Review

Intersections of Aging, Abuse, and Structural Neglect: A Multilevel Sociological Analysis of Vulnerability in Nigeria and Beyond

Medinah Suleiman *

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Intersections of Aging, Abuse, and Structural Neglect: A Multilevel Sociological Analysis of Vulnerability in Nigeria and Beyond

Medinah Suleiman

medinahsuleiman68@gmail.com

Abstract

Globally, older adults are increasingly facing multiple, overlapping forms of vulnerability, ranging from interpersonal abuse to systemic neglect. In Nigeria and many other low- and middle-income countries, the lived experience of aging is shaped not only by individual and familial factors but by deeper structural determinants such as poverty, institutional underinvestment, gender inequality, and weakened social protection. This perspective paper adopts a multilevel sociological framework to explore how aging, abuse, and structural neglect intersect to produce layered vulnerability in Nigerian society. Drawing on concepts like structural violence, syndemics, and life course theory, the paper argues that elder abuse cannot be understood in isolation from broader historical and institutional failures. Key forms of abuse such as financial exploitation, neglect, emotional maltreatment, and stigmatization are examined alongside their socio-economic and cultural drivers, including high dependency ratios, intergenerational tension, and the erosion of kin-based care systems. Empirical examples from across Nigeria, such as witchcraft accusations against older women and delayed pension disbursements, illustrate how social neglect is operationalized both at the household and policy level. The paper also draws comparisons with other Global South contexts and highlights locally driven coping strategies, including mutual aid groups and religious networks. Ultimately, the paper calls for a shift from charity-based models of elder support to rights-based, age-inclusive policies that recognize older adults as full citizens. A multidimensional response—legal, institutional, and community-driven—is urgently needed to uphold the dignity, autonomy, and well-being of Nigeria's growing older population.

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1. Introduction

The global population is aging rapidly, yet this demographic shift is unfolding unevenly across countries, with low- and middle-income countries (LMICs) like Nigeria experiencing the consequences with limited institutional preparedness. In Nigeria, where over 10 million individuals are aged 60 and above, aging is increasingly associated with insecurity rather than dignity [1]. The sociopolitical and economic transformations over recent decades have contributed to the erosion of traditional kin-based caregiving systems, compounded by structural deficits in health and social protection infrastructure. As a result, older adults in Nigeria often experience compounded risks of financial insecurity, neglect, and emotional or physical abuse. Despite growing literature on aging globally, African-specific realities remain underrepresented in mainstream policy discourse, creating a gap between formal interventions and lived experiences on the continent [2,3]. For instance, while European nations debate extending retirement age and improving age-friendly environments, Nigerian older adults routinely face long-standing pension arrears, lack of health insurance, and inadequate access to care.

Importantly, the challenges facing older adults in Nigeria are not solely the result of individual circumstances or familial neglect. They are embedded within a broader tapestry of historical

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marginalization, state disengagement, and infrastructural decay. This paper contends that abuse and neglect must be analyzed through a multilevel sociological lens that incorporates micro-level interpersonal abuse, meso-level institutional barriers, and macro-level policy failures. By synthesizing structural violence, syndemic theory, and life course approaches, this analysis foregrounds how these layered vulnerabilities accumulate and intersect. Additionally, drawing from comparative case studies in countries such as South Africa, Zimbabwe, Brazil, and India, the paper situates Nigeria's experience within a broader global context, demonstrating that while aging challenges are widespread, they require context-sensitive solutions [4,5].

2. Conceptual Framework: Structural Violence and Syndemics in Aging

Understanding the lived experiences of older adults in Nigeria necessitates moving beyond simplistic biomedical frameworks and exploring the structural and sociopolitical determinants of late-life vulnerability. The concept of structural violence, developed by Johan Galtung, helps to illuminate how systemic inequalities and institutional omissions generate harm by denying individuals access to basic needs such as healthcare, security, and social protection [6]. In the Nigerian context, structural violence is evident in the chronic underfunding of primary health care centers, the lack of geriatric-specific training for health workers, and the near-absence of targeted mental health services for older adults [7]. These deficits disproportionately affect rural and poor urban older populations, who often live at the intersection of multiple structural disadvantages.

The syndemic framework further enriches this understanding by highlighting how co-occurring social and health challenges exacerbate one another. For example, an older adult with untreated hypertension who also experiences social isolation and food insecurity is not just medically vulnerable but structurally exposed to compounding risks that reinforce one another [8]. These syndemics are particularly visible in Nigeria's urban slums and rural communities, where aging intersects with poverty, infrastructural neglect, and cultural stigma. For instance, some older women accused of witchcraft are ostracized by communities, a phenomenon especially common in parts of Akwa Ibom and Cross River states [9]. These accusations are often used to justify exclusion or dispossession, representing both interpersonal harm and structural failure.

Life course theory also plays a critical role in explaining how disadvantage accumulates over time. Many Nigerian older adults enter old age having spent decades in informal employment without pensions or savings. Their early exposure to limited education, economic instability, or conflict—such as those displaced by Boko Haram insurgencies in the Northeast—shapes their access to healthcare and social support in later life [10,11]. Therefore, vulnerability in old age must be seen as the product of long-term structural exposure, not merely a sudden event or isolated episode. A multilevel sociological analysis that bridges these conceptual tools is essential to expose the invisible forces shaping aging and to inform responsive interventions that account for the historical, social, and political layers of marginalization.

3. Forms and Drivers of Abuse in Nigeria

Abuse of older adults in Nigeria encompasses a range of harmful behaviors, including physical harm, emotional mistreatment, financial exploitation, neglect, and systemic indifference. While global studies have documented elder abuse as a pervasive issue, the Nigerian context reveals unique cultural and economic drivers that intensify these harms. Physical abuse may involve slapping, pushing, or denying an older adult food or medication, often carried out by overburdened caregivers or frustrated family members [12]. Emotional abuse includes verbal insults, threats, social isolation, and humiliation, which are frequently rationalized within hierarchical family structures where older persons are considered burdensome. In certain cases, accusations of witchcraft are weaponized to justify neglect or abandonment, disproportionately affecting older women. These accusations—reported in states such as Benue, Cross River, and parts of the South-South—often stem from

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longstanding cultural beliefs that link aging, widowhood, and misfortune to supernatural influence [13].

Financial abuse is equally rampant, particularly in households where economic hardship prevails. Older adults, especially widows and those without sons, often lose access to land or pension rights due to patriarchal inheritance systems and weak legal protections. In some families, older individuals are coerced into handing over their meager resources or are denied access to their own bank accounts by younger relatives [14]. Neglect—one of the most widespread and insidious forms of abuse—manifests through abandonment, failure to provide food or medication, or being left alone without supervision. The absence of formal care facilities exacerbates the burden on family members, many of whom are themselves struggling with poverty or unemployment. A systematic review conducted by Folorunsho and Okyere found that neglect and financial exploitation were the most common forms of abuse among older adults in sub-Saharan Africa, with Nigeria demonstrating a particularly high prevalence among rural, widowed, and disabled populations [15].

Structural factors play a central role in shaping the conditions under which abuse occurs. For instance, without access to subsidized healthcare, many older adults depend on their children or neighbors for support. This dependency can lead to power imbalances that increase their risk of maltreatment. Additionally, traditional values emphasizing filial piety are weakening under economic strain and urban migration, eroding the intergenerational solidarity that once protected older adults [16]. High youth unemployment further contributes to intergenerational tensions, as young people may view older family members as economic liabilities. Ultimately, the normalization of silence around abuse, coupled with limited legal redress, ensures that perpetrators face few consequences while victims are left with diminished dignity and support.

4. Institutional and Policy Neglect

Beyond the household, Nigerian institutions have historically failed to recognize the rights and needs of older adults. Although the National Policy on Aging, adopted in 2021, marked a significant milestone in national discourse, implementation remains stalled by inadequate political will and resource allocation. The National Senior Citizens Centre (NSCC), created to coordinate aging-focused programs, continues to operate with limited capacity and influence. Funding for geriatric healthcare, legal aid, and elder abuse prevention programs remains below international benchmarks. Geriatric units are largely absent in primary healthcare centers, and only a few teaching hospitals offer specialized care for aging populations [17]. A recent analysis showed that fewer than 3% of primary health workers in Nigeria have received any training in geriatric or age-related mental health care [18].

Mental health, a critical dimension of aging, is severely underfunded. Nigeria devotes less than 2% of its already constrained health budget to mental health, leaving older adults with depression, dementia, or anxiety with virtually no support [19]. Geriatric psychiatry is not recognized as a formal subspecialty in the country, and stigma surrounding mental illness further prevents older adults from seeking care. In many cases, memory loss or late-life depression is dismissed as “normal aging” or spiritual affliction, resulting in delays in diagnosis and treatment [20].

Social protection mechanisms remain inaccessible for the majority of older adults, particularly those who worked in informal sectors or rural economies. The National Health Insurance Authority (NHIA) has made some progress through community-based health insurance schemes, yet these remain limited in geographic coverage and uptake [21]. Former civil servants are among the few who receive pensions, and even these are often delayed or inconsistent, forcing retired individuals into prolonged financial precarity [22]. Community development officers or welfare programs rarely reach rural older adults, leaving them dependent on overburdened family systems or informal support networks. This systemic neglect contributes to a cycle of invisibility in which older people are simultaneously marginalized in national policy and forgotten in everyday practice. As Lukman et al. argued, aging-related vulnerabilities in Africa stem not only from individual disadvantage but also from historical exclusions in policy design and implementation [23].

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5. Global Comparisons and Regional Lessons

While the experiences of older adults in Nigeria are shaped by local cultural, economic, and institutional factors, many of the challenges they face are mirrored across the Global South. Comparative insights from countries such as India, South Africa, Brazil, and Zimbabwe reveal shared patterns of elder vulnerability rooted in structural neglect, but also showcase models of reform that Nigeria could adapt. In India, for example, urbanization and the breakdown of joint family systems have contributed to rising rates of elder abuse, especially financial and emotional mistreatment. Much like in Nigeria, older adults in India often rely on informal caregivers and lack legal recourse. However, India's Maintenance and Welfare of Parents and Senior Citizens Act of 2007 provides a legal framework mandating adult children to care for their parents and enabling older persons to seek redress through tribunals [24]. Though imperfect in enforcement, this legal recognition signals state responsibility in elder care—a principle still weakly institutionalized in Nigeria.

In South Africa, where the legacy of apartheid continues to shape socio-economic inequality, studies have shown that older adults in informal settlements are at heightened risk of emotional abuse, neglect, and insecurity. However, South Africa's state-funded non-contributory pension system covers a vast proportion of older adults, enabling some level of economic independence and agency [25]. This form of universal cash transfer contrasts sharply with Nigeria's contributory pension model, which excludes millions of informal workers and rural dwellers. South Africa also implements older person care policies through its Department of Social Development, with some localized programs for dementia care and social inclusion, although implementation challenges persist.

Brazil offers a more comprehensive legislative model. The "Statute for the Elderly," enacted in 2003, outlines enforceable rights to healthcare, legal protection, and social assistance for all citizens aged 60 and above. It mandates priority in health service access and legal penalties for abuse or neglect of older adults [26]. Furthermore, the statute encourages participation of older persons in policy discussions, integrating their voices into the design of care programs. Similarly, in Chile, community-based models of elder support include municipal elder centers that provide free meals, socialization opportunities, and medical care—a concept largely absent from Nigerian local government structures.

Zimbabwe's "Friendship Bench" offers a promising community-based mental health intervention that could be adapted to the Nigerian context. By training grandmothers as lay therapists to deliver talk therapy on benches in public spaces, Zimbabwe has successfully addressed both mental health stigma and service gaps in low-resource settings [27]. In northern Nigeria, where older women are respected as community matriarchs, a similar approach could be implemented through religious centers or traditional councils. Such models demonstrate that innovative, culturally grounded strategies can be scaled when embedded within national policies and supported by political will.

These examples underscore several key lessons for Nigeria: (1) legal frameworks that define and protect the rights of older adults are essential; (2) universal, accessible pension systems help reduce dependency and abuse; (3) community-led interventions should be financially and institutionally supported; and (4) older persons must be involved in shaping the policies that affect their lives. Integrating these lessons requires not only replication but adaptation to the Nigerian sociocultural context.

6. Community-Based Coping and Resistance

In the face of state neglect and familial strain, older adults in Nigeria often rely on community-based structures to survive and maintain a sense of dignity. Religious institutions—churches, mosques, and prayer groups—serve as informal support hubs, providing food, companionship, and emotional solace. For example, in Ibadan and Ilorin, older congregants are often enrolled in welfare groups that deliver periodic food donations or assist with hospital bills during emergencies [28].

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These efforts, while commendable, are typically unsustainable and lack integration into broader social protection systems. The burden falls largely on faith communities without state subsidies or technical support, thereby limiting their scalability and effectiveness.

In rural areas, cooperative societies and age-grade associations remain vital sources of solidarity. Among the Yoruba, Igbo, and Tiv ethnic groups, older adults often form mutual aid groups that offer small loans, burial assistance, and rotating savings [29]. These groups provide emotional and financial buffers, particularly for widows who may be excluded from inheritance or social benefits. However, they are highly localized and vary in functionality based on leadership, geography, and funding.

Resistance also manifests in older adults' efforts to organize and demand accountability. In urban centers like Lagos and Abuja, elders have begun forming advocacy networks to press for timely pensions, affordable healthcare, and safer transportation. Some of these efforts are facilitated by civil society organizations such as HelpAge Nigeria and the Dave Omokaro Foundation, which provide platforms for older adults to voice concerns and co-develop solutions. These organizations have helped spotlight issues such as ageism in healthcare and the lack of geriatric facilities [30].

Digital tools are emerging as new avenues for resistance and connection, especially among urban, literate older adults. Through WhatsApp groups and Facebook pages, older Nigerians share information on accessing entitlements, report instances of abuse, and maintain social ties. Some have even used platforms like YouTube to share stories and advocate for elder justice. However, digital exclusion remains a major challenge, particularly for older adults in rural areas who face low digital literacy and poor internet infrastructure. Bridging this gap requires not just training, but broader investment in age-friendly technologies and internet access.

Despite these acts of resilience, community-based support systems cannot replace the role of the state. Without formal recognition, policy integration, and resource backing, these grassroots efforts will continue to function as emergency responses rather than sustainable safety nets. Therefore, the Nigerian government must create enabling environments that amplify, not exploit, these community coping mechanisms.

7. Policy and Theoretical Implications

The findings and analysis presented in this paper call for a fundamental rethinking of how vulnerability in old age is conceptualized, measured, and addressed in Nigeria. The multilevel sociological lens adopted here challenges the prevailing narratives that individualize elder abuse or reduce it to mere familial dysfunction. Instead, it compels attention to how state policies, institutional inertia, and socio-economic inequalities intersect to shape older adults' lived experiences. Policymakers must move beyond tokenistic gestures—such as annual commemorations of the International Day of Older Persons—and instead legislate and implement robust, rights-based social protections.

At the policy level, a comprehensive and enforceable legal framework is urgently needed. Although Nigeria passed the National Senior Citizens Centre (NSCC) Act in 2017 and launched the National Policy on Aging in 2021, these instruments remain underfunded and poorly implemented [14]. Key aspects such as universal pension coverage, geriatric health integration into primary care, legal aid for abused older adults, and age-sensitive urban planning have yet to be operationalized [17]. A rights-based legislative approach modeled after Brazil's Elder Statute [26] could be tailored to Nigeria's cultural context, ensuring that all adults aged 60 and above are legally entitled to care, protection, and participation.

Policy action must also address caregiver support. In Nigeria, caregiving remains feminized and informal, with no financial, emotional, or structural support for those performing this essential role. Incentivizing caregiving through cash transfers, tax benefits, or respite care programs would relieve household pressure and reduce the risk of reactive neglect or abuse [13]. Furthermore, legal protection for caregivers, coupled with training in age-sensitive and dementia-informed care, can professionalize the role and increase accountability.

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From a theoretical standpoint, the integration of structural violence, syndemics, and life course perspectives offers a powerful framework for understanding elder vulnerability in Nigeria. Structural violence theory explains how institutionalized harm—such as underinvestment in health, education, and infrastructure—becomes normalized and invisibilized over time [4]. The syndemic approach captures how economic deprivation, chronic disease, social isolation, and weak family structures coalesce to exacerbate poor outcomes in late life [5]. Life course theory helps explain how long-standing structural disadvantage accumulates to shape elderhood, especially among those who have endured poverty, displacement, gender-based violence, or early-life trauma [7].

To generate evidence-based policies, Nigeria must also invest in gerontological research and data systems. Presently, the lack of age-disaggregated data, especially on elder abuse, mental health, and service utilization, hampers both advocacy and planning. National surveys and census instruments should include robust modules on aging, with indicators reflecting the multidimensional nature of elder well-being. Research funding should prioritize longitudinal studies that explore intergenerational transitions, caregiving dynamics, and socio-economic gradients in aging.

Crucially, older adults must be seen not only as beneficiaries but as agents of change. Policies and research should center their voices and lived experiences. Participatory research methods, such as photovoice, oral history, and community-led assessments, can help uncover the nuanced ways older Nigerians navigate abuse, dignity, and survival. This participatory orientation aligns with global trends in rights-based gerontology and ensures that responses are both contextually relevant and ethically grounded.

8. Conclusions

The intersections of aging, abuse, and structural neglect in Nigeria form a complex and deeply entrenched web of vulnerabilities. As this paper has demonstrated, the challenges facing older adults are not merely the result of familial breakdown or individual misfortune. Rather, they are rooted in broader structural failures—historic policy neglect, institutional ageism, economic exclusion, and weak legal protections. These factors collectively contribute to a syndemic of disadvantage that renders many older Nigerians invisible, vulnerable, and voiceless.

From accusations of witchcraft against widows in Cross River State, to unpaid pensions in Kwara, to the absence of geriatric services in public hospitals across Lagos, the systemic nature of elder mistreatment is unmistakable. Yet within these challenges lie opportunities for change. Community-led models such as mutual aid societies, religious-based support networks, and advocacy by older adult associations point to both resilience and resistance. Global exemplars—from Brazil's legal protections to Zimbabwe's Friendship Bench—offer concrete models of integration, rights enforcement, and community mobilization that can be adapted to Nigeria's context.

To build an age-inclusive society, Nigeria must abandon charity-based approaches and instead pursue structural transformation grounded in equity and justice. This means enshrining legal rights for older adults, guaranteeing universal pensions, integrating geriatric care into public health, supporting caregivers, and funding research that reflects the realities of growing old in a stratified society. Most importantly, older Nigerians must be given platforms to co-design these responses, ensuring that their dignity, wisdom, and contributions are recognized and respected.

As the population of older adults continues to grow both in Nigeria and globally, the urgency of these reforms cannot be overstated. A nation's maturity is often judged by how it treats its most vulnerable. By reimagining aging not as decline, but as a phase of dignity, contribution, and rights, Nigeria can redefine its social contract and create a future where no older adult is left behind.

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