AN OVERVIEW OF THE CHALLENGES IN THE CARE OF ELDERLY IN NIGERIA

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Abstract

This study critically examines the multidimensional challenges confronting Nigeria's rapidly expanding elderly population, projected to reach 33 million by 2050. The study adopted a desk research method whereby related literature were critically reviewed to understand the phenomenon under investigation. This study applied source triangulation by cross-referencing information across different materials, such as verifying institutional reports against government documents and peer-reviewed literature. This study was hinged on Political Economy of Aging theory. This theory provides a critical examination of how entrenched structural conditions in Nigeria, including insufficient pension arrangements, fragile health policy frameworks, and pronounced economic disparities, collectively generate and intensify the vulnerabilities experienced by older persons. By redirecting analytical attention from individual physiological deterioration to the distribution of public resources, this standpoint enables scholars to illustrate how Nigeria's socio-political structures systematically disadvantage the elderly and shape their access to healthcare as well as economic security. The findings reveal a severe socio-economic crisis: approximately 70–75% of older Nigerians live in poverty, while up to 75% suffer from chronic non-communicable diseases. Furthermore, the traditional extended family support system is eroding due to urbanization, and formal institutional care remains virtually non-existent, a reality that disproportionately marginalizes elderly women. The public healthcare infrastructure is grossly ill-equipped for geriatric care. To avert a worsening crisis, the study recommends implementing a non-contributory universal social pension, integrating specialized geriatric care into Primary Health Care (PHC) centres, fully subsidizing health insurance, funding the National Policy on Ageing, and providing financial incentives for informal family caregivers.

Keywords: Elder, elderly, aging, population, caregivers

Introduction

Across the world, populations are experiencing a historically unparalleled demographic transformation, shaped by falling fertility levels alongside increasing longevity, which has collectively accelerated the pace of population ageing (Khan et al., 2024). Evidence from empirical studies suggests that this development may erode the benefits once associated with demographic dividends, transforming them into significant macroeconomic constraints that could dampen economic expansion and lower income per head (Kotschy & Bloom, 2023). In many high-income countries, this demographic evolution has unfolded gradually over long durations, thereby enabling the establishment of extensive health and social support systems. By contrast, less developed countries are encountering similar shifts within a much shorter timeframe (Khan et al., 2024). As a result, numerous emerging economies face the prospect of ageing populations before attaining full economic development, thereby exerting considerable pressure on healthcare systems, labour markets, and public finances (Kotschy & Bloom, 2023). This global context offers an essential reference point for interpreting the specific challenges evident in regions characterised by rapid demographic expansion.

Nigeria is presently experiencing a notable demographic shift characterised by a consistent rise in the number of individuals aged 60 years and above. Contemporary estimates show that Nigerians aged 60 years and above, numbering roughly 11 million in 2020, are projected to exceed 33 million by 2050, thereby representing the largest elderly population on the African continent (Muhammed, 2025; Wan, 2022). This transition is unfolding within a context of acute macroeconomic volatility, fragile institutional systems, and widespread socio-economic disparities. As a result, providing adequate care for older persons presents considerable difficulties. In contrast to advanced economies where comprehensive pension arrangements and organised geriatric healthcare structures mitigate the risks associated with ageing, Nigeria remains heavily dependent on informal support mechanisms that are increasingly weakening ((Ogunniyi et al., 2020; Hirschhorn, 2025; Mobolaji (2024). While the nation has long been regarded as demographically young, improvements in healthcare and a steady reduction in fertility have contributed to a rapid increase in the elderly population. This gradual yet profound demographic evolution exerts considerable pressure on a system that has historically concentrated its resources on maternal and child health, as well as infectious disease control, rather than on geriatric care.

The provision of care for older adults is further complicated by the gradual erosion of traditional informal support structures, which have long served as the foundation of elderly care in Nigeria. Historically, the extended family network, reinforced by cultural expectations of filial responsibility, ensured that ageing individuals received support from relatives. However, processes such as modernisation, rapid urban growth, and large-scale migration of younger individuals in pursuit of economic opportunities have widened a significant care deficit (Hirschhorn, 2025). As many younger people relocate to cities or migrate abroad, often described as brain drain or "Japa", elderly individuals are frequently left behind in rural communities with reduced social support systems. Ikeorji and Ubani (2025) further highlight that even when relatives remain nearby, escalating living costs and persistent unemployment constrain their capacity to offer adequate financial and physical assistance, thereby contributing to caregiver fatigue and, in certain cases, neglect or mistreatment.

From an economic standpoint, older persons in Nigeria encounter multiple layers of deprivation that undermine both their wellbeing and dignity. Evidence suggests that between 70% and 75% of elderly Nigerians live in conditions of poverty or economic insecurity, with particularly high vulnerability observed among women and those residing in rural areas (Oche et al., 2024). This situation is largely attributable to the absence of a comprehensive social protection system.

Presently, only about 3% of older individuals benefit from formal pension schemes, leaving the vast majority dependent on irregular financial support from family members or compelled to remain engaged in physically demanding informal work, including subsistence agriculture, well into advanced age (PMC, 2025).

Financial instability also significantly restricts access to healthcare services, especially within a system that relies predominantly on out-of-pocket payments, with households covering nearly 75% of total health expenses. Consequently, many elderly individuals resort to low-cost yet often ineffective traditional remedies or abandon treatment altogether due to financial constraints (Hirschhorn, 2025).

From both clinical and structural perspectives, Nigeria’s healthcare system remains inadequately prepared to address the ongoing epidemiological shift characterised by the increasing prevalence of chronic non-communicable diseases such as hypertension, diabetes, arthritis, and dementia among older adults. Numerous Primary Health Care facilities lack the

specialised resources, trained geriatric professionals, and essential medications necessary to manage these conditions effectively (Ogunyemi, 2025). In addition, discriminatory attitudes based on age within healthcare environments, coupled with prolonged waiting periods, frequently discourage elderly individuals from seeking medical attention. Although policy initiatives, including the Older Persons (Rights and Privileges) Bill and the National Policy on Ageing, have been introduced, their execution remains inconsistent and insufficiently funded (Okoro et al., 2025). The convergence of these social, economic, and institutional challenges creates a highly vulnerable context for ageing, thereby underscoring the critical importance of examining elderly care issues as a pressing national concern. This study sought to examine the challenges affecting the elderly in Nigeria using a qualitative approach by critically reviewing extant literature.

Conceptual Review

The notion of the "elderly" is a complex and multidimensional concept that extends beyond mere chronological measurement. Academic interpretations of ageing differ considerably across geographical, cultural, and socio-economic settings. Such as tend to prioritise biological indicators and statutory retirement thresholds, African, and particularly Nigerian, such as advocate a more holistic understanding that incorporates social responsibilities and functional ability.

On a global scale, the most widely recognised benchmark for defining the elderly is the age of 65 years, a criterion predominantly adopted in developed countries and closely associated with pension eligibility (Hirschhorn, 2025). Nevertheless, international bodies such as the United Nations and the World Health Organization commonly apply a lower threshold of 60 years when referring to older populations, in recognition of differences in life expectancy across developing regions (PMC, 2025).

Contemporary international scholars, including Garner and Holland (2025), contend that reliance on chronological age alone is becoming increasingly inadequate. They introduce the idea of "functional age," which evaluates an individual's capacity to undertake everyday activities irrespective of their actual age. This perspective redirects attention from the number of years lived to the level of functional capability, thereby distinguishing between categories such as the "young-old," generally aged between 65 and 74, and the "oldest-old," aged 85 and above, who often have substantially different healthcare and social support requirements (Ogunyemi, 2025).

Within the Nigerian context, the classification of an "elder" is strongly influenced by cultural norms, social standing, and life transitions rather than strictly by age. Scholars such as Mobolaji (2024) and Ogunyemi (2025) observe that in many indigenous communities, individuals are regarded as elders when they withdraw from active economic roles and assume advisory responsibilities within the community, or when they attain generational milestones, such as becoming grandparents. This socially constructed understanding of ageing implies that individuals in their late forties or fifties may be considered elders if they have achieved recognised cultural or familial statuses.

Moreover, Ikeorji and Ubani (2025) underline that older individuals in Nigeria are traditionally perceived as custodians of knowledge and guardians of cultural continuity. In contrast to Western disengagement theories, which often portray ageing as a gradual withdrawal from societal participation, the Nigerian perspective, interpreted through the Social Exchange Theory, emphasises mutual interdependence. In this arrangement, elderly individuals offer moral, spiritual, and experiential guidance, while younger members of society provide material and physical support (Mobolaji, 2024). However, Okoro et al. (2025) caution that this traditional framework is increasingly being undermined by modernisation, which is contributing to the marginalisation and reduced visibility of older adults in society.

A comprehensive review of contemporary literature highlights an ongoing interplay between the biological, psychological, and sociological aspects of ageing. International researchers are progressively adopting "equitable ageing" models that examine how issues of power, inequality, and justice shape the lived experiences of older individuals (Frontiers, 2025). In contrast, Nigerian scholars advocate the development of a more contextually appropriate operational definition of ageing in Africa, in some cases suggesting a threshold as low as 50 years to reflect shorter life expectancy and the earlier emergence of chronic illnesses linked to challenging living conditions (PMC, 2025).

In essence, current academic consensus recognizes that the term "elderly" represents a fluid and evolving process rather than a fixed category. Whether conceptualized through the framework of successful ageing, which emphasizes sustained functionality, or pathological ageing, characterized by decline associated with illness, its application must remain sensitive to individual circumstances and broader socio-economic conditions.

Methodology

This research adopted a desk-based methodological approach. Desk research, alternatively referred to as secondary research, entails the systematic gathering, organization, and synthesis of pre-existing data rather than the collection of new empirical evidence through primary fieldwork. It forms a fundamental component of scholarly and professional investigations, offering a cost-effective means of establishing a foundational understanding of a subject area.

Desk research involves a structured process of sourcing, screening, and evaluating information derived from both internal materials, such as institutional reports, and external sources, including government documents, academic publications, and media outputs.

Inclusion Criteria

The following types of information, sources, and materials are included within the scope of desk research:

- Internal Institutional Reports**:** Unpublished data, internal metrics, annual reports, and organizational documents provided directly by the institution or entity being researched.
- Government and Policy Documents**:** Official reports, white papers, legislative records, and statistical data published by municipal, state, or federal government agencies.
- Academic and Peer-Reviewed Literature**:** Research articles, academic journals, books, and conference papers that provide theoretical or empirical foundations.
- Media and Industry Outputs: Publicly available information such as reputable news articles, industry analyses, market research reports, and press releases.
- Secondary Data Sources: Pre-existing qualitative and quantitative data collected by third parties for other purposes, which can be re-analysed for the current research objective.

Exclusion Criteria

The following types of information, sources, and methodologies fall outside the boundaries of the defined desk research process:

- Primary Data Collection**:** Raw data gathered directly from subjects through methods such as interviews, focus groups, experimental trials, surveys, or field observations.
- Unverified or Non-Credible Sources: Social media posts, unverified personal blogs, opinion pieces without credible citations, or ephemeral content lacking institutional backing.
- Inaccessible or Internalized Classified Data: Classified government or corporate information, proprietary databases requiring special authorization not granted to the researcher, and non-public communications.

- Outdated Information**:** Materials that fall outside the temporal scope or relevance parameters required for the specific research question.

Table 1: Summary of Evaluation Framework

Evaluation Parameter	Included	Excluded
Origin of Information	Secondary / Pre-existing sources (Internal and External)	Primary data generation
Source Types	Academic journals, government reports, institutional data, media	Personal opinions, raw interview transcripts, physical experiments
Accessibility	Publicly accessible or authorized internal records	Highly classified, proprietary, or restricted materials

It is not simply a passive review of available information but requires critical assessment to determine the credibility, reliability, and potential bias inherent in the original sources. Data obtained through desk research is analysed using a systematic process that transforms secondary information into meaningful insights. The evaluation begins with content analysis, where the researcher reviews, codes, and categorizes textual or qualitative data from reports and documents to identify recurring patterns and themes. This is accompanied by thematic synthesis, which integrates findings from various academic and policy sources to build a coherent understanding of the research problem. To ensure validity, this study applied source triangulation by cross-referencing information across different materials, such as verifying institutional reports against government documents and peer-reviewed literature.

The adoption of desk research in this study is driven by several key factors, beginning with its significant cost and time efficiency by eliminating the logistical and ethical challenges of primary fieldwork. Additionally, it allows for the analysis of long-term trends that are usually difficult to capture through primary research, while systematically identifying existing knowledge gaps to prevent the duplication of research efforts. This method is particularly suitable for studying the elderly in Nigeria, as it circumvents the mobility constraints and cultural sensitivities that often make this demographic difficult to access. Ultimately, utilizing secondary data enables the study to deliver a comprehensive, system-level

perspective on the structural and institutional shortcomings impacting the wellbeing of older persons.

Theoretical Framework

This study was hinged on the Political Economy of Ageing (PEA) which was developed during the late 1970s and early 1980s as a critical response to functionalist perspectives, including disengagement and activity theories. This theory largely interpreted ageing as an individual or biological phenomenon. The theory is principally associated with Carroll L. Estes, whose influential publication *The Aging Enterprise* (1979) disputed the assumption that the difficulties encountered by older individuals are simply natural outcomes of ageing. Additional scholars, such as Alan Walker, Chris Phillipson, and Meredith Minkler, further advanced this perspective. Collectively, these contributors redirected attention from biological ageing processes towards socio-political structures, maintaining that the position and access to resources of older persons are shaped by their placement within social hierarchies and by prevailing power relations within the state and economy.

At its core, the Political Economy of Ageing asserts that the experience of later life is socially constructed and significantly influenced by wider political and economic systems. It maintains that the challenges associated with ageing are not inherently personal but are produced through public policy decisions, labour market configurations, and inequitable resource distribution.

A key principle of the theory is the notion of the social construction of dependency. It proposes that the dependency frequently associated with old age is artificially created through institutional arrangements, such as compulsory retirement policies or the absence of adequate social protection systems, which effectively diminish the economic independence of older individuals. Another central assumption is structural determinism, which suggests that inequalities accumulated over the life course, including those linked to class, gender, and ethnicity, manifest more acutely in old age. Within the Nigerian context, this is evident in how prolonged engagement in informal employment results in the absence of pension coverage in later life.

The theory also assigns a critical role to the state, arguing that it does not function as a neutral distributor of resources. Instead, it operates in ways that often reflect the interests of dominant groups, thereby marginalising individuals who are no longer considered

economically productive within a capitalist framework. One of the principal strengths of the Political Economy of Ageing lies in its capacity to transcend explanations that attribute the difficulties of older persons to personal failings or purely medical conditions. By emphasising structural inequalities, it demonstrates how broader economic policies and fiscal priorities shape the everyday realities of ageing populations. It offers a valuable analytical framework for understanding why particular groups, such as rural women in Nigeria, experience heightened vulnerability, highlighting the combined effects of gender inequality and economic marginalisation. Moreover, the theory supports advocacy for comprehensive policy reforms, including the establishment of universal social protection systems, rather than relying solely on individual-level coping mechanisms or notions of active ageing that may be unattainable for disadvantaged populations (Estes et al., 2021).

Notwithstanding its analytical depth, the theory has attracted criticism for its tendency towards determinism, as it may understate the capacity of older individuals to exercise agency and resilience. Its strong emphasis on structural constraints can obscure the positive cultural dimensions of ageing and the adaptive strategies employed by elderly individuals. Furthermore, critics argue that its macro-level orientation may overlook the biological aspects of ageing and the immediate healthcare needs that require clinical interventions. In developing contexts such as Nigeria, some scholars contend that the framework places excessive emphasis on state-driven solutions, despite the limitations of state capacity, thereby underestimating the continuing, albeit strained, significance of family-based support systems (Phillipson, 2022).

Justification for Relevance to the Study of Elderly Care in Nigeria

The Political Economy of Ageing holds substantial relevance for analysing elderly care in Nigeria, as it provides insight into the policy gaps and systemic neglect that characterise the current situation. Nigeria operates within an economic framework where public expenditure on social welfare is frequently subordinated to competing priorities such as debt servicing and infrastructure development. This has contributed to a context in which approximately 70% to 75% of older Nigerians experience economic vulnerability (Ogunniyi, Akanji, &Baiyewu, 2025). The theory clarifies how the country's transition from a predominantly agrarian economy to a modern capitalist system has not been accompanied by adequate social protection measures, leaving older individuals positioned between a declining informal support network and an underdeveloped formal system.

In addition, contemporary research indicates that many of the difficulties associated with elderly care in Nigeria, including limited access to specialised geriatric services and the absence of effective pension arrangements for workers in the informal sector, are direct outcomes of political decision-making processes. For example, the failure to effectively implement the National Policy on Ageing (2021) may be interpreted through the lens of the Political Economy of Ageing as reflecting the low prioritisation of a demographic group perceived as politically inactive or economically unproductive (Ebimgbo& Okoye, 2025). Applying this theoretical framework allows for the argument that the challenges surrounding ageing in Nigeria are not merely demographic in nature but represent structural deficiencies that necessitate a deliberate redistribution of resources to promote ageing with dignity.

Table 2: Demographic and Socio-Economic Reality

The table below explains the demographic and socio-economic realities of the elderly in Nigeria

Demographic / Socio-Economic Indicator	Estimated Value	Context & Implication	Source
Projected Older Population (by 2050)	~25.5 million	A rapid expansion of the older population, indicating that Nigeria's aging demographics are increasing in tandem with global trends.	(Cadmus et al., 2025)
Poverty & Vulnerability Rate	63% – 85%	Up to 85% of older women experience severe socio-economic deprivation, which is compounded by intergenerational caregiving burdens.	(Ezeh et al., 2025)
Prevalence of Non-Communicable Diseases	High multimorbidity (~74% of elderly)	Chronic multimorbidity, predominantly arthritis, hypertension, and eye disorders, affects a vast majority of the elderly in Nigeria.	(Nwankwo et al., 2025)
Access to Formal Pension Income	~3%	Formal pension schemes fail to cover the majority of the informal sector,	(Pietro, 2026)

		leaving older adults highly reliant on younger relatives.	
Mobility Difficulty & Fall Risk	20% – 35%	The prevalence of falls and mobility impairment creates a cycle of physical decline that requires culturally relevant and community-based interventions.	(Osuji et al., 2026)
Informal Labor Participation	Over 59%	Many older adults continue to engage in labor-intensive work into later life, particularly in rural agricultural sectors, because of inadequate safety nets.	(Adeyemi et al., 2025)
Health Service Utilization	Extremely low	Cost, distance, and systemic neglect lead to very low utilization of formal health services among older persons.	(Omokaro et al., 2025)
Multidimensional Poverty Level	High deprivation	Severe deprivation in basic dimensions (such as cooking fuel, sanitation, and food security) disproportionately affects older adults, particularly in rural environments.	(Jatau et al., 2025)
Social Support & Wellbeing	Decline in quality of life	Reductions in social support domains correlate with a lower quality of life, increased isolation, and feelings of loneliness among the elderly.	(Abdullahi et al., 2025)
Institutional Response / Policy	Under-resourced implementation	Despite new initiatives such as the National Senior Citizens Centre (NSCC) Act, implementation	(Afolayan et al., 2025)

remains weak due to structural constraints.

Critical Discussion of the Challenges facing the Elderly in NigeriaEconomic Deprivation and Financial Insecurity

The most significant challenge affecting older persons in Nigeria is widespread economic hardship, largely attributable to the absence of a comprehensive national social protection system. A critical examination of Nigeria's economic structure indicates that a substantial proportion of the elderly population spent their productive years within the informal sector, including subsistence agriculture, petty commerce, and artisanal occupations, all of which lack access to retirement benefits, structured savings schemes, or formal pension arrangements (Adepoju & Oyewole, 2022). As a result, as many as 75% of older Nigerians are categorised as economically insecure or severely deprived, with insufficient means to meet essential needs such as adequate food and housing (Oche et al., 2024). Even among the limited 3% of elderly individuals who receive formal pension payments, the situation remains problematic, as administrative inefficiencies, corruption, and persistent delays frequently undermine the accessibility and adequacy of these funds, particularly in the context of rising inflation (Okoye, 2023). This widespread financial instability compels many elderly individuals, especially those residing in rural areas where approximately 64% are located, to remain engaged in strenuous physical labour well beyond their peak years (Oche et al., 2024). Consequently, the convergence of ageing and poverty creates a reinforcing cycle in which economic necessity accelerates physical deterioration, exposing older individuals to multiple forms of vulnerability.

In examining patterns of economic hardship and financial vulnerability in Nigeria, evidence from the Nigeria Demographic and Health Survey (NDHS) reveals pronounced inequalities across locations, regional divisions, and socio demographic categories. National level results suggest that between 58% and 75% of at risk populations, particularly those residing in rural settings, face severe financial constraints, limited household resources, and restricted access to essential social and healthcare services (Abubakar & Abubakar, 2023; National Population Commission [NPC] & ICF, 2019).

Findings from the NDHS further demonstrate that household economic status plays a decisive role in determining service utilisation. Marked regional disparities persist. For

instance, insufficient access to health services, including antenatal care, is disproportionately concentrated in northern zones, especially the North West, which exhibits the highest levels of economic deprivation and the lowest wealth indicators in the country (Abubakar & Abubakar, 2023; National Population Commission & ICF, 2019).

Additional secondary evaluations of recent NDHS datasets indicate a direct relationship between household poverty and larger family sizes (Akinyemi et al., 2023). Within rural areas, where deprivation is most severe, caregivers encounter overlapping challenges related to food scarcity and micronutrient deficiencies, largely driven by the absence of structured social protection mechanisms or health insurance coverage (Faronbi et al., 2025).

Healthcare System Limitations and the Prevalence of Chronic Illness

These economic challenges faced by the aged are further intensified by the inability of the Nigerian healthcare system to adequately address the specific needs of an ageing population. With advancing age, individuals typically experience an epidemiological transition characterised by a shift from communicable diseases to chronic non-communicable conditions, including hypertension, diabetes, osteoarthritis, cardiovascular disorders, and dementia. Available evidence suggests that nearly 75% of older Nigerians live with at least one non-communicable disease, yet the healthcare system remains inadequately prepared to manage this growing burden (World Health Organization, 2024; Nichols et al., 2022). Geriatric care remains largely underdeveloped within the public health sector, with a notable shortage of trained specialists and limited availability of diagnostic tools and essential medications at primary healthcare facilities. Moreover, government expenditure on health accounts for less than 5% of the national budget, which falls significantly below the 15% benchmark established by the Abuja Declaration (Budget Office of the Federation, 2024). Consequently, out-of-pocket payment continues to dominate healthcare financing. For an elderly population already facing financial constraints and lacking comprehensive health insurance, such costs often result in catastrophic expenditure, forcing many individuals to forgo necessary treatment, rely on unregulated traditional remedies, or endure avoidable suffering.

Decline of Traditional Family Support and Caregiver Strain

Traditionally, elderly care in Nigeria was sustained through the extended family system, grounded in cultural values of respect for older persons, filial responsibility, and mutual obligation. However, processes such as rapid urban expansion, cultural transformation, and

worsening economic conditions have contributed to the gradual weakening of these traditional support networks, thereby generating a significant caregiving crisis (Akinyemi &Isiugo-Abanihe, 2021). Increasingly, younger family members relocate to urban centres or migrate internationally in pursuit of improved economic prospects, leaving older relatives in rural communities with diminishing forms of support. Even in situations where families endeavour to provide care, the demands often prove overwhelming. Family members are responsible for approximately 90% of home-based care due to the near absence of formal institutional alternatives such as nursing homes or assisted living facilities, placing considerable emotional, physical, and financial strain on caregivers (Ebimgbo et al., 2022). This intense pressure frequently results in caregiver fatigue, which may manifest as unintended neglect, financial hardship among younger family members, and, in certain instances, abuse of elderly individuals. Furthermore, the shift from extended family arrangements to more individualised nuclear households has contributed to increasing levels of social isolation and loneliness among the elderly, factors strongly associated with declining mental health and increased mortality risk.

Gender Inequality and Social Marginalisation

An adequate analysis of elderly care in Nigeria must also consider the significant gender disparities and patterns of social exclusion that shape the ageing experience. Older women are disproportionately affected due to the cumulative impact of longstanding gender inequality and patriarchal societal structures. Given that women generally have a longer life expectancy than men, they are more likely to experience widowhood, a condition that often results in the loss of social status and economic security (Orjinmo, 2021). In many cases, discriminatory inheritance practices and restrictive cultural norms deprive widows of access to property and financial resources, rendering them dependent on relatives or exposing them to extreme poverty. Additionally, historical inequalities in access to education and formal employment mean that many women enter old age with limited financial assets compared to men. This accumulation of disadvantage over the life course contributes to higher incidences of poverty, malnutrition, and psychological distress among elderly women (Oche et al., 2024). Moreover, entrenched age-based discrimination, coupled in some rural areas with harmful cultural beliefs such as accusations of witchcraft against vulnerable older women experiencing cognitive decline, further intensifies their marginalisation, excluding them from meaningful participation in community life and undermining their dignity.

Conclusion

This study critically examined the challenges facing older persons in Nigeria. The findings indicate that ageing within the Nigerian context has shifted from being a culturally esteemed life stage to one characterised by heightened socio-economic vulnerability. The disintegration of traditional systems of familial support, particularly those grounded in filial responsibility, combined with a state structure that places limited priority on social welfare expenditure, has contributed to a situation that may be regarded as a human rights concern. In the absence of timely and effective intervention, the projected increase to approximately 33 million older adults by 2050 suggests a future marked by unmanaged chronic health conditions, deepening poverty, and widespread social isolation. The fundamental issue, therefore, is not the numerical growth of the elderly population, but rather the persistent lack of institutional preparedness to address their needs.

Recommendations

In response to these complex and interrelated issues, a set of integrated, cross sectoral policy measures is recommended.

Firstly, the Federal Government should establish a universal, non-contributory social pension scheme targeted at all Nigerians aged 65 years and above. Particular priority should be given to individuals previously engaged in informal economic activities such as agriculture and petty trading, with the aim of ensuring a basic standard of living, including reliable access to food and adequate housing.

Secondly, rather than allocating substantial resources towards the development of new and expensive health facilities, efforts should focus on reinforcing existing Primary Health Care structures. This can be achieved through the provision of appropriate geriatric equipment, combined with mandatory capacity building for healthcare workers in managing chronic non communicable diseases and age-related conditions, including dementia.

Thirdly, there is a need to broaden the scope of the National Health Insurance Authority through targeted government subsidies that enhance insurance coverage for older persons. Such measures would significantly reduce, or potentially remove, the burden of out-of-pocket payments for essential medicines and diagnostic procedures.

In addition, existing policy frameworks require more effective execution. The National Policy on Ageing (2021) should be operationalised through clearly defined and adequately financed programmes. This process should include the establishment and full activation of the National Senior Citizens Centre across federal, state, and local government levels, with responsibility for addressing elder protection, welfare provision, and community-based engagement activities.

Finally, recognising that families remain the principal providers of care for older adults, it is important for the government to implement supportive interventions for informal caregivers. These may include fiscal incentives such as tax reductions or direct caregiver allowances for individuals providing full-time care. Such initiatives would help ease the pressures associated with caregiving and minimise the likelihood of neglect or mistreatment.

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