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INVESTIGATING SOCIAL SUPPORT DISPARITIES AND LOCALITY OF OCTOGENARIANS IN NIGERIA

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ABSTRACT

The study examined the distribution of octogenarians' demographic factors based on locality in Nigeria and established the influence of locality on social support among octogenarians in Nigeria. The population comprised all octogenarians between the ages of 80 and 89 years in Nigeria. The study participants were 1,774 octogenarians residing in rural, peri-urban and urban areas selected from Osun, Oyo, Imo, and Benue states in Nigeria using a snowballing sampling technique. A quantitative data collection approach was employed with a computer-assisted personal interview (CaPI), which was used to administer a structured questionnaire to gather primary data. An instrument titled "Social Support of Octogenarians Questionnaire (SSOQ)" was used to collect data for the study. The

study found that more than half (52.31%) of the octogenarian population resides in rural areas. The study further reveals that siblings and Non-Governmental Organisations (RC = 0.2236, p=0.022) provide less support in urban areas compared to rural ones (RC=0.2511, p=0.010), while urban octogenarians benefit more from retirees and Faith-Based Organisations (RC=0.2874, p=0.000). The study concluded that the provision of social support for octogenarians was not evenly distributed across the localities in Nigeria. Appropriate recommendations for policy implementation were made accordingly.

Keywords: Demographic factors, Octogenarians, Social support, Rural-urban comparison

INTRODUCTION

The rapid increase in the elderly population is one of the global health issues generating concerns across the world, particularly in the continent of Africa. Nigeria's elderly population stands at approximately 9.4 million (aged 60+), representing about 4.7% of the total population (National Bureau of Statistics, 2018). Nigeria, the most populous in Africa and with the highest population of older adults, including Octogenarians (individuals aged 80-89), is faced with several challenges, including economic, social insufficient infrastructure, limited healthcare services, and changing family dynamics with a negative multiplier effect on the overall welfare of the elderly (Akinrolie et al., 2024). Traditionally, Nigeria's social system, rooted in extended family structures, has been the cornerstone of care for all, especially the elderly. The extended family structure has been the primary safety net for older adults. However, these systems are increasingly strained due to rural-urban migration, urbanisation, modern employment patterns and international migration disrupting traditional social structures (COSROPIN, 2023).

Given Nigeria's diverse geographic and socio-economic landscape, the locality in which an octogenarian resides significantly affects their access to social support systems. Rural areas often have stronger familial and community bonds, crucial for elderly care. In contrast, urban areas, with higher levels of development, may offer better access to healthcare and formal support services but may lack the close-knit community relationships found in rural regions. Peri-urban areas, transitional zones between rural and urban regions, often experience a blend of both urban and rural characteristics, resulting in unique challenges and opportunities for the elderly population (Ebimgbo & Okoye, 2021). Consequently, elderly individuals, especially in rural areas, often have limited social support, particularly in terms of experience of isolation, lack of access to healthcare, and financial insecurity (Lamai, 2021).

Social support relates to physical and psychological assistance accessible to an individual through social ties with other individuals, groups and communities, which is based on care, love and networking of mutual obligation (Bobakova et al., 2015). Social support is a critical determinant of health and well-being for elderly individuals (Abbas et al., 2017). It encompasses the emotional, informational, and material assistance provided by family, friends, neighbours, and community organisations. For octogenarians in Nigeria, social support plays a vital role in mitigating the adverse effects of ageing, such as declining health, disability, and financial dependency (Ebimgbo & Okoye, 2021). The availability and type of social support, however, may vary significantly depending on the locality. Rural areas, while potentially offering stronger community bonds, may lack adequate healthcare services and formal support mechanisms. Conversely, urban areas may offer better healthcare facilities and formal support services but may be characterised by weaker family and community ties (Mbam et al., 2022). Nigeria's socio-economic diversity, coupled with its uneven development across rural, urban, and peri-urban areas, poses significant challenges in ensuring equitable access to social support for octogenarians. Rural areas are typically underdeveloped, with limited access to healthcare, social services, and transportation, exacerbating the isolation of the elderly. Urban areas, though better developed, often witness a breakdown of traditional family structures, leaving elderly individuals to rely on institutional support. Peri-urban areas, which lie at the intersection of rural and urban regions, present a unique mix of challenges, including limited infrastructure and a shifting social fabric (Lamai, 2021).

Despite the increasing number of elderly individuals in Nigeria, there is a significant lack of research focusing on the specific needs of octogenarians, particularly regarding the impact of locality on the availability and quality of social support. Understanding how locality influences social support systems for elderly individuals is crucial for developing targeted policies and interventions to improve their well-being. In contrast, urban areas, while offering better access to healthcare and social services, may lack the close-knit community ties essential for providing emotional and day-to-day support to the elderly (Oluwagbemiga, 2016). Peri-urban areas, which are in a transitional phase between rural and urban settings, may present unique challenges, as they often lack the infrastructure of urban areas while simultaneously experiencing a breakdown in traditional rural social structures (Eke et al., 2024).

The availability of evidence-based information on disparities in the distribution of social support for Octogenarians, a special group of older adults, is limited but is required for appropriate policy direction and intervention by social support providers in Nigeria. Therefore, this research seeks to address the gap in knowledge regarding the disparities in social support available to octogenarians in Nigeria, with special attention on the place of residence. By examining the demographic distribution of octogenarians and analysing how locality affects their access to social support, this study aims to provide insights that can inform policies and interventions aimed at improving the well-being of Nigeria's elderly population.

Research Objectives

The study:

- i. **examined the distribution of demographic factors based on the locality of Octogenarians in Nigeria.**
- ii. **established the relationship between social support disparities and locality among octogenarians in Nigeria**

METHODS

The cross-sectional survey research design was adopted for the study. The population comprised all octogenarians aged 80 and 89 years in Nigeria. The study participants were 1,774 octogenarians residing in rural, peri-urban and urban areas selected from Osun, Oyo, Imo, and Benue states in Nigeria. A quantitative data collection approach was employed with a computer-assisted Personal Interview (CaPI) used to administer a structured questionnaire to gather primary data. The eligibility criteria included men and women, aged 80–89, who could communicate effectively and were living in the rural, peri-urban and urban communities of the selected states. Respondents were selected using a multi-stage sampling technique. The first stage employed a simple random sampling procedure to select four states. These states were Osun, Benue, Oyo, and Imo. The second phase involved listing the three senatorial districts in each state, and with urban, peri-urban and rural coverage in mind, three local government areas (LGAs) were chosen at random from each senatorial district (urban, peri-urban and rural). The availability of basic amenities such as good road networks, pipe-borne water, healthcare facilities, and regular electricity supply served as yardsticks for identifying the most rural, semi-urban, and most urban local governments in each senatorial district in the states. The LGAs with poor basic amenities were considered rural, while LGAs with average or the best or maximum amenities were considered semi-urban and urban, respectively. Lastly, a snowball sampling approach was used to recruit participants until the desired sample size was reached. A total of 1,774 octogenarians were recruited, given sparse data on octogenarians at both the state and national levels. This sample size was determined using the Epi Info sample size determination software, which suggested a minimum of 1,551 representative samples for the study. The 1,774 Octogenarians were selected to ensure a distributed spread across the LGAs.

An adapted instrument titled “Social Support of Octogenarians Questionnaire (SSOQ)” was used to collect data for the study. To facilitate a quick response and ensure applicability, the questionnaire was translated into the local language and then translated back to English. All SSOQ domains were captured, including children, relatives, friends, Faith-Based Organisations (FBOs), Non-Governmental Organisations (NGOs), government and associations. After experts’ judgment on the instrument, a pilot test was carried out on the instrument in Anambra State (a state with similar characteristics to the actual states) with a sample size of 55 to determine its validity and possible finalisation before the actual survey. Based on the feedback from the pilot test, the questionnaire wording and response options were adjusted accordingly. Cronbach’s alpha of 0.84 was obtained. The questionnaire was programmed in an Open Data Kit (ODK) and retrieved with a CAPI device (Android phone). A total of 78 trained research assistants collected the data (18 each per state). The selection of the research assistants was based on the following: their qualifications (at least holding a first degree), effective interviewing skills, and residency in the chosen states with fluency in both English and the local languages. Ethical approval was obtained from the Health Research Ethics Committee (HREC) of the authors’ university. Informed verbal and written consents were obtained from the respondents after they had been informed of the study’s goals and objectives. Data collected were analysed using frequency counts, percentages and regression analyses.

RESULTS

Table 1: Descriptive statistics of octogenarians Locality

Locality of respondent	Frequency (N)	Percentage (%)
Rural	928	52.31
Urban	637	35.91
Peri-Urban	209	11.78

Table 1 shows the descriptive statistics of the Octogenarians’ locality. It showed that the majority of the respondents reside in rural areas. A total of 928 individuals, making up 52.31% of the surveyed population, come from rural regions. This indicates that over half of the octogenarians in the study live in less urbanised or more traditional settings, possibly reflecting broader trends in the ageing population within rural communities. In contrast, 35.91% of the respondents, accounting for 637 individuals, live in urban areas. This group forms a significant portion of the surveyed population and highlights the presence of a substantial number of elderly individuals in more developed, densely populated areas. The differences between rural and urban living conditions could have implications for access to healthcare, social support systems, and overall quality of life for the octogenarians.

Lastly, the peri-urban category, which represents individuals living in areas that are transitional zones between rural and urban settings, constitutes the smallest group. With 11.78% of the respondents (209 individuals), this group may face unique challenges or benefits due to the mix of rural and urban influences in their locality. The relatively lower percentage of octogenarians living in peri-urban areas could reflect demographic trends or the availability of services suited to elderly populations in these regions. In summary, the results indicated that a higher proportion of octogenarians were concentrated in rural areas, followed by urban regions, with the smallest group residing in peri-urban locations. This distribution could inform targeted interventions and policies aimed at improving the well-being of elderly populations across different localities.

Table 2: Descriptive analysis showing the demographic distribution based on the locality of Octogenarians

Variable	Rural		Urban		Peri-Urban		Total N
	N	%	N	%	N	%	
Sex							
Male	442	55.25	271	33.88	87	10.88	800
Female	486	49.90	366	37.58	122	12.53	974
Age							
80-84	526	48.30	428	39.30	135	12.40	1,089
85-89	402	58.69	209	30.51	74	10.80	685
Marital Status							
Single	4	40.00	3	30.00	3	30.00	10
Married	498	55.89	320	35.91	73	8.19	891
Separated	17	51.52	12	36.36	4	12.12	33
Divorced	9	56.25	5	31.25	2	12.50	16
Widowed	400	48.54	297	36.04	127	15.41	824
Religion Affiliation							
Islam	256	42.60	260	43.26	85	14.14	601
Christianity	634	57.79	341	31.08	122	11.12	1,097
Traditional	37	56.06	27	40.91	2	3.03	66
Others	1	10	9	90.00	0	0.00	10
Disability Status							
NLWDs	727	55.50	458	34.96	125	9.54	1,310
LWDs	201	43.32	197	38.58	84	18.10	464
Income Generating							
Not Engaged	679	54.41	449	35.98	120	9.62	1,248
Engaged	249	47.34	188	35.74	89	16.92	526

Table 2 presents the demographic distribution of octogenarians across rural, urban, and peri-urban localities. Overall, the sample comprised 1,774 octogenarians, with females (n = 974) outnumbering males (n = 800). The patterns of distribution highlight important locality-based disparities. Across sex categories, a higher proportion of both males (55.25%) and females (49.90%) resided in rural areas, followed by urban (33.88% and 37.58%, respectively) and peri-urban locations (10.88% and 12.53%, respectively). With respect to age, respondents aged 80–84 years (n = 1,089) were more frequently observed in rural areas (48.30%) than in urban (39.30%) or peri-urban (12.40%) settings. A similar pattern was evident among those aged 85–89 years (n = 685), with the majority residing in rural areas (58.69%), followed by urban (30.51%) and peri-urban (10.80%).

Marital status distribution showed that married octogenarians (n = 891) were predominantly rural residents (55.89%), and widowed individuals (n = 824) were similarly concentrated in rural areas (48.54%). Other marital categories (single, separated, and divorced) had relatively small sample sizes but were also more represented in rural than in urban or peri-urban areas. Regarding religious affiliation, Christians constituted the largest group (n = 1,097), with over half residing in rural areas (57.79%). Muslims (n = 601) were almost evenly distributed between rural (42.60%) and urban (43.26%) areas, whereas adherents of traditional religion were mainly rural residents (56.06%). Respondents classified under “other religions” were predominantly urban residents (90.00%).

Among octogenarians, most without disabilities (n = 1,310) lived in rural areas (55.50%), followed by urban (34.96%) and peri-urban (9.54%) areas. In contrast, octogenarians living with disabilities (n = 464) were more evenly distributed across localities, with 43.32% residing in rural areas, 38.58% in urban areas, and 18.10% in peri-urban settings. Among octogenarians not engaged in income-generating activities (n = 1,248), the majority resided in rural areas (54.41%). Those engaged in income-generating activities (n = 526) also predominantly lived in rural areas (47.34%), with notable representation in urban (35.74%) and peri-urban (16.92%) locations. The result indicates that rural areas host the majority of octogenarians across nearly all demographic

characteristics, underscoring the rural concentration of very old populations. Urban and peri-urban areas, however, show relatively higher representation of octogenarians with disabilities and those engaged in income-generating activities. These patterns highlight important locality-based disparities that may have implications for social support, healthcare access, and policy planning for ageing populations.

Table 3: Multinomial logistic regression analysis showing the various support received based on the locality of the octogenarian

Location	Coefficient	Std. Err.	Z	P> z	[95% Conf.	Interval]
Rural	(base outcome)					
Urban						
Children	0.003	0.006	0.60	0.551	-0.008	0.015
Sibling	-0.117	0.027	-4.28	0.000	-0.170	-0.063
Neighbours	0.029	0.020	1.45	0.147	-0.010	0.068
NGO	-0.224	0.097	-2.30	0.022	-0.417	-0.033
Retiree	0.251	0.097	2.59	0.010	0.061	0.441
Govt	-6.62	210.4	-0.03	0.975	-419.19	405.86
Professionals	-0.134	0.101	-1.32	0.185	-0.331	0.064
FBOs	0.287	0.045	6.44	0.000	0.191	0.375
Friends	-0.023	0.045	-0.51	0.608	-0.112	0.065
_cons	-0.435	0.073	-5.95	0.000	-0.579	-0.292
Peri-Urban						
Children	0.001	0.009	0.15	0.882	-0.015	0.017
Sibling	0.011	0.025	0.44	0.658	0-.039	0.061
Neighbours	0.049	0.025	1.93	0.054	-0.001	0.098
NGO	-0.227	0.145	-1.56	0.118	-0.512	0.058
Retiree	0.230	0.118	1.95	0.051	-0.001	0.462
Govt	0.247	0.518	0.48	0.634	-0.769	1.263
Professionals	-0.191	0.210	-0.91	0.365	-0.603	0.223
FBOs	0.211	0.053	3.95	0.000	0.106	0.315
Friends	-0.090	0.049	-1.85	0.065	-0.187	0.005
_cons	-1.62	0.109	-14.87	0.000	-1.84	-1.41

Number of obs = 1,774
 LR chi2(18) = 120.93
 Prob > chi2 = 0.0000
 Log likelihood = -1640.2518
 Pseudo R2 = 0.0356

This table presents the results of a multinomial logistic regression analysis, which models the relationship between various forms of support (from children, siblings, NGOs, etc.) and the locality of octogenarians (rural, urban, peri-urban). The rural category is used as the base outcome, so the coefficients reflect the odds of receiving support in urban and peri-urban areas compared to rural areas. The results of the multinomial logistic regression analysis presented in Table 3 provide insight into the various types of support received by octogenarians based on their locality, whether they live in rural, urban, or peri-urban areas. The rural location is used as the baseline for comparison, and the analysis explores support from children, siblings, neighbours, NGOs, retirees, government, professionals, faith-based organisations (FBOs), and friends. In urban areas, support from children does not significantly differ from rural areas, with a small and non-significant coefficient ($p = 0.551$), indicating that children are equally likely to support octogenarians regardless of their urban or rural residence. However, support from siblings is significantly lower in urban areas compared to rural areas (coefficient = -0.1165 , $p = 0.000$). This suggests that siblings are less likely to provide support to octogenarians in urban environments, possibly due to geographical distance or changing family dynamics in urban settings.

The analysis also shows that NGO support is significantly lower in urban areas than in rural areas (coefficient = -0.2236 , $p = 0.022$). This indicates that NGOs are less active in supporting urban

octogenarians, perhaps because such organisations are more focused on rural outreach where institutional support is generally lacking. On the other hand, retiree support is significantly higher in urban areas (coefficient = 0.2511, $p = 0.010$), which may reflect the presence of a larger retired population or better-organised support networks in cities. Furthermore, FBOs (faith-based organisations) are more active in urban areas, as indicated by the significant positive coefficient (0.2874, $p = 0.000$), suggesting that religious institutions play a more prominent role in supporting elderly individuals in urban settings. However, professional support and support from friends do not show any significant variation between urban and rural areas.

In peri-urban areas, the results reveal that the support octogenarians receive from children and siblings is not significantly different from that in rural areas. However, support from neighbours is marginally higher in peri-urban areas (coefficient = 0.0487, $p = 0.054$), suggesting that neighbourly relations may be stronger in peri-urban communities, where people may still maintain some aspects of rural social ties while being close to urban amenities. Although NGO support is not significantly different in peri-urban areas compared to rural regions, retiree support is nearly significant (coefficient = 0.2301, $p = 0.051$), suggesting a trend where retirees in peri-urban areas may offer slightly more assistance. One of the most notable findings in peri-urban areas is the significantly higher level of support from FBOs (coefficient = 0.2108, $p = 0.000$), similar to the trend observed in urban areas. This points to the influential role that faith-based organisations play in peri-urban communities, providing essential support to octogenarians. Support from friends in peri-urban areas is marginally lower compared to rural areas (coefficient = -0.0901, $p = 0.065$), possibly indicating that social circles in peri-urban regions may not be as tightly knit as in rural areas.

Above all, the analysis reveals that siblings and NGOs provide less support in urban areas compared to rural ones, while urban octogenarians benefit more from retirees and FBOs. In peri-urban areas, neighbourly and FBO support is higher, while friend support tends to be lower. These findings highlight the varying roles that family members, community members, and institutions play in different localities, and they underscore the importance of tailoring support systems to meet the specific needs of octogenarians based on where they live.

DISCUSSION

This study examined the demographic distribution of octogenarians and analysed how locality affects their access to social support. This study provided insights that could inform policies and interventions for the purpose of improving the well-being of Nigeria's elderly population. Findings identified the significant impact of locality on social support outcomes among octogenarians in Nigeria. Notably, the demographic distribution of octogenarians across rural, urban, and peri-urban areas was confirmed. One of the major findings of the study was the significant disparities in the social support received by older adults in Nigeria. Most octogenarians live in rural areas, reflecting the traditional settlement patterns prevalent in Nigeria. These disparities highlight the influence of geographic settings on the availability and quality of social support for elderly individuals (Mbam et al., 2022).

Furthermore, the high concentration of octogenarians in rural areas could be attributed to historical patterns of ageing in place, where individuals grow old in their localities. Such localities often provide a sense of belonging and continuity, which encourages older individuals to remain in familiar surroundings. However, rural regions in Nigeria are challenged by limited access to healthcare, infrastructure, and formal social services. Octogenarians in these areas are forced to rely heavily on informal support networks, primarily made up of family members and neighbours. However, the migration of younger family members to urban areas for employment has strained

these traditional support systems, leaving elderly individuals increasingly isolated (Ikeorji et al., 2024).

Urban areas, on the other hand, present a different set of challenges. While access to formal healthcare services and social programs is generally better in urban settings, the weakening of traditional family structures diminishes the availability of informal support. Urban octogenarians are often left relying on institutional support systems, such as those provided by NGOs and government programs. The findings highlight the impact of rapid urbanisation in Nigeria, which has contributed to the fragmentation of extended family networks, weakening the informal care systems that many elderly people traditionally depended upon (Togonu-Bickersteth et al., 2023). In peri-urban areas, which blend rural and urban characteristics, octogenarians face unique challenges. While some access to urban services is available, these individuals still rely on strong community ties, similar to those found in rural areas. However, the infrastructure in peri-urban areas remains underdeveloped, making it difficult to access formal services consistently (Mobolaji & Akinyemi, 2022).

Analyses of the chi-square statistic reveal significant associations between socio-demographic characteristics and locality, which further emphasise the role of these factors in determining social support outcomes. A significant relationship between age and locality was observed, with older octogenarians (aged 85–89) more likely to reside in rural areas compared to younger individuals (aged 80–84). This finding suggests that older individuals prefer to remain in familiar rural environments, possibly due to the stronger informal support networks available in these areas (Mbam et al., 2022).

Marital status also plays a significant role in determining locality, with married and widowed octogenarians more likely to reside in rural areas. These individuals likely remain in rural regions due to their established social support networks, which consist of extended family and community members. Widowed individuals in particular may find rural areas more supportive, given the community-based support structures that are more prevalent in these settings. Conversely, octogenarians with disabilities are more likely to live in urban and peri-urban areas where access to healthcare and disability-related resources is more readily available (Ikeorji et al., 2024).

Religious affiliation was another significant factor, with Christians more likely to reside in rural areas and Muslims more evenly distributed across both rural and urban. This pattern may be influenced by historical and cultural settlement trends, particularly the presence of faith-based organisations (FBOs) that provide critical social support services in rural areas. These findings suggest that religious institutions continue to play an important role in supporting octogenarians, particularly in areas where formal governmental support is lacking (Togonu-Bickersteth et al., 2023). The multinomial logistic regression analysis offers additional insight into the types of support received by octogenarians across different localities. One key finding was that support from children did not significantly differ between rural, urban, and peri-urban areas, indicating that, despite geographic separation, children remain a consistent source of support for their elderly parents. However, it is worth noting that the quality and frequency of this support may be influenced by factors such as proximity and economic capability (Mbam et al., 2022).

Support from siblings, however, was significantly lower in urban areas compared to rural regions, reflecting the geographical separation and breakdown of family units in urban settings. This finding highlights the challenges posed by urbanisation, where family members are often dispersed, making it difficult for siblings to provide regular support. On the other hand, faith-based organisations (FBOs) were more active in urban areas, suggesting that religious institutions have taken on a greater role in providing support to elderly individuals in these settings. FBOs provide both emotional and material support, which is particularly important in urban areas where

traditional family ties are weaker (Ikeorji et al., 2024). In peri-urban areas, neighbourly support was found to be higher compared to both rural and urban areas, reflecting the stronger social bonds that still exist in these communities. This suggests that despite the underdeveloped infrastructure, peri-urban octogenarians can still rely on community-based support systems, particularly from neighbours. However, NGO support was significantly lower in urban areas than in rural areas, possibly because many NGOs focus on rural outreach (Mobolaji & Akinyemi, 2022).

The findings of this study have critical implications for policymakers and social service providers in Nigeria. In rural areas, where informal support systems are still relatively strong, it is essential to enhance these networks through community-based care initiatives and by improving access to formal healthcare services. Governmental interventions, such as mobile healthcare units and targeted financial assistance programs, could greatly improve the well-being of rural octogenarians who may be isolated due to the migration of younger family members (Mbam et al., 2022). Urban areas, where traditional family support structures have weakened, require a different approach. Policymakers should focus on strengthening institutional support systems, including partnerships between government agencies, NGOs, and FBOs. These partnerships could help fill the gaps left by the breakdown of informal care systems, ensuring that elderly individuals in urban areas do not fall through the cracks (Togonu-Bickersteth et al., 2023). In peri-urban areas, a hybrid approach is needed. Given the mix of rural and urban characteristics, policies should aim to strengthen both informal and formal support systems. Improving infrastructure while maintaining strong community ties can help address the unique challenges faced by octogenarians in these transitional zones (Mobolaji & Akinyemi, 2022).

Conclusion and Recommendations

The findings of this study emphasise the impact that locality has on social support systems for octogenarians in Nigeria. It becomes clear that rural, urban, and peri-urban areas offer distinct social environments that significantly shape the availability and quality of support for the elderly. Rural areas are characterised by strong informal family and community networks but suffer from limited healthcare services and infrastructure. Urban areas, on the other hand, provide better access to formal healthcare and social services but are hindered by weakened familial structures and reduced day-to-day support. Peri-urban areas present a blend of both rural and urban characteristics, offering unique social dynamics but facing challenges of underdeveloped infrastructure. The demographic distribution of octogenarians, over half of whom reside in rural areas, highlights the need for tailored interventions. Age, marital status, religious affiliation, disability status, and income-generating activities were all found to significantly influence where elderly individuals live and the kind of support they receive. This study also revealed critical gaps in support systems, particularly in urban and peri-urban areas where institutional support often fails to meet the needs of octogenarians. Given the ongoing urbanisation in Nigeria, these gaps are likely to widen unless targeted policy actions are implemented.

Based on the results of this study, several actionable recommendations are offered to improve the well-being of Nigeria's Octogenarians across different localities:

- a) Given the high concentration of octogenarians in rural areas, the Nigerian government should prioritise the expansion of primary healthcare facilities with geriatric components in rural communities. This includes training healthcare workers in geriatric care, ensuring regular outreach services, and improving access to essential medications for age-related conditions.
- b) There is a need to strengthen informal support networks through community-based care initiatives that can help mitigate the isolation experienced by rural octogenarians. This includes training community health workers and establishing mobile healthcare units to provide regular medical check-ups and support.

- c) The relatively higher proportion of octogenarians living with disabilities in urban and peri-urban areas indicates the need for age-friendly and disability-inclusive infrastructure. Policies should promote accessible housing, transport systems, rehabilitation services, and community-based care centres to support functional independence among older adults with disabilities.
- d) With widowed and married octogenarians predominantly residing in rural areas, policymakers should strengthen community-based social support and caregiving networks. This may include expanding social welfare programs, caregiver support initiatives, and community volunteer schemes to reduce social isolation and improve psychosocial well-being among older adults.
- e) The presence of economically active octogenarians, particularly in peri-urban areas, suggests potential for continued productivity. Government and development partners should support age-sensitive livelihood programs, such as small-scale agriculture, crafts, and cooperative enterprises, coupled with social protection measures to ensure economic security in later life.
- f) The observed disparities across rural, urban, and peri-urban settings underscore the need for locality-specific ageing policies. Nigeria's national ageing and social protection strategies should incorporate differentiated interventions that reflect local demographic realities, ensuring equitable allocation of resources and effective service delivery for older persons across all localities.
- g) There is a need for policymakers to advocate for and implement policies that address the unique needs of octogenarians across different localities. This includes creating age-friendly environments, ensuring access to essential services, and protecting the rights of elderly individuals.

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