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UNEQUAL PATHS TO AGEING: A POLICY ANALYSIS OF HEALTH DISPARITIES AMONG NIGERIA'S ELDERLY POPULATION

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Abstract

This paper critically examines health disparities among Nigeria's ageing population through the lens of the Social Determinants of Health (SDH) framework. It interrogates how economic inequality, gender, education, and governance structures intersect to shape unequal access to health and social care for older adults. Drawing on policy analysis and recent scholarly literature, the study reveals that despite Nigeria's adoption of the National Policy on Ageing (2018), implementation remains weak, fragmented, and underfunded. The invisibility of elderly needs within national development agendas and the absence of age-disaggregated health data perpetuate inequity. Findings highlight that while policy recognition of ageing exists, it is largely symbolic, failing to translate into structural change. Gendered vulnerabilities, particularly among older women, persist due to patriarchal norms, limited financial security, and exclusion from decision-making processes. Furthermore, social protection and health insurance schemes inadequately address elderly needs, leaving many reliant on out-of-pocket payments. The study argues that these disparities are not accidental but structurally embedded in Nigeria's policy and governance systems. Achieving equitable ageing therefore requires a paradigmatic shift from rhetorical inclusion to evidence-based, equity-driven action. This includes strengthening institutional accountability, integrating ageing into all stages of development planning, expanding geriatric healthcare infrastructure, and ensuring gender-responsive policy implementation. Ultimately, the paper contributes to the discourse on ageing and health equity by exposing the political, social, and institutional determinants that hinder the realisation of healthy ageing in Nigeria.

Keywords: ageing policy, health disparities, social determinants of health, gender inequality, Nigeria

Introduction

Globally, population ageing is rapidly transforming the demographic landscape, presenting complex social, economic, and health-related policy challenges. This demographic transition is particularly pronounced in low- and middle-income countries (LMICs), where healthcare systems are often under-resourced and ill-prepared to respond to the multifaceted needs of older populations. Nigeria, the most populous country in Africa, is experiencing this transformation at an accelerating rate. The elderly population, defined as individuals aged 60 years and above, is projected to surpass 25 million by 2050, an increase driven by improvements in life expectancy and declining fertility rates (World Health Organization [WHO], 2021). However, this demographic shift is occurring in a context marked by entrenched inequalities, weak healthcare infrastructure, and limited policy coherence. These challenges underscore the urgency of re-evaluating national frameworks for healthy ageing and ensuring that they are inclusive, equitable, and actionable.

In Nigeria, ageing is not merely a biological process but a deeply social and economic one, embedded within historical patterns of marginalization and structural vulnerability. As individuals grow older, the cumulative disadvantages they experience across the life course, including poverty, limited access to education, and gender-based exclusion, manifest as health disparities that are difficult to reverse. Research consistently shows that older adults in Nigeria face heightened risks of chronic illnesses,

including hypertension, diabetes, and arthritis, which often go undiagnosed and untreated due to systemic barriers to healthcare access (Akinyemi et al., 2021; Adebayo et al., 2022). Rural elders are particularly disadvantaged, facing physical and financial obstacles that prevent them from accessing basic health services. The intersectionality of ageing with other axes of inequality - such as gender, geography, and income level - exacerbates these disparities and demands a multidimensional policy response.

Despite the growing recognition of healthy ageing as a global public health imperative, Nigeria's policy response remains largely inadequate. The adoption of the National Policy on Ageing in 2018 marked a critical step toward acknowledging the rights and needs of older persons. The policy outlines broad objectives, including improving access to health services, enhancing social protection mechanisms, and promoting the dignity of older adults (Federal Ministry of Women Affairs, 2020). However, the operationalization of these goals has been inconsistent and poorly coordinated across government levels. Many states have yet to develop localized frameworks to implement the policy, and federal oversight remains weak due to limited funding and institutional capacity (Okoye & Asa, 2022). As a result, the policy has not translated into meaningful improvements in the everyday lives of Nigeria's elderly population.

This paper critically assesses the extent to which Nigerian policies have addressed health disparities among the ageing population. This involves a systematic examination of policy documents, health sector reforms, and social protection initiatives to evaluate their effectiveness in reducing inequalities. More specifically, the paper seeks to understand the underlying political, economic, and institutional dynamics that shape policy design and implementation. By doing so, the study not only evaluates existing frameworks like the National Policy on Ageing but also interrogates the broader development agenda within which ageing is situated. The paper is guided by the principle that ageing is not a standalone issue but one that intersects with broader societal trends, including urbanization, labour market shifts, and changes in family structures.

One of the key challenges in addressing ageing-related disparities in Nigeria is the dominance of a fragmented approach to health and social policy. While the health sector has made notable strides in maternal and child health, ageing remains a neglected area of public health planning. National health strategies rarely include ageing as a distinct component, and geriatric care is virtually absent from primary healthcare frameworks (Uchenna et al., 2021). Moreover, the national health insurance scheme has failed to adequately cover the elderly population, many of whom are retired from the informal sector and lack access to contributory health insurance schemes (National Health Insurance Authority [NHIA], 2023). This institutional neglect perpetuates a cycle where older adults are forced to rely on out-of-pocket expenditures, traditional medicine, or charitable support, often with dire consequences for their health and well-being.

A growing body of literature has examined the health conditions and social experiences of older adults in Nigeria, offering insights into the prevalence of Non-Communicable Diseases (NCDs), the socioeconomic status of retirees, and the cultural expectations around familial support (Olanrewaju et al., 2022; Okeke et al., 2021). These studies have highlighted the urgent need for systemic reforms but often stop short of analyzing the policy environment in which these challenges persist. While research has pointed to the vulnerabilities of elderly women, who frequently suffer from widowhood, economic marginalization, and limited inheritance rights, few studies explore how gender-sensitive considerations are integrated (or excluded) from national ageing policies (Ogunlela & Adepoju, 2020). Similarly, while rural-urban disparities are well documented, there is limited empirical work that connects these disparities to policy mechanisms and implementation gaps.

Furthermore, there is a dearth of scholarship that evaluates the effectiveness of Nigeria's ageing policies through a comprehensive analytical framework. Much of the existing work tends to focus either on descriptive statistics regarding health outcomes or on theoretical discussions of ageing without engaging deeply with policy texts, government reports, or implementation practices. This gap in the literature limits our ability to understand how policy formulations translate or fail to translate, into

improved health equity. There is also insufficient engagement with international policy benchmarks, such as the WHO's Decade of Healthy Ageing (2021–2030), which calls for a transformative shift in how societies care for and support older adults (WHO, 2021). Aligning Nigeria's policies with global best practices requires a critical interrogation of local political will, governance structures, and stakeholder engagement.

This paper seeks to fill these gaps by conducting a policy analysis that is both critical and grounded in empirical realities. Utilizing the Social Determinants of Health framework, the study evaluates how content, context, actors, and processes shape the policy landscape of ageing in Nigeria (Walt & Gilson, 1994; Solar & Irwin, 2018). These frameworks are crucial for unpacking the multiple layers of influence that determine whether a policy is inclusive, well-implemented, and responsive to the needs of the population. By focusing not only on what policies exist but also on how they are framed, funded, and enacted, this study provides a nuanced understanding of the mechanisms through which inequality is either challenged or reinforced.

A comprehensive approach to healthy ageing in Nigeria requires not just technical policy interventions but also a broader ideological shift - one that reframes ageing as a societal asset rather than a burden. In many African societies, older adults are traditionally regarded as custodians of wisdom and culture. However, modernization, urban migration, and the erosion of extended family systems have weakened these support structures, leaving many older adults socially isolated and economically vulnerable (Olowookere et al., 2023). Public policy must therefore evolve to recognize and respond to these changing realities, integrating community-based care, intergenerational solidarity, and rights-based approaches into national planning.

Finally, it is important to note that ageing is not only a challenge but also an opportunity. With appropriate policy frameworks, older adults can continue to contribute meaningfully to society through mentorship, caregiving, and civic engagement. Policies that promote active ageing, such as lifelong learning, flexible employment, and accessible public spaces, can enhance the quality of life for seniors while also benefiting the wider community. In this context, addressing health disparities is not only a matter of equity but also of national development and social cohesion.

Therefore, as Nigeria confronts the realities of a growing elderly population, the imperative for inclusive, well-coordinated, and adequately funded ageing policies becomes ever more urgent. This paper provides a critical contribution to the academic and policy discourse by offering an integrated analysis of the gaps, challenges, and opportunities within Nigeria's approach to healthy ageing. By situating the issue within both local and global contexts, and by emphasizing the role of structural determinants, this study aims to advance more equitable and sustainable pathways for all Nigerians to age with dignity and health.

Literature Review

Nigeria's ageing population is increasingly confronted with a landscape of health inequities, underpinned by both systemic neglect and sociocultural disparities. A growing body of research highlights how older Nigerians are disproportionately burdened by non-communicable diseases (NCDs), constrained access to healthcare, and persistent gender-based health inequalities, all within a policy environment that fails to prioritize their specific needs.

Non-communicable diseases (NCDs) represent a significant and growing health challenge for older Nigerians, having overtaken infectious diseases as the leading contributors to morbidity and mortality in this age group. As the population ages, there is a clear epidemiological shift characterized by an increasing burden of chronic conditions such as hypertension, diabetes mellitus, cardiovascular disease, stroke, chronic respiratory conditions, and cancers. Akinyemi et al. (2021) underscore that the prevalence of these conditions among the elderly is rising steadily due to a combination of lifestyle changes, urbanization, and a lack of preventive healthcare infrastructure targeted at older populations.

The implications are grave, not only in terms of individual health outcomes but also in the strain placed on an already overburdened and under-resourced healthcare system.

The challenges associated with NCDs in older adults are compounded by weak disease surveillance mechanisms and a reactive rather than preventive approach to care. Unlike many high-income countries that have established protocols for routine screenings and long-term management of chronic diseases among the elderly, Nigeria lacks structured programs for early detection and sustained care. Akinyemi et al. (2021) highlight the absence of systematic health assessments for older adults, which results in late diagnosis and advanced disease presentations. For example, many cases of diabetes and hypertension remain undiagnosed until complications arise, leading to increased rates of stroke, kidney failure, and cardiovascular events in elderly patients.

Moreover, geriatric care remains severely underdeveloped in Nigeria. There are very few trained geriatricians, and most healthcare workers lack the expertise needed to manage the complex, multimorbid profiles typical of older patients. Geriatric medicine is not well integrated into medical education or primary healthcare delivery, leaving a critical gap in the continuum of care. Hospitals and clinics are generally not equipped to provide age-sensitive services, which not only limits the effectiveness of treatment but also discourages older adults from seeking care. According to Akinyemi et al. (2021), this leads to a cycle of neglect, where older individuals experience declining health with little or no medical intervention until conditions become life-threatening.

Additionally, social determinants of health play a critical role in exacerbating the impact of NCDs among older Nigerians. Many elderly individuals lack stable incomes or pensions, making it difficult to afford long-term medication or dietary changes required to manage chronic illnesses. Cultural expectations that prioritize care for younger family members may also result in older individuals being deprioritized in household health decisions. Combined with poor health literacy and limited community-based support systems, these factors increase vulnerability and reduce the likelihood of sustained disease management.

In summary, the growing burden of non-communicable diseases among older Nigerians reflects a broader crisis in health policy and service delivery. Without targeted interventions, including geriatric-focused training, routine screening programs, and social protection mechanisms, the health disparities facing this demographic will continue to widen. As Akinyemi et al. (2021) emphasize, addressing these systemic gaps is crucial for ensuring that ageing in Nigeria does not equate to unnecessary suffering and premature death.

Access to healthcare remains a fundamental determinant of health and well-being, yet for Nigeria's ageing population, it is persistently constrained by a combination of structural, geographical, and economic barriers. As highlighted by Adebayo et al. (2022), these constraints significantly undermine the capacity of older adults to obtain timely, appropriate, and quality health services. For many elderly Nigerians, especially those in rural and semi-urban communities, proximity to healthcare facilities remains a major obstacle. Rural health infrastructure is often underdeveloped, with facilities lacking basic diagnostic tools, trained personnel, and essential medications. Even when health centres exist within reach, they are frequently ill-equipped to manage chronic conditions that are prevalent among the elderly, such as diabetes, arthritis, or cardiovascular diseases.

Transportation challenges further compound these geographic barriers. Elderly individuals, who may have reduced mobility or rely on family members for travel, are often unable to access secondary or tertiary care centres located in urban hubs. The absence of elderly-friendly transportation options and the physical strain of long-distance travel deter many from seeking care altogether. Adebayo et al. (2022) observe that this logistical burden is particularly severe for older women, who may face additional mobility constraints due to cultural or familial responsibilities.

Economically, the healthcare landscape for older Nigerians is marked by high levels of out-of-pocket expenditure. Nigeria's National Health Insurance Scheme (NHIS) and related frameworks offer very

limited coverage for the elderly, particularly those outside the formal employment sector. Without a dedicated social health insurance mechanism for retirees or informal workers, many older adults are forced to pay directly for consultations, medications, laboratory tests, and hospital admissions. This financial burden is especially acute given the limited income-generating opportunities available to the elderly. A significant proportion of older Nigerians rely on family remittances or meagre pensions, which are often insufficient to meet both daily living costs and healthcare needs. As a result, healthcare becomes a luxury rather than a right, and many older adults either delay or forgo treatment until conditions become severe.

Moreover, even where services are nominally accessible, the quality of care often does not meet the specific needs of elderly patients. The healthcare system is not designed to provide age-sensitive services, and there is a widespread lack of awareness among healthcare workers regarding the unique physiological and psychosocial challenges of ageing. According to Adebayo et al. (2022), this mismatch between service provision and patient needs results in poor patient experience, reduced trust in formal healthcare systems, and increased reliance on self-medication or unregulated traditional therapies.

In essence, older Nigerians face a dual burden of inaccessibility and unaffordability, both of which reinforce systemic inequities in healthcare delivery. These challenges are not merely logistical but are embedded in a broader policy failure to recognize ageing as a critical public health issue. Without deliberate reforms that expand financial protection, enhance rural healthcare infrastructure, and integrate geriatric care into primary health services, the health outcomes of Nigeria's elderly population will remain disproportionately poor. As Adebayo et al. (2022) assert, closing the access gap is not only a matter of healthcare delivery but a broader imperative of social justice.

Gender remains a crucial and often underexplored determinant of health disparities among Nigeria's ageing population. While both older men and women face various challenges associated with ageing, older women are particularly disadvantaged due to a confluence of gendered social, economic, and cultural factors that have shaped their life trajectories. As Okeke et al. (2021) emphasize, these disadvantages are not limited to later life but are the cumulative result of long-standing systemic inequalities experienced across the life course. Women in Nigeria, especially those from rural and low-income backgrounds, typically enter old age with fewer financial resources, weaker educational attainment, and limited autonomy—all of which significantly influence their access to and utilization of health services.

One of the primary contributors to gender-based health inequality in later life is lifelong economic marginalization. Many older women have worked informally, often in unpaid or underpaid caregiving and agricultural roles, which do not qualify them for pensions or retirement benefits. As a result, they frequently lack financial independence in old age and are more likely to be dependent on children, spouses, or extended family for healthcare costs. Okeke et al. (2021) note that this economic vulnerability is particularly acute in widowhood, where women may lose access to family resources or face inheritance denial due to discriminatory customary practices. In some communities, widows are dispossessed of property or barred from inheriting land, leaving them with little economic security and further reducing their ability to pay for health-related expenses.

Educational disparities also play a significant role. Older Nigerian women generally have lower levels of formal education compared to men of the same age cohort, due to historical gender gaps in schooling access. This educational deficit not only limits their awareness of health conditions and available services but also reduces their confidence in navigating healthcare systems. As a result, women may be less likely to seek timely care, ask questions during consultations, or adhere to treatment plans, factors that collectively contribute to poorer health outcomes. According to Okeke et al. (2021), this limited health literacy can be particularly detrimental in the context of non-communicable diseases, which require long-term management and informed self-care.

In addition, cultural norms often prioritize the health of male family members over that of women, particularly among older generations. Even in households with scarce resources, there may be a tendency to allocate funds toward the healthcare of men, while women are expected to endure pain or seek traditional remedies. These expectations are reinforced by deeply rooted gender roles that associate women with caregiving, even into old age. Many older women continue to provide care for grandchildren or sick relatives, often at the expense of their health. This double burden of being both care providers and neglected care recipients results in emotional exhaustion, physical strain, and increased vulnerability to chronic conditions.

Overall, the intersection of gender and ageing creates a layered and often invisible burden for older Nigerian women. As Okeke et al. (2021) assert, addressing these disparities requires not only improvements in healthcare services but also broader societal shifts in policy, education, and cultural attitudes. Without targeted interventions that recognize and redress these gender-specific barriers, older women in Nigeria will continue to face avoidable and unjust health disadvantages.

Nigeria's policy response to the needs of its ageing population remains limited, fragmented, and insufficiently prioritized. Despite the growing demographic significance of older persons, national health strategies have largely failed to recognize them as a distinct and vulnerable group deserving of targeted attention. The World Health Organization (2021) points out that Nigeria's current Universal Health Coverage (UHC) agenda does not incorporate specific provisions for the elderly, nor does it establish measurable targets for geriatric health outcomes. This exclusion has contributed to a policy vacuum, where the health needs of older adults are rendered invisible within broader health sector planning and implementation.

A key weakness in Nigeria's health governance is the absence of a comprehensive national action plan dedicated to elderly health and well-being. While the country has endorsed several global and continental frameworks on ageing - such as the Madrid International Plan of Action on Ageing and the African Union Policy Framework and Plan of Action on Ageing - these commitments have not translated into actionable or enforceable national strategies. Geriatric care is not explicitly addressed in key policy documents such as the National Health Policy or the National Strategic Health Development Plan. As a result, healthcare programs tend to focus on maternal and child health, infectious diseases, and other high-visibility issues, leaving older adults without formalized support mechanisms for preventive, promotive, and rehabilitative care.

The lack of financial commitment further reflects this marginalization. Budgetary allocations to programmes that support older people, whether in health, social welfare, or economic empowerment, are minimal or nonexistent. The World Health Organization (2021) underscores that geriatric services are still not institutionalized within Nigeria's primary healthcare framework, and few tertiary institutions offer specialized care tailored to ageing-related health concerns. The limited presence of geriatric wards, professionals, and training programs within the healthcare system contributes to the systemic neglect of older persons. Consequently, issues such as polypharmacy management, cognitive decline, frailty, and elder abuse remain underdiagnosed and poorly managed.

Compounding the policy gaps is the near-total absence of data systems focused on the elderly. Reliable, age-disaggregated health data is essential for effective planning, yet Nigeria's health information systems do not systematically collect or report on indicators specific to older adults. This data invisibility makes it difficult to assess the scope of health disparities, monitor progress, or design interventions that address the nuanced needs of ageing populations. It also hinders the ability of policymakers to engage in evidence-based decision-making or justify investments in geriatric services.

Ultimately, the exclusion of the elderly from Nigeria's UHC agenda is not merely a technical oversight, it is indicative of a broader failure to view older persons as rights-holding citizens whose health and dignity deserve institutional protection. As the World Health Organization (2021) asserts, integrating older adults into health policy requires more than token inclusion; it demands a reconfiguration of priorities, resource allocation, and governance structures. Without a clear, inclusive roadmap for

healthy ageing, Nigeria risks entrenching intergenerational health inequities and undermining the foundational goal of UHC, to leave no one behind.

Theoretical Framework

This study is underpinned by the Social Determinants of Health (SDH) framework, which provides a comprehensive lens for analyzing the root causes of health disparities among ageing populations. Unlike biomedical models that centre health outcomes around individual behaviour or genetic predispositions, the SDH framework emphasizes the broader social, economic, and environmental conditions in which people are born, grow, work, live, and age (Solar & Irwin, 2018). These structural factors are crucial for understanding why some groups experience significantly worse health outcomes than others, even when healthcare services are nominally available. In the context of Nigeria's elderly population, the SDH framework allows for a deeper interrogation of how inequalities in income, education, gender norms, geographical location, and access to basic services cumulatively shape the experience of ageing.

The SDH framework is particularly apt for this analysis because it is inherently life-course oriented, recognizing that the health status of older adults is not an isolated phenomenon but the culmination of cumulative (dis)advantages acquired throughout life (Marmot et al., 2020). For instance, individuals who spent their working years in precarious employment or informal labour, a common situation in Nigeria, are less likely to have pensions or health insurance in old age. Women, who are more likely to have interrupted work histories due to caregiving responsibilities, are disproportionately disadvantaged under current pension and health financing systems. Such disparities are not merely coincidental; they are systematically produced through socio-economic structures and policy decisions, making the SDH framework critical to policy analysis.

A core concept in the SDH framework is the interplay between structural and intermediary determinants of health. Structural determinants include the broader political, economic, and social systems that govern societal stratification, such as income inequality, education systems, and political inclusion. These determinants, in turn, influence intermediary factors such as material circumstances (housing, neighbourhood quality), psychosocial conditions (stress, social isolation), health-related behaviours, and access to healthcare services (WHO, 2021). In Nigeria, the elderly often experience compounded disadvantages along both axes. For instance, rural elders not only live in underserved areas (a structural determinant) but also contend with poor transportation, lack of proximity to health facilities, and limited social support systems (intermediary determinants), all of which diminish their ability to access timely and adequate care.

Economic inequality is one of the most significant structural determinants affecting the health of older Nigerians. The country's high poverty rate, particularly in the northern and rural regions, limits older adults' ability to afford essential health services, medications, and nutritious food. According to the National Bureau of Statistics (2023), over 63% of Nigerians are multidimensionally poor, a reality that disproportionately affects the elderly due to their limited earning capacity. The health effects of poverty are not only material but also psychosocial. Chronic stress from economic insecurity has been linked to a range of health issues, including cardiovascular disease and depression, conditions that are prevalent among Nigerian seniors (Ajayi et al., 2022).

Educational attainment, another key determinant, influences health literacy, healthcare utilization, and lifestyle choices. Many older Nigerians, particularly women, have low levels of formal education due to historical gender imbalances and regional disparities in access to schooling. This has long-term implications for their ability to navigate the healthcare system, adhere to medical regimens, and make informed health decisions. For example, an elderly woman with limited literacy may find it difficult to understand prescription instructions or access social health insurance schemes, thereby exacerbating her health risks (Okeke et al., 2021).

The social and physical environment in which older Nigerians age is also crucial. Poor housing conditions, environmental pollution, and lack of public transportation disproportionately affect the elderly, especially those in informal settlements or rural areas. Moreover, the weakening of traditional extended family systems, historically the main source of care and support for older adults, has left many seniors socially isolated and vulnerable to neglect (Olowookere et al., 2023). These social factors are not merely unfortunate outcomes; they are the predictable consequences of inadequate urban planning, weak social safety nets, and insufficient investment in community infrastructure, all of which are shaped by national and local policies.

Importantly, the SDH framework also underscores the political determinants of health, which refer to how policy decisions, governance quality, and institutional priorities shape the conditions of daily life. In Nigeria, ageing has not been a significant priority within the broader health policy agenda. Policies like the National Policy on Ageing remain under-implemented due to weak political commitment, fragmented governance, and low budgetary allocations (Okoye & Asa, 2022). This lack of political will not only undermines health equity but also signals to society that the needs of the elderly are secondary to other development goals. The result is a policy environment in which older adults are marginalized, both in planning and in practice.

Finally, the SDH framework offers a normative dimension, it compels policymakers and researchers to consider equity as a central concern in public health. By focusing on the root causes of health inequities, the SDH approach encourages policy responses that go beyond healthcare access to address the upstream factors that perpetuate inequality. This aligns with the growing global consensus, exemplified by the WHO's Decade of Healthy Ageing (2021–2030), that promoting equitable, inclusive, and integrated approaches is essential to ensuring all people can age with dignity and health (WHO, 2021).

In essence, the Social Determinants of Health framework provides a robust foundation for examining health disparities among Nigeria's elderly population. It allows this study to move beyond surface-level analysis and instead interrogate the structural drivers of inequality, from poverty and education to policy design and governance. In doing so, it offers a pathway for identifying policy levers that can address not just the symptoms, but the root causes, of health disparities in older age. This framework is thus not only analytical but also prescriptive, guiding the development of more holistic, equitable, and sustainable policy responses to the challenges of ageing in Nigeria.

Methodology

This study adopts a qualitative policy analysis methodology, grounded in an in-depth document review approach. This methodology is well-suited to the paper's objective of critically evaluating how Nigerian policies address health disparities among the elderly. The analysis is guided by the Walt and Gilson Policy Triangle framework (1994), which allows for a multidimensional examination of policy through four interconnected components: content, context, actors, and processes. This framework facilitates a holistic understanding of how ageing-related health policies are conceptualized, shaped by political and institutional dynamics, implemented, and ultimately experienced by older adults.

The data sources for the analysis include a range of primary and secondary policy-related documents. These include official national policy documents such as the National Policy on Ageing (2018), the National Health Policy (2016), and related sectoral strategies such as the National Social Protection Policy (2017). These documents provide foundational insights into government priorities, objectives, and planned interventions concerning the health and well-being of the elderly population in Nigeria.

In addition, the study incorporates international policy and agency reports, particularly those published by organizations such as the World Health Organization (WHO), and the United Nations Population Fund (UNFPA), which offer global standards, comparative data, and contextual benchmarks for evaluating Nigeria's performance in the area of healthy ageing. These sources are instrumental in aligning the analysis with international best practices and policy recommendations under initiatives such as the WHO Decade of Healthy Ageing (2021–2030).

The review also includes peer-reviewed academic literature published within the past five years. These sources were selected based on relevance to ageing, health disparities, and policy in Nigeria or comparable sub-Saharan African contexts. Databases such as PubMed, Google Scholar, Scopus, and AJOL (African Journals Online) were used to retrieve articles that analyze the lived experiences of older adults, evaluate health interventions, or examine socio-political determinants of health inequality. Special emphasis was placed on studies that employed empirical or analytical methods to assess policy impact, particularly those with a focus on vulnerable subgroups such as elderly women, rural dwellers, and low-income populations (e.g., Akinyemi et al., 2021; Okeke et al., 2021).

Furthermore, the study draws on grey literature, including government white papers, budget statements, and reports by non-governmental organizations (NGOs) and civil society organizations (CSOs) engaged in ageing-related advocacy. These documents often provide insights that are not captured in official policy narratives, such as funding shortfalls, grassroots-level implementation challenges, and stakeholder perspectives on inclusivity and equity. Including such diverse sources enhances the richness and triangulation of the analysis.

The collected documents were subjected to thematic content analysis. Categorize qualitative data under key themes derived both deductively, and inductively, allowing for emergent themes from the data. Key themes explored include the framing of ageing in policy texts, the degree of intersectoral coordination, attention to gender and geographic disparities, funding mechanisms, and evidence of implementation progress or stagnation.

Results

The analysis of Nigeria's ageing policies through the lens of the Social Determinants of Health framework and guided by the Walt and Gilson Policy Triangle reveals a complex reality marked by rhetorical recognition of elderly needs but with limited systemic or structural transformation to address health disparities. Although the National Policy on Ageing (2018) acknowledges the right of older persons to health and social welfare, the transition from policy design to actionable frameworks remains largely aspirational. The policy articulates an inclusive vision for the elderly, but the implementation mechanisms are weak, inconsistent across states, and often disconnected from local realities. Only a few state governments have initiated domesticated versions of the national policy, and federal oversight or coordination remains largely symbolic, with the Federal Ministry of Women Affairs lacking sufficient interministerial leverage or funding to enforce implementation (Federal Ministry of Women Affairs, 2020). This disconnect between policy intent and operational execution illustrates the broader critique within the Social Determinants of Health literature, that policy content, however progressive on paper, has little impact without strong institutional processes and political commitment (Marmot et al., 2020).

Further deepening these implementation challenges are the persistent structural disparities that shape the everyday health experiences of older Nigerians. Poverty, spatial inequality, and weak healthcare infrastructure remain formidable barriers to health equity. Empirical evidence from recent studies affirms that a significant proportion of the elderly population lives in poverty, with limited access to formal income security systems such as pensions or retirement savings. In many rural areas, access to healthcare requires long-distance travel to ill-equipped facilities, a situation that disproportionately affects elderly individuals with mobility limitations or chronic conditions (Adebayo et al., 2022). Consequently, traditional medicine often becomes the default healthcare option, not by cultural preference alone, but by structural compulsion. These disparities align with the SDH framework's premise that material deprivation and institutional exclusion directly determine health outcomes, especially when compounded over a lifetime of economic marginalization.

Gender dynamics further complicate this landscape of inequality. While older women constitute a numerical majority of the elderly population in Nigeria, they remain largely invisible in ageing policy discourse and implementation. Many elderly women are widowed, economically dependent, and have significantly lower levels of formal education than their male counterparts, factors that directly affect

their access to healthcare services, pension programs, and social protection benefits (Okeke et al., 2021). Patriarchal inheritance systems and labour market exclusions throughout their working lives culminate in old age poverty and social exclusion. This feminization of ageing poverty is a stark illustration of how intersecting determinants, gender, education, and socioeconomic status, produce layered forms of vulnerability that existing policies fail to address. Although Nigeria's National Gender Policy advocates for inclusion across all life stages, this principle is not translated into ageing policy frameworks, reflecting a disconnect between gender mainstreaming in policy rhetoric and actual policy tools.

Another critical finding relates to the fragmented and underfunded nature of Nigeria's social protection system. Although there are social safety nets in place, such as the Conditional Cash Transfer (CCT) program under the National Social Safety Nets Coordinating Office (NASSCO), they are not specifically designed with the aged population in mind. Most beneficiaries of these schemes are younger households with school-aged children, and elderly persons are often bypassed or inconsistently reached (UNDP Nigeria, 2022). The National Health Insurance Authority (NHIA) also presents significant gaps in coverage for older adults. As of 2023, less than 5% of elderly Nigerians are enrolled in any health insurance scheme, underscoring both systemic neglect and financial inaccessibility (NHIA, 2023). These realities are consistent with global literature on the importance of universal, age-sensitive social protection mechanisms as foundational to healthy ageing. Where such mechanisms are absent or weak, the elderly population is left to navigate a volatile mix of high out-of-pocket expenses, familial dependence, and informal support networks (WHO, 2021).

Compounding these challenges is the marginal integration of elderly health into broader national development and healthcare reform agendas. Nigeria's current Universal Health Coverage (UHC) strategy and National Strategic Health Development Plan (2018–2022) make scant mention of ageing-specific health targets. This omission is significant, as UHC remains the central pillar of Nigeria's national and international health commitments. Without age-disaggregated data and clearly defined targets for elderly health within UHC frameworks, resource allocation, monitoring, and evaluation become impossible to standardize or enforce (WHO, 2021). Similarly, elderly needs are rarely featured in broader economic planning tools such as the National Development Plan (2021–2025), which limits intersectoral collaboration essential for addressing the social determinants of elderly health. For example, issues such as age-friendly transportation, housing, and community infrastructure are conspicuously missing from urban planning strategies, thereby weakening the policy environment for ageing with dignity and independence.

In line with the SDH framework, the limited visibility of elderly issues in broader development planning is not merely a technical gap but reflects deeper political and institutional biases. Policy actors, especially in ministries beyond health, often do not perceive the elderly as a priority constituency due to their limited economic productivity or political mobilization power. As Walt and Gilson (1994) argue, the role of actors and processes in shaping policy cannot be ignored. In Nigeria's case, policy processes often exclude elderly voices from consultation and decision-making spaces, thereby reinforcing a top-down approach to ageing policy design. Civil society groups and advocacy organizations working on ageing issues have also highlighted how the absence of dedicated budget lines and implementation oversight mechanisms make it difficult to hold the government accountable for commitments to elderly wellbeing (HelpAge International, 2023).

Ultimately, the findings of this review confirm that while Nigeria has made normative progress in acknowledging the rights and needs of older adults through national policy documents, the operational reality falls far short of what is required to achieve health equity. The limited scope and weak implementation of the National Policy on Ageing illustrate how formal recognition without substantive action produces symbolic rather than structural change. The persistent health disparities faced by older Nigerians, driven by economic insecurity, gender inequality, geographical isolation, and policy fragmentation, reveal the urgency of a more integrated and equity-driven approach. The literature reviewed in this study, including works by Akinyemi et al. (2021), Okeke et al. (2021), and Olanrewaju et al. (2022), reinforce the argument that without addressing the upstream determinants of health—

such as income inequality, education, and housing—Nigeria will continue to fall short of achieving healthy and dignified ageing for all.

Moreover, the exclusion of elderly populations from key national development and health reform strategies signals a missed opportunity for intersectoral synergy. The potential for incorporating age-responsive indicators into national performance frameworks remains untapped, and the absence of routine data collection on elderly health outcomes perpetuates a cycle of invisibility. As the WHO (2021) warns, failure to integrate ageing into national development plans not only undermines public health goals but also widens social inequalities. This study's findings therefore underscore the importance of linking policy recognition with operational mechanisms, institutional accountability, and adequate resource allocation.

In summary, the results reveal a consistent pattern of neglect and under-prioritization of elderly needs across multiple policy domains. While national and international discourse increasingly recognize the importance of healthy ageing, Nigeria's policy frameworks remain inadequately aligned with the multidimensional realities faced by its ageing population. As such, the health disparities experienced by older Nigerians are not accidental but structurally embedded in the policy architecture, implementation processes, and governance culture. Addressing these issues will require not only technical reforms but also a shift in political will and social values to ensure that ageing is recognized not as a marginal concern, but as a central pillar of equitable and inclusive development. The alignment of these findings with the literature reinforces the urgency for a paradigmatic shift in how ageing is conceptualized and addressed in Nigeria's policy landscape.

Discussion

The findings of this study underscore a significant disconnect between the aspirations of Nigeria's ageing policy frameworks and the lived realities of older adults, particularly in the realm of health equity. While the National Policy on Ageing (2018) represents a pivotal recognition of elderly rights and well-being, its impact is muted by weak implementation strategies, fragmented coordination, and chronic underfunding. As observed in previous literature (Akinyemi et al., 2021; Okeke et al., 2021), the lack of operationalization limits the policy's ability to confront the structural health disparities that persist among Nigeria's elderly population. This disconnect exemplifies what Solar and Irwin (2018) describe as the failure to translate recognition of the social determinants of health into actionable policies. Although the policy framework articulates inclusive goals, it lacks mechanisms to tackle root causes such as income insecurity, gender discrimination, and poor access to healthcare, leaving the core inequities intact.

The analysis also reinforces the argument that Nigeria's health system maintains a narrow policy focus that privileges maternal and child health at the expense of other vulnerable demographic groups, including the elderly. This sectoral bias has long been critiqued in global and regional health governance literature, and Nigeria is no exception. Despite its commitment to Universal Health Coverage (UHC), elderly-specific health needs are conspicuously absent from strategic health plans, and no significant effort has been made to disaggregate UHC targets by age (World Health Organization [WHO], 2021). This omission speaks to the institutional invisibility of ageing within the broader health agenda. Even as the elderly population continues to grow rapidly, the state has failed to adapt its health infrastructure and services to meet the needs of older persons, especially those with chronic non-communicable diseases or mobility limitations. The result is a health system that is misaligned with demographic realities and inequitable in its outcomes, particularly for rural and low-income elders who already face compounded access barriers (Adebayo et al., 2022).

Furthermore, the study draws attention to the persistent neglect of gender in the formulation and execution of ageing policy. Older women, who are more likely to be widowed, economically disadvantaged, and less educated than men, face distinctive challenges that are seldom addressed in current health or social protection frameworks. As noted in the literature, patriarchal norms and discriminatory inheritance laws often deprive older women of financial security and housing stability,

which in turn exacerbate their vulnerability to health shocks (Okeke et al., 2021). Yet, despite the widespread recognition of gender inequality in Nigeria's broader development discourse, the ageing policy has not integrated gender-sensitive interventions or addressed the intersecting forms of marginalization that older women face. This gap is symptomatic of what Marmot et al. (2020) describe as structural exclusion—where policy design fails to account for the compounded disadvantages experienced by specific subgroups, leading to the reproduction of inequality under the guise of neutrality.

Compounding these issues is the inadequacy of social protection systems in cushioning health-related vulnerabilities in old age. Although programs like the Conditional Cash Transfer (CCT) and the National Health Insurance Authority (NHIA) theoretically cover the aged, the practical reach of these schemes is minimal. With less than 5% of elderly Nigerians enrolled in health insurance and most social protection programs excluding the elderly as a primary beneficiary group, many older adults rely on out-of-pocket payments or informal care networks, which are often unreliable and insufficient (NHIA, 2023; UNDP Nigeria, 2022). This institutional under-prioritization of elderly needs in social protection design reflects a failure to incorporate ageing into national development agendas and contradicts international recommendations for building inclusive welfare systems under the Decade of Healthy Ageing (United Nations, 2021). Without expanding and adapting these safety nets to the ageing population, health disparities will persist or worsen as demographic pressures increase.

The policy landscape is also marked by a lack of intersectoral coordination, which weakens the overall coherence and effectiveness of interventions. The absence of cross-ministerial collaboration, for instance between the Ministry of Health, Ministry of Women Affairs, and Ministry of Humanitarian Affairs, results in overlapping mandates, fragmented funding, and diluted accountability. As the Walt and Gilson (1994) policy triangle framework emphasizes, the process and actors involved in policy implementation are just as critical as the content. In Nigeria's case, ageing is often siloed within specific ministries without the institutional authority or budgetary power to enforce comprehensive change. This fragmented governance structure inhibits the development of holistic strategies to address the multidimensional determinants of elderly health, such as transportation, housing, and education, factors well-documented in the Social Determinants of Health framework as critical to well-being in older age.

In addressing the objective of the study, to critically assess the extent to which Nigerian policies mitigate health disparities among the ageing population, it becomes evident that the current policy environment is not only insufficient but also potentially counterproductive. Policies remain reactive, under-resourced, and structurally disengaged from the socio-economic realities of older Nigerians. While the National Policy on Ageing and related health initiatives provide a foundation, they lack the institutional muscle and political priority required for transformative impact. Moreover, the lack of age-disaggregated data and the absence of routine monitoring and evaluation mechanisms further obscure the policy process, making it difficult to track progress or adapt interventions in real-time. This points to a fundamental need for improved governance structures that prioritize evidence-based policymaking and robust accountability systems.

To promote meaningful health equity among older adults, Nigerian policy must undergo a paradigmatic shift from symbolic inclusion to substantive transformation. This includes embedding the needs of the elderly across all stages of national planning and budgeting, strengthening the intersectoral integration of ageing into development agendas, and designing targeted, gender-sensitive interventions that address both immediate health needs and long-term social determinants. Without such comprehensive reforms, the gap between policy rhetoric and lived experience will continue to widen, leaving millions of elderly Nigerians exposed to preventable health risks and social exclusion. The alignment of these findings with prior studies confirms the urgency of this moment and the critical necessity for Nigeria to adopt a more inclusive, equity-oriented approach to healthy ageing.

Conclusion

Nigeria stands at a pivotal moment in its demographic and policy trajectory. As the elderly population continues to grow and health disparities deepen, it is increasingly clear that symbolic recognition of ageing through policy statements is insufficient. The evidence presented in this study highlights a critical mismatch between the intentions embedded in national frameworks such as the National Policy on Ageing and the real-world experiences of older adults, many of whom continue to face systemic barriers to health and social services. These challenges are not incidental but are rooted in longstanding structural determinants, including widespread poverty, geographic inequities between urban and rural areas, and persistent gender-based exclusion.

Recommendations

To promote health equity among Nigeria's ageing population, policy reforms must move beyond aspirational declarations toward measurable, inclusive, and well-coordinated action. First, there is an urgent need to strengthen the implementation of the National Policy on Ageing by institutionalizing it within a dedicated national body with the authority to oversee and coordinate policy actions across relevant ministries. Establishing a national ageing commission, as well as ensuring that each state develops tailored frameworks with clearly defined targets and timelines, would improve accountability and enable a more uniform approach to addressing regional disparities, especially those affecting rural elders who remain underserved by health systems (Adebayo et al., 2022).

Expanding investment in geriatric healthcare infrastructure is another critical priority. Currently, geriatric care remains peripheral within Nigeria's primary healthcare system, despite its importance in managing the growing burden of non-communicable diseases among older adults (Akinyemi et al., 2021). Upgrading primary health facilities to provide age-sensitive services and training healthcare personnel in geriatric competencies would ensure that elderly Nigerians receive more effective and dignified care. Furthermore, ageing must be explicitly integrated into broader national development strategies, including Nigeria's pursuit of Universal Health Coverage. The failure to include elderly-specific health and social service targets in major development policies contributes to their continued marginalization and the persistence of health inequities (WHO, 2021).

Enhancing social protection programs is also essential. National pension schemes and cash transfer programs should prioritize older adults, particularly those living in poverty or informal employment. A subsidized health insurance plan tailored to older Nigerians would reduce out-of-pocket expenses and enhance access to quality care. Additionally, ageing policies must be gender-responsive. Engaging elderly women in policy consultations and designing programs that address their unique socioeconomic vulnerabilities will promote inclusivity. Lastly, investing in community-based care systems, through home-based services and trained health workers, can extend essential support to isolated elders, particularly in underserved rural communities.

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