

Psychosocial Factors and Wellbeing of the Aged in Lagelu Local Government Area, Oyo State

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Abstract

Aging is a series of processes that begin with life and continue throughout the life cycle. With a collapsing extended family, the aged no longer enjoy the care and support of the family members and relatives as in the traditional African society. These psychosocial factors affect the aged wellbeing and expose them to challenges of various dimensions. This study examines the psychosocial factors and well-being of the aged in Lagelu local government area of Oyo state, Nigeria. A descriptive research design was adopted for the study. A purposeful sampling technique was used to select the sample of 200 aged persons. Self-developed questionnaire was used as the main data collection instrument. Three hypotheses were tested with inferential statistics (Chi-Square Analysis) and set at a significance level of $p < 0.05$. The results revealed a significant relationship between loneliness and the wellbeing of the aged in Lagelu Local Government, Oyo State: $\chi^2 = 328.410$, and $p < 0.001$; a significant relationship between depression and the wellbeing of old aged in Lagelu Local Government, Oyo State: $\chi^2 = 345.547$, and $p < 0.001$; a significant relationship between environmental factors and wellbeing of the aged in Lagelu Local Government, Oyo State: $\chi^2 = 340.529$, and $p < 0.001$. The study concluded that financial, social, healthcare and housing issues are very critical to the wellbeing of the aged. The study concluded that social workers should be at the centre of implementing programmes and advocating for policies that would enhance wellbeing of the aged in the society.

Keywords: African, Aged, Factors, Psychosocial, Wellbeing

Introduction

Aging is a series of processes that begin with life and continue throughout the life cycle. It represents the closing period in the lifespan, a time when the individual looks back on life, reflects on past accomplishments, and begins to finish his life course. Adjusting to the changes that accompany old age requires that an individual is flexible and develops new coping skills to adapt to the changes that are common to this time in their lives. Health with regard to old age is a subject of debate. There is consensus that health in old age cannot meaningfully be defined as the absence of disease because the prevalence of diagnosable disorders in elderly populations is high (Prince *et al.*, 2015). Instead, health is considered to be multifaceted: The diagnosis of disease should be complemented by assessment of discomfort associated with symptoms (e.g., pain), life threat, treatment consequences (for

example., side effects of medication), functional capacity and subjective health evaluations (Saketkoo *et al.*, 2021).

The health of subgroups of older adults can be defined in terms of their status relative to age and cohort norms (Castro *et al.*, 2021). There is a growing body of evidence that suggests that psychological and sociological factors have a significant influence on how well individuals' age. Aging research has demonstrated a positive correlation of someone's religious beliefs, social relationships, perceived health, self-efficacy, socioeconomic status and coping skills, among others, with their ability to age more successfully (Kim, & Seo, 2022). The aging population has recently become a focus attracting public health attention in both developed and developing countries. This is as a result of the dramatic increase in the relative and absolute proportion of the elderly within the population (Higo, & Khan, 2015).

Africa's aging population is undergoing a rapid demographic shift. Current projections indicate that the number of people aged 60 and older will grow from approximately 74.4 million in 2020 to 235 million by 2050, effectively tripling rather than quadrupling. While the absolute number is rising steeply, the proportion of the total population is expected to grow more moderately, from roughly (5%) in 2017 to approximately 9% by 2050 (He, Aboderin, & Adjaye-Gbewonyo, 2020). In 2005/2006, the older population (aged 60 and above) in Nigeria was estimated at roughly 5.8 to 6.8 million, which represented approximately (4.5%) to 5% of the total population, not (16%) (Mbam, Halvorsen, & Okoye, 2022).

The increase in aging population, according to Osareme, Muonde, Maduka, et al.(2024), has been due to increased life expectancy, resulting from the declining fertility and improving standard of life for the majority of the population over a relatively long period of time, technological breakthrough in the fields of medicine, including development of new and effective drugs and vaccines. He noted that this increase in demographic profile poses a serious challenge to this vulnerable group of population. Osareme *et al.* (2024), equally noted that the older persons' lives are characterized by growing inadequacies in customary/ family supports, social interaction and non-existence of social security targeted at them in Nigeria. This makes them vulnerable to poverty and diseases. In traditional African society, elderly persons were usually happily connected with and cared for by the family unit. The family has been the most natural and conducive social organization for the care and support of the aged persons in Africa (Hailu *et al.*, 2025). The care and support of the aged persons were provided by the family members such as wives, children, sons and daughters-in-laws etc.

However, with the support aged persons receive from family members, other psychosocial factors still influence their wellbeing through patterns of social interaction, emotional support, and access to meaningful relationships. Social support networks, family cohesion, and participation in community activities determine levels of life satisfaction and psychological stability among the aged. Older adults who maintain strong ties with family members and social groups tend to experience lower levels of depression and anxiety, whereas isolation and neglect contribute to poor mental health outcomes. Evidence from Malaysia and other settings indicate that economic security, social inclusion, and supportive environments improve psychosocial wellbeing and promote a sense of belonging among older persons (Awang *et al.*, 2022; Putran, Mohan *et al.*, 2022). Conditions within institutional care settings also affect wellbeing, as aged residents in old-age homes often face loneliness and reduced autonomy despite receiving basic care services (Jabade & Joshi, 2024). Caregiver interactions further influence emotional health, particularly among

individuals with cognitive decline, where compassionate and consistent care improves psychological outcomes (Rababa *et al.*, 2023).

Psychosocial well-being among the aged is also influenced by cultural expectations, environmental conditions, and access to health and social services. In many African societies, including Nigeria, traditional family support systems have weakened due to urbanization and socio-economic changes, leaving many elderly individuals exposed to emotional distress and social exclusion. Limited income, stigma associated with ageing, and inadequate healthcare services contribute to declining mental health among older adults, including anxiety about old age, death and most times depression (Animasahun & Chapman, 2017). Environmental conditions such as housing quality, neighborhood safety, and access to community support structures affect daily experiences and overall wellbeing. Studies conducted in Ibadan show that elderly individuals who live in supportive social and physical environments report better psychological outcomes and stronger social integration (Momoh, 2018). These patterns suggest that improving psychosocial well-being among the aged requires attention to both interpersonal relationships and broader socio-economic conditions.

Traditionally, the society has not prepared the aged individuals to contend with the stresses and problems of aging process. They experienced a loss of social roles, loss of esteem, limited economic resources and depleted social and psychological network (Urbaniak *et al.*, 2023). In Africa, especially in Nigeria, old age was viewed as a handicap. The elderly in this society constitutes the most vulnerable group (George, & Ekoh, 2025). However; the least attention and concern are evidenced by the healthcare delivery personnel, the policy makers, researchers and their own families and relations. They are openly rejected by the majority especially their own immediate families and close relatives. This seems to place an unfair and unnecessary burden on the elderly who have held important positions and made outstanding contributions to the development and welfare of this country. Although efforts have been made to update the healthcare status of the elderly, therefore, studying and understanding the social and psychological challenges of the elderly has been virtually ignored. This background set the pace to examine psychosocial factors and wellbeing of the aged in Lagelu local government area of Oyo state, Nigeria.

Purpose of the Study

The main purpose of this research is to examine psychosocial factors and wellbeing of the aged in Lagelu local government area of Oyo state, Nigeria. However, the specific objectives are to:

- i. Examine the relationship between loneliness and wellbeing of aged persons in Lagelu Local Government, Oyo State.
- ii. Investigate the relationship between depression and wellbeing of aged persons in Lagelu Local Government, Oyo State.
- iii. Assess the relationship between environmental factors and wellbeing of aged persons in Lagelu Local Government, Oyo State.

Research Hypotheses

The following hypotheses were postulated for the study:

1. There is no significant relationship between loneliness and wellbeing of aged in Lagelu Local Government, Oyo State.
2. There is no significant relationship between depression and wellbeing of aged in Lagelu Local Government, Oyo State.
3. There is no significant relationship between environmental factors and wellbeing of aged in Lagelu Local Government, Oyo State.

Literature Review

Loneliness remains a major psychosocial concern among older adults and has been widely linked with reduced wellbeing and poorer quality of life. Research shows that loneliness is not only a subjective emotional state but also a condition associated with social isolation, weakened relationships, and reduced engagement in meaningful activities (Tani, Cheng, Piracha, & Wang, 2022). Older adults who experience persistent loneliness report lower life satisfaction and diminished psychological functioning (Taube, 2015). Evidence from individuals with multimorbidity further shows that loneliness is associated with poorer quality of life outcomes, suggesting that health conditions and social disconnection often interact to influence well-being (Vespa *et al.* 2023). Findings from recent empirical work also suggest that loneliness mediates the relationship between social isolation and mental well-being, indicating that the emotional experience of isolation carries significant consequences beyond physical separation (Vasile *et al.*, 2024). In addition, loneliness has also been associated with reduced psychosocial functioning among dementia patients in aged care homes in Ibadan, where limited family interaction and institutional living conditions contribute to emotional distress (Ibrahim, 2024). These studies indicate that social connection and supportive relationships remain essential for maintaining well-being in later life.

Depression represents another key factor associated with declining wellbeing among older adults. It often interact with loneliness, physical health challenges, and perceptions of ageing. Evidence shows that depressive symptoms increase with age due to factors such as declining health, loss of social roles, and reduced independence (Mitina *et al.*, 2020). Systematic reviews have also established a strong association between negative perceptions of ageing and depression, which in turn affects overall wellbeing and life satisfaction (Hartley & Purrington, 2024). A large-sample study conducted during the COVID-19 period found that although life satisfaction remained relatively stable, depressive symptoms increased among older populations, indicating underlying psychological strain (Wettstein, *et al* 2022). Experiences of loneliness have also been associated with depression among older adults in Europe and Israel, suggesting that emotional isolation contributes significantly to mental health outcomes (Atzendorf & Gruber, 2022). In addition, age-related stigma and discrimination have been associated with poorer psychological well-being, as older individuals who perceive ageism tend to report higher levels of depression and reduced self-worth (Kang & Kim, 2022). These findings suggest that emotional health, self-perception, and social experiences remain closely connected in determining well-being in old age.

Furthermore, environmental conditions influence the wellbeing of older adults through both physical surroundings and social contexts. Research shows that age-friendly environments that support mobility, safety, and social participation contribute to better physical and mental health outcomes (Annear *et al.*, 2014; Zhou *et al.*, 2022;). Studies also indicate that both physical and social environments affect subjective wellbeing, although their influence may differ across gender and individual circumstances (Del Barrio *et al.*, 2021). Access to supportive housing, healthcare services, and community resources improves quality

of life, whereas poor living conditions increase vulnerability to stress and psychological distress (Ola & Mathur, 2018). Evidence from systematic reviews further shows that caregiver support and environmental stability play an important part in the well-being of older adults with dementia, where structured and supportive environments improve emotional outcomes (et a 2023). These findings suggest that well-being in later life depends not only on individual health status but also on the broader environmental conditions in which older adults live, including social support systems and access to essential services.

Theoretical Framework: The Disengagement Theory

A number of theories have attempted to explain psychosocial aging, but a major theory of this study's focus is the disengagement theory. Disengagement theory emerged in the early period of gerontological research as one of the first attempts to explain ageing within a sociological framework. The theory was later examined and critiqued in greater depth, with scholars refining its ideas and questioning its general applicability. It describes ageing as a gradual withdrawal of older adults from social roles, relationships, and societal responsibilities, accompanied by a parallel reduction in society's expectations of them (Zhang & Lin, 2022; Ragini & Salwan, 2022). The theory proposed that older people withdraw from customary roles and engage in more introspective, self-focused activities. It includes four basic concepts:

- i. Aging persons and the society mutually withdraw from each other.
- ii. Disengagement is biologically and psychologically intrinsic and invertible.
- iii. Disengagement is considered necessary for successful aging.
- iv. Disengagement is beneficial to the older person and society.

Hochschild's critique brought attention to the limitations of the theory, arguing that it presents disengagement as universal and inevitable without adequate consideration of individual differences and social inequalities (Hochschild, 1975). Later developments in ageing studies have moved toward more dynamic perspectives that recognize variation in how older adults experience social participation. As a result of aging, there is degenerative change affecting organs and systems in the body which invariably reduces the general activities of the aged (Dharmarajan, 2021). The theory rests on several assumptions about the ageing process and the relationship between individuals and society. It assumes that withdrawal is natural, unavoidable, and beneficial for both the individual and the social system, as it allows for an orderly transfer of roles to younger generations (Zhang & Lin, 2022). Critics argue that these assumptions fail to account for structural constraints such as poverty, health limitations, and social exclusion, which may force disengagement rather than reflect personal choice (Hochschild, 1975). Alternative perspectives suggest that many older adults prefer to remain active and socially connected, which challenges the idea that withdrawal leads to better well-being outcomes.

The relevance of disengagement theory to psychosocial factors and well-being lies in its focus on social interaction, emotional adjustment, and life satisfaction in later life. Reduced engagement with family, community, and social institutions can influence feelings of loneliness, identity, and psychological health among older adults. However, emotional responses to loss and reduced goal involvement vary depending on individual coping strategies and social support systems (Barlow, Wrosch Hamm, Jacher, et al., 2022). Modern approaches to ageing place greater emphasis on active participation, social inclusion, and positive ageing, which contrast with the withdrawal perspective of disengagement theory

(Crăciun, 2023). These perspectives suggest that maintaining meaningful relationships and opportunities for engagement supports better psychosocial well-being, even as individuals adjust to changes associated with ageing.

Methodology

This study used descriptive survey design. The design tries as much to secure evidence or data concerning the degree and direction of relationship between independent and dependent variables. The population of the study consisted of the aged in in Lagelu Local Government Area in Oyo state. A purposive sampling technique was employed to select the sample size of two hundred (200) respondents in Lagelu Local Government, Oyo State. The instruments used for data collection was self-constructed questionnaire titled “Psychosocial Factors and Wellbeing of the Aged Questionnaire (PSFWAQ). This comprises of five sections, section A sought information on the characteristics of the aged such as age, sex, marital status, religion etc., section B dealt with measure of well-being, section C measured loneliness, section D measured depression and section E addressed the environmental factors and Wellbeing The instrument used four-point Likert scale such as SA, A, SD and D to code items on the questionnaire. Questionnaire items were validated and the reliability was tested through a pilot study, which a Cronbach's alpha coefficient of 0.80 was obtained, indicating good internal consistency.

Results and Discussion

Test of Hypotheses

Research Hypothesis 1: There is no significant relationship between loneliness and wellbeing of the aged in Lagelu Local Government, Oyo State

Table 1: Chi-Square showing the significant relationship between loneliness and wellbeing of the aged in Lagelu Local Government, Oyo State.

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	328.410	88	.000	. ^b		
Likelihood Ratio	263.538	88	.000	.000		
Fisher's Exact Test	.000			.000		
Linear-by-Linear Association	90.634	1	.000	.000	.000	.000
N of Valid Cases	200					

a. 194 cells (96.3%) have expected count less than 5. The minimum expected count is .01.

Table 1 shows the significant relationship between loneliness and wellbeing of the aged in Lagelu Local Government, Ibadan, Oyo State. The Table shows a calculated value of $\chi^2 = 328.410$, and $p < 0.001$; for example: a very small probability of the observed data under the null hypothesis of no relationship. The null hypothesis is rejected, since $p < 0.05$ (in fact $p < 0.001$). The implication of this is that loneliness influenced wellbeing of the aged. The presence of these factors negatively affects psychosocial wellbeing in old age.

Research Hypothesis 2: There is no significant relationship between depression and wellbeing of aged in Lagelu Local Government, Oyo State.

Table 2: Chi-Square showing the significant relationship between depression and wellbeing of aged in Lagelu Local Government, Oyo State.

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	345.547	88	.000	. ^b	
Likelihood Ratio	246.312	88	.000	.000	
Fisher's Exact Test	.000			.000	
Linear-by-Linear Association	81.264	1	.000	. ^c	. ^c
N of Valid Cases	200				

a. 195 cells (97.2%) have expected count less than 5. The minimum expected count is .01.

Table 2 shows the significant relationship between depression and wellbeing of the aged in Lagelu Local Government, Ibadan, Oyo State. The table shows a calculated value of $\chi^2 = 345.547$, and $p < 0.001$; for example., a very small probability of the observed data under the null hypothesis of no relationship. The null hypothesis is rejected, since $p < 0.05$ (in fact $p < 0.001$). The implication of this is that depression ameliorated wellbeing of the aged.

H03: There is no significant relationship between environmental factors and wellbeing of the aged in Lagelu Local Government, Oyo State.

Table 3: Chi-Square showing the significant relationship between environmental factors and wellbeing of the aged in Lagelu Local Government, Oyo State.

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	340.529	88	.000	. ^b	
Likelihood Ratio	248.432	88	.000	.000	
Fisher's Exact Test	.000			.000	
Linear-by-Linear Association	81.164	1	.000	. ^c	. ^c
N of Valid Cases	200				

a. 195 cells (97.2%) have expected count less than 5. The minimum expected count is .01.

Table 3 shows the significant relationship between positive environmental factors and wellbeing of the aged. The Table shows a calculated value of $\chi^2 = 340.529$, and $p < 0.001$; i.e., a very small probability of the observed data under the null hypothesis of no relationship. The null hypothesis is rejected, since $p < 0.05$ (in fact $p < 0.001$). The implication of this is that positive environmental factors enhanced the wellbeing of the aged, while negative environmental conditions may deteriorate their psychosocial wellbeing.

Discussion of Findings

The study investigated psychosocial factors and wellbeing of the aged in Lagelu Local Government, Ibadan, Oyo state. The result obtained from testing hypothesis one revealed that

loneliness significantly influenced wellbeing of the aged. This finding supported the findings of Taube (2015) who found that older adults who experience persistent loneliness report lower life satisfaction and diminished psychological functioning. The study also established that some elderly persons like isolation in old age, because they do not like modern life style or want to live within their own set parameters. This invariably affect their psychosocial wellbeing Evidence from individuals with multimorbidity further shows that loneliness is associated with poorer quality of life outcomes (Vespa, Spatuzzi, Fabbietti, et al., 2023). Findings from recent empirical work also suggest that loneliness mediates the relationship between social isolation and mental wellbeing (Vasile, Aartsen, Precupetu, et al., 2024). Ibrahim (2024) further established that loneliness has also been associated with reduced psychosocial functioning among dementia patients in aged care homes in Ibadan, where limited family interaction and institutional living conditions contribute to emotional distress. These studies indicate that social connection and supportive relationships remain essential for maintaining well-being in later life.

Hypothesis two investigated the significant relationship between depression and wellbeing of the aged in Lagelu Local Government, Ibadan Oyo State. The findings revealed that depression significantly influenced the psychosocial wellbeing of old age. This finding is in line with the result of (Mitina et al., 2020) that depressive symptoms increase with age due to factors such as declining health, loss of social roles, and reduced independence. Hartley & Purrington (2024) also established a strong association between negative perceptions of ageing and depression, which in turn affects overall wellbeing and life satisfaction. A large-sample study conducted during the COVID-19 period found that although life satisfaction remained relatively stable, depressive symptoms increased among older populations (Wettstein, Nowossadeck, & Vogel, 2022). In addition, age-related stigma and discrimination have been associated with poorer psychological wellbeing, as older individuals who perceive ageism tend to report higher levels of depression and reduced self-worth (Kang & Kim, 2022). These findings suggest that emotional health, self-perception, and social experiences remain closely connected in determining well-being in old age.

Hypothesis three investigated the significant relationship between environmental factors and wellbeing of the aged in Lagelu Local Government, Ibadan, Oyo State. The findings revealed that environmental factors significantly influenced depression in aged persons. This result corroborated the findings of Zhou, Kang, and Bai (2022) and Annear et al. (2014) that age-friendly environments that support mobility, safety, and social participation contribute to better physical and mental health outcomes. Studies also indicate that both physical and social environments affect subjective wellbeing, although their influence may differ across gender and individual circumstances (Del Barrio et al., 2021). Access to supportive housing, healthcare services, and community resources improves quality of life, whereas poor living conditions increase vulnerability to stress and psychological distress (Ola & Mathur, 2018). Similarly, the finding of this study was justified by Rababa, Aldrawsheh, Hayajneh, and Da'she (2023) who shows that caregiver support and environmental stability are important part in the wellbeing of older adults with dementia, where structured and supportive environments improve emotional outcomes. These findings suggest that wellbeing in later life depends not only on individual health status but also on the broader environmental conditions in which older adults live, including social support systems and access to essential services.

Conclusion

It is concluded that, all the issues discussed such as financial, social, healthcare and housing issues are very critical to the wellbeing of the aged. Therefore, if an appropriate and effective policies and programmes are directed towards them, they could become useful and beneficial to the society. The role of the aged as gatekeepers of culture and tradition as well as conflict resolution and also where people consults when critical decision is needed to be taken would be upheld in the face of societal indiscipline particularly among the youth would be enhanced. However, their exclusion in national development coupled with societal suspicion and name calling seem to have eroded this gain. Again, when opportunities are created particularly for the rural communities to have access to formal education, it would widen their scope of job opportunities. This would help reduce poverty among them as well as the labour-intensive occupation most of the aged engaged themselves in. This could enable them own house with an appropriate toilet and other necessary facility for their comfort. These have the tendency to improve their standard of living and health conditions.

The multiple illnesses couple with disinterest in the hospital operations by the aged has contributed to some of them resorting to self-medication in the view of reducing their bodily/joint pains. Some of the aged also used social interaction including visiting of friends to reduce stress and this improves their health conditions. Institutional support for the aged including religious and governmental levels seems to be very low. This point to the fact that the issues of the aged in Nigeria do not matter much to the society in particular and the nation as a whole. The true meaning of old age as a blessing from God but not resemblance of perpetual illness, curse and misery could be realized and people would be confident and happy to live longer.

Recommendations

Based on the findings of this study, the following recommendations were made:

- i. Education should be made as accessible as possible to every child of school going age by the government. It has the power to shape thinking and widens one's horizon.
- ii. The health insurance policy should be reviewed by government where the age at which one enjoyed free or subsidized premium payment be reduced from 70 years to 65 years.
- iii. The government should establish a long term and generally accepted housing policy to support the people especially the aged to own a house while they were in their active working age.
- iv. The general public, NGOs and other civil society groups should be encouraged by government to contribute to the fund as part of their social responsibilities to the society.
- v. There should be a policy to establish social centres in the communities by the government with support from other interest groups and managed by a Board.
- vi. Social workers should be at the centre of implementing programmes and advocating for policies that would alleviate the psychosocial factors that may hinder the wellbeing of aged in the society.

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