–276. <https://doi.org/10.1007/s10823-019-09375-9>
- World Health Organisation. (2002). *Active Ageing: A Policy Framework*. World Health Organisation.
- World Health Organisation. (2015). *World Report on Ageing and Health*. World Health Organisation.
- World Health Organisation. (2021). *Decade of Healthy Ageing 2021–2030*. World Health Organisation.
- Zimmerman, M. A. (2000). Empowerment Theory: Psychological, Organisational and Community Levels of Analysis. In J. Rappaport & E. Seidman (Eds.), *Handbook of Community Psychology* (pp. 43–63). Springer.