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Review Article

Public Health and Psychosocial Stress in Ageing Nigerians: A Life-Course Narrative Review of Risk and Resilience

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ABSTRACT

Background: Nigeria is undergoing a rapid demographic transition, with the population aged 60 years and above projected to triple by 2050. Ageing in this context is shaped by long-standing structural inequalities, cumulative psychosocial stressors, and limited access to age-appropriate health and social services. Existing research on ageing in Nigeria and sub-Saharan Africa remains fragmented and rarely adopts an integrative life-course perspective.

Objective: This narrative review examines how psychosocial stressors and social vulnerability accumulate across the lifespan to influence health outcomes among ageing Nigerians, while also exploring the role of resilience and protective factors.

Methods: Guided by life-course theory and the concept of allostatic load, this review synthesizes multidisciplinary evidence from peer-reviewed literature and authoritative grey sources. Evidence was thematically organized across early life, midlife, and later life stages, focusing on structural vulnerability, psychosocial stress, and resilience mechanisms.

Results: Cumulative exposure to poverty, gender inequality, informal employment, caregiving burden, and health system limitations is associated with increased risks of chronic disease, mental ill-health, functional decline, and reduced quality of life in later life. Early-life adversities initiate trajectories of disadvantage that are amplified during midlife and compounded in older age by social isolation and economic insecurity. While resilience embedded in family networks, community cohesion, and spirituality provides partial protection, these mechanisms are insufficient to offset systemic deficits.

Conclusion: Ageing in Nigeria reflects the long-term embodiment of psychosocial stress and structural vulnerability. Public health responses must adopt life-course-oriented strategies that integrate geriatric care into primary healthcare, strengthen social protection systems, and support culturally grounded resilience mechanisms to promote equitable and dignified ageing.

Keywords: Life-Course Perspective; Psychosocial Stressors; Ageing and Health; Risk and Resilience; Older Adults; Nigeria

Introduction

Many low and middle-income countries, including Nigeria, are undergoing a demographic transition characterized by a steadily increasing ageing population. Although adults aged 60 years and above currently constitute a relatively small proportion of Nigeria's population (approximately 3–5%), projections indicate rapid growth over the coming decades. By 2050, the older population is expected to triple, reaching an estimated 25 million or more individuals [1, 2]. While life expectancy has improved modestly, currently estimated at approximately 54–55 years, these gains remain constrained by persistent socioeconomic inequalities and health system limitations [3].

Ageing in Nigeria unfolds within a context of cumulative structural and psychosocial adversity. Older adults are frequently exposed to intersecting stressors, including poverty, economic insecurity, caregiving burdens, bereavement, and limited access to affordable and age-appropriate healthcare [4]. These conditions are associated with increased risks of chronic disease, psychological distress, functional decline, and reduced quality of life. Crucially, such vulnerabilities are not confined to older age; rather, they originate earlier in life and accumulate over time, reflecting sustained exposure to disadvantage across the lifespan.

Although research on ageing and social determinants of health in Nigeria and sub-Saharan Africa has expanded, much of the existing literature remains fragmented. Studies often focus on isolated determinants such as poverty, healthcare access, or social support without sufficiently examining how these factors interact over time to shape health trajectories [4, 5]. As a result, there is limited integrative analysis linking structural conditions, psychosocial stress processes, and later-life health outcomes. This gap constrains both theoretical understanding and the development of effective, context-sensitive public health interventions.

This narrative review seeks to address this limitation by adopting a life-course perspective to examine how psychosocial stressors accumulate from early life through midlife and into older age in the Nigerian context. Guided by life-course theory and the concept of allostatic load [6–9], the review explores how sustained exposure to stress becomes biologically and socially embedded, contributing to later-life morbidity and functional decline. In addition, it considers the role of resilience mechanisms rooted in family structures, community networks, and cultural practices and their capacity to buffer, but not fully offset, the effects of structural disadvantage.

By integrating evidence across life stages, this review provides a more coherent understanding of ageing as a cumulative process shaped by both risk and resilience. In doing so, it aims to inform public health policy and practice by highlighting the need for life-course-oriented interventions that address upstream determinants of health while supporting healthy and dignified ageing in Nigeria.

Methodology

Study Design

This study adopts a narrative life-course review design to synthesize existing evidence on psychosocial stress, social vulnerability, resilience, and health outcomes among ageing populations in Nigeria. A narrative approach was selected because it allows for the integration of theoretical frameworks, empirical findings, and contextual insights across multiple disciplines and life stages. This is particularly appropriate for examining cumulative and complex processes that cannot be meaningfully reduced to pooled quantitative estimates [10, 11].

The review is guided by life-course theory and the concept of allostatic load, which together provide a conceptual lens for understanding how psychosocial and structural stressors accumulate over time and become biologically and socially embedded, shaping health trajectories in later life [6–9].

Literature Identification and Sources

Relevant literature was identified through targeted searches of peer-reviewed databases, including PubMed, Scopus, Web of Science, and Google Scholar. These searches were complemented by authoritative grey literature from organizations such as the World Health Organization, International Labour Organization, and the National Bureau of Statistics of Nigeria [10, 12].

Search terms included combinations of ageing, older adults, life-course, psychosocial stress, social vulnerability, resilience, allostatic load, Nigeria, and sub-Saharan Africa. In addition, reference lists of key articles were manually screened to identify further relevant sources.

Inclusion Criteria

Sources were included if they:

- Examined psychosocial stressors, social determinants, resilience, or health outcomes relevant to ageing populations;
- Addressed any stage of the life course with implications for later-life health;
- Focused on Nigeria or comparable sub-Saharan African contexts;

- Were published in peer-reviewed journals or produced by reputable international or national organizations.

Studies focusing exclusively on high-income settings without contextual relevance, or opinion pieces lacking empirical or theoretical grounding, were excluded.

Data Synthesis

Rather than formal data extraction, evidence was synthesized thematically according to life-course stage (early life, midlife, and later life) and key conceptual domains, including structural vulnerability, psychosocial stress exposure, health system constraints, and resilience mechanisms.

This synthesis prioritized identifying patterns, relationships, and points of convergence across studies rather than providing a purely descriptive summary. Findings were interpreted through the life-course and allostatic load frameworks to elucidate pathways linking cumulative stress exposure to health outcomes in older adulthood. This approach emphasizes conceptual coherence, contextual relevance, and policy applicability, consistent with the objectives of a narrative review [11, 12].

Transparency Statement

This review is narrative in nature and does not follow a formal systematic review protocol. While efforts were made to identify and synthesize relevant literature comprehensively, the selection of sources may be subject to bias. Findings should therefore be interpreted as a conceptual synthesis rather than an exhaustive or fully reproducible evidence review.

Ethical Considerations

As this study is based exclusively on secondary analysis of published literature and publicly available reports, ethical approval was not required.

Theoretical Framework

This review is grounded in the life-course perspective, which conceptualizes health in older adulthood as the cumulative product of social, economic, and psychosocial exposures experienced across the lifespan rather than as an outcome of isolated late-life events [13]. From this perspective, health trajectories are shaped by the timing, duration, and sequencing of experiences beginning in childhood and extending through adulthood [14]. Key principles include the timing of exposures, linked lives, and processes of cumulative advantage and disadvantage concepts that are particularly relevant in settings characterized by persistent structural inequality.

In the Nigerian context, individuals are exposed to intersecting stressors such as poverty, insecurity, informal employment, and unequal access to education and healthcare from an early age. These conditions influence opportunities and constraints across successive life stages, increasing vulnerability to chronic disease, disability, and psychological distress in later life. Evidence suggests that early-life adversities, including malnutrition, family instability, and exposure to violence, can alter developmental trajectories, limit socioeconomic mobility, and elevate long-term risks of adverse health outcomes [15–17].

To strengthen the explanatory power of the life-course framework, this review also incorporates the concept of allostatic load, which provides a biological explanation for how chronic psychosocial stress becomes embedded within physiological systems [8, 9]. Allostatic load refers to the cumulative "wear and tear" on the body resulting from repeated activation of stress-response mechanisms. Elevated allostatic load has been associated with conditions such as hypertension, diabetes, depression, cognitive impairment, and increased mortality outcomes that are increasingly prevalent among ageing populations in low- and middle-income settings.

By integrating the life-course perspective with allostatic load, this framework enables a clearer distinction between structural determinants (e.g., poverty, social exclusion, and health system limitations) and individual-level responses (e.g., stress perception, coping strategies, and resilience). It also highlights how these processes interact over time to shape health outcomes. This is presented in Figure 1.

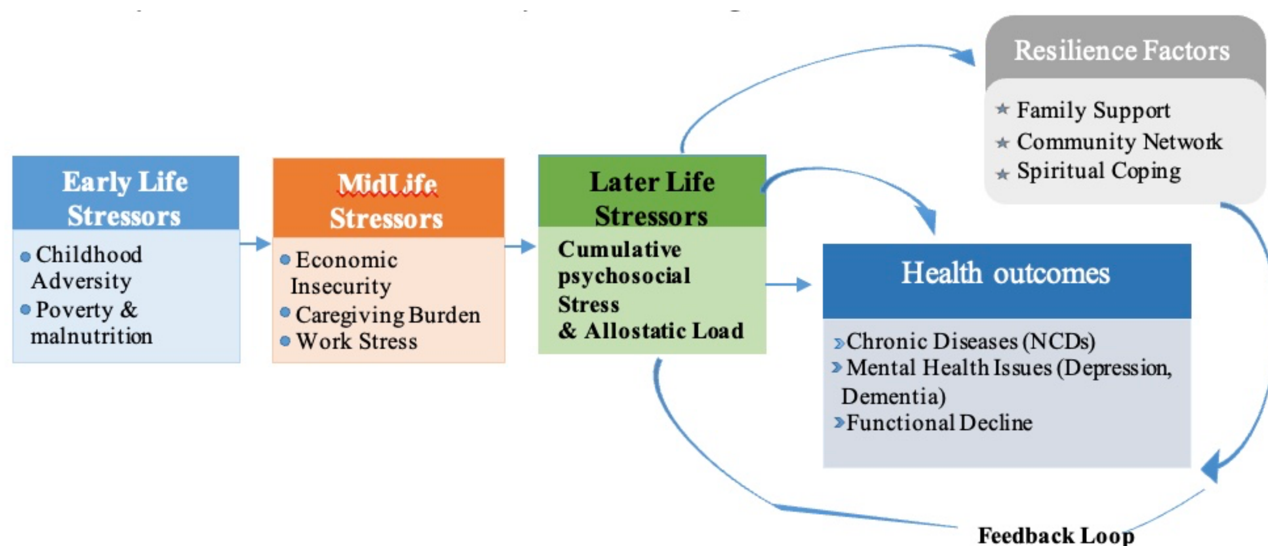

Figure 1. Showing stressors across the Life-Course and Health Outcomes in Adulthood (Adapted by the Authors)

Figure 1 illustrates the cumulative pathways through which psychosocial stressors operate across early life, midlife, and later life. It demonstrates how early exposures initiate trajectories of disadvantage that are reinforced by structural constraints and psychosocial pressures in subsequent life stages. The figure also incorporates resilience mechanisms, highlighting their role in moderating but not fully offsetting the effects of sustained stress exposure. This visual model supports the central argument of the review by linking theoretical constructs with observed patterns in the literature.

Prolonged exposure to psychosocial stressors, including bereavement, poverty, chronic illness, financial insecurity, and sustained caregiving responsibilities, results in cumulative physiological "wear and tear," commonly conceptualized as allostatic load. This process increases the risk of hypertension, diabetes, depression, and other chronic conditions among older adults [9]. These outcomes reflect sustained activation of stress-response systems and are particularly pronounced in contexts characterized by weak social protection and limited access to healthcare services.

The resilience framework provides an important counterbalance by highlighting the capacity of individuals and communities to adapt to adversity. In the Nigerian context, resilience is often rooted in culturally embedded practices such as communal living, intergenerational support systems, and spirituality. Strong family networks and faith-based institutions frequently offer emotional support, reinforce social identity, and provide practical assistance, thereby mitigating some of the psychosocial impacts of chronic stress. However, the protective capacity of these mechanisms is not uniform. While social and spiritual resources can buffer stress, they cannot fully compensate for structural deficits such as poverty, inadequate healthcare infrastructure, and the absence of formal social protection systems. Recognizing both the strengths and limitations of these resilience processes is therefore essential for developing realistic and context-sensitive public health interventions.

Across the life course, psychosocial stressors tend to cluster within distinct but interconnected stages. Early-life stressors commonly include poverty, malnutrition, exposure to violence, and limited access to education. During midlife, stress is often shaped by financial and job insecurity, informal employment, migration-related family separation, and intensive caregiving responsibilities. In later life, individuals are more likely to experience social isolation, economic dependency, bereavement, declining physical capacity, and barriers to healthcare access. These stage-specific exposures are not isolated; rather, they interact cumulatively over time, reinforcing trajectories of vulnerability and shaping health outcomes in older adulthood.

This life-course pattern underscores the dual and interconnected roles of risk and resilience. Health in later life is not the result of isolated exposures but reflects the accumulation of advantages and disadvantages across successive life stages. Early-life adversities such as poverty, malnutrition, and limited education can initiate pathways of cumulative disadvantage, increasing vulnerability to poor health outcomes in older age [7]. Conversely, access to protective resources at critical stages such as education, stable social environments, and economic opportunities

can alter these trajectories, although such resources remain unevenly distributed.

The concept of allostatic load provides a biological mechanism linking these cumulative stress exposures to later-life health outcomes. Chronic activation of stress-response systems leads to progressive physiological dysregulation, contributing to conditions such as hypertension, diabetes, and cognitive impairment, which are increasingly prevalent among older adults in resource-constrained settings [18]. Integrating life-course theory with resilience frameworks and allostatic load, therefore, offers a comprehensive understanding of how social conditions become biologically embedded and influence ageing outcomes.

Early-Life Stress and Health Outcomes

Adverse childhood experiences are widespread in Nigeria and include poverty, food insecurity, malnutrition, exposure to violence and conflict, family instability, and limited access to education and healthcare. A growing body of evidence demonstrates that such early-life adversities are strongly associated with increased risks of mental health disorders, emotional dysregulation, and behavioural problems later in life [15, 16]. These findings highlight the critical role of early environments in shaping long-term psychological and developmental trajectories.

Beyond mental health outcomes, early-life stress has also been linked to increased risks of cardiovascular disease, metabolic disorders, cognitive decline, and other chronic conditions in adulthood, reflecting the cumulative biological and social effects of prolonged exposure to disadvantage [19]. These associations reinforce the importance of viewing health outcomes in later life as the product of long-term processes rather than isolated events.

Protective factors during childhood and adolescence, particularly access to quality education, stable family environments, and economic opportunities, can partially buffer the effects of early adversity and improve long-term health and socioeconomic outcomes. However, these protective resources are unevenly distributed in Nigeria. Gender inequality remains a critical structural barrier, as many girls are exposed to early marriage, educational exclusion, gender-based violence, and economic marginalization. These experiences not only constrain life opportunities but are also associated with poorer physical and mental health outcomes across the lifespan [20].

As a result, early-life disadvantage often establishes trajectories of cumulative vulnerability that persist into adulthood and later life, reinforcing cycles of inequality and shaping patterns of ageing in the Nigerian context.

Midlife Stressors

Midlife in Nigeria is characterized by pronounced economic and psychosocial insecurity, largely shaped by structural constraints. A significant proportion of adults are employed in the informal sector, where access to pensions, health insurance, and employment protections is limited or absent. This structural exclusion not only increases financial vulnerability during midlife but also reduces preparedness for older age, thereby reinforcing cumulative disadvantage across the life course [21].

Job instability and rural-urban migration further intensify psychosocial stress, particularly among men who are often expected to fulfil primary economic provider roles within households. These pressures are compounded by fluctuating income, insecure working conditions, and limited opportunities for upward mobility, all of which contribute to chronic stress and economic uncertainty [22].

At the same time, many adults face substantial caregiving responsibilities for both ageing parents and dependent children, giving rise to the "sandwich generation" burden. This dual role disproportionately affects women due to entrenched gender norms surrounding caregiving, domestic labour, and family obligations, as well as complex family arrangements such as polygamous unions [23]. Sustained caregiving in the context of financial insecurity and limited institutional support contributes to chronic stress, physical exhaustion, and reduced capacity for self-care, with long-term implications for health.

Midlife also represents a critical period for the onset of non-communicable diseases, including hypertension, diabetes, and musculoskeletal disorders. However, in Nigeria, early detection and effective management are frequently delayed due to systemic barriers such as low insurance coverage, limited access to quality healthcare, shortages of trained personnel, and under-resourced primary healthcare systems. These constraints hinder timely intervention and continuity of care, allowing preventable conditions to progress unchecked.

As a result, poorly managed midlife illness contributes to increased morbidity, disability, and healthcare needs in later life. This not only affects

individual well-being but also places additional strain on families and the broader health system, highlighting the importance of addressing midlife vulnerabilities as part of a life-course approach to healthy ageing [5, 24].

Later-Life Stress and Public Health Challenges

Social Isolation and Dependency

Later life in Nigeria is increasingly shaped by social isolation and dependency, driven by demographic changes, urbanization, and the gradual erosion of traditional caregiving systems. Historically, extended family networks provided essential support for older adults; however, these systems are weakening under the pressures of migration, economic change, and shifting social norms.

The loss of a spouse in later life represents a significant psychosocial stressor, particularly for women. Widows often experience social marginalization and may be subjected to cultural practices that restrict their autonomy, social participation, and access to resources [25]. At the same time, the migration of adult children to urban centres or abroad in search of economic opportunities has reduced the availability of familial support, leaving many older adults vulnerable to neglect, loneliness, and reduced quality of life [26, 27].

Prolonged social isolation has important health implications. Evidence indicates that loneliness is associated with increased risks of depression, anxiety, cognitive decline, and dementia. In the Nigerian context, many of these conditions remain underdiagnosed and untreated due to stigma, limited awareness, and inadequate access to mental health services [28]. This underscores the intersection between social and health system factors in shaping later-life outcomes.

Economic Vulnerability

Economic vulnerability remains a central determinant of psychosocial stress among older Nigerians. Ageing is frequently accompanied by declining income, reduced productivity, and increased dependency, particularly in the absence of robust pension systems. Only a small proportion of older adults benefit from formal pension schemes, leaving many reliant on family support or informal income-generating activities [29].

However, traditional sources of support are becoming less reliable. Economic pressures on younger generations, combined with migration and changing family structures, have weakened intergenerational financial support systems. As a result, some older adults resort to precarious coping strategies, including informal labour or begging, which can undermine dignity and well-being [30].

Age-related discrimination further exacerbates economic vulnerability. Older individuals are often excluded from employment opportunities due to perceptions of reduced productivity or technological limitations. This marginalization extends into healthcare settings, where older patients may experience neglect, misdiagnosis, or inadequate treatment, reflecting broader systemic biases [31].

Health System Gaps

Health system limitations represent a critical challenge for ageing populations in Nigeria. Despite increasing life expectancy, most public health facilities lack specialized geriatric services and trained personnel equipped to address the complex needs of older adults. This results in fragmented and suboptimal care, particularly for individuals with multiple chronic conditions [32].

High out-of-pocket healthcare costs further limit access to care, leading many older adults to delay or forgo necessary treatment. In addition, the absence of structured long-term care systems places a significant burden on informal caregivers, who often lack the training and resources required to provide adequate support. This contributes to caregiver stress and increases the risk of neglect and poor health outcomes among older adults [33]. The key stressors affecting the life-course is summarized in Table 1.

Table 1. Summary of Key Life-Course Stressors and Associated Health Outcomes
(Adapted by the Authors)

Life Stage	Key Stressors	Associated Health Risks
Early Life	Poverty, malnutrition, family instability, exposure to violence	Cognitive impairment, developmental delay, vulnerability to chronic disease in adulthood
Midlife	Financial insecurity, caregiving burden, job instability, and poor healthcare access	Undiagnosed chronic illness, psychological stress, work-related burnout

Life Stage	Key Stressors	Associated Health Risks
Later Life	Loss of spouse, social isolation, economic vulnerability, inadequate geriatric care	Depression, anxiety, dementia, physical decline, reduced quality of life

The patterns summarized in Table 1 highlight the cumulative and interconnected nature of psychosocial stress across the life course. Importantly, they demonstrate how early-life adversity, midlife instability, and later-life vulnerability are not isolated phenomena but are structurally linked. This reinforces the central argument of the review that effective public health interventions must extend beyond late-life care to address upstream determinants operating across earlier life stages.

Resilience and Protective Factors in Ageing

Despite significant psychosocial stressors and structural constraints, many older Nigerians demonstrate notable resilience. This resilience is not incidental but is rooted in deeply embedded social, cultural, and spiritual systems that provide emotional, social, and, in some cases, economic support. These mechanisms play an important role in mitigating the effects of cumulative stress exposure across the life course. However, their protective capacity is neither uniform nor sufficient in the absence of strong institutional support systems.

Social and Familial Networks

Extended family systems remain central to the well-being of older adults in Nigeria. In many rural and peri-urban settings, older individuals live with children or grandchildren, facilitating both physical caregiving and emotional companionship [34]. Kinship networks also provide critical financial support through remittances from family members working within and outside Nigeria, helping to offset the absence of formal pension systems [35].

Beyond the household, religious communities serve as important sources of social integration and support. Both Christian and Muslim institutions provide opportunities for peer interaction, collective identity, and material assistance, particularly during periods of illness, bereavement, or financial hardship [36]. These networks function as informal safety nets and contribute significantly to psychosocial resilience.

However, reliance on family and community support is increasingly challenged by urbanization, migration, and economic pressures, which have reduced the capacity of traditional systems to provide consistent care. This highlights the limits of informal support structures in the face of broader structural changes.

Cultural and Spiritual Coping Mechanisms

Spirituality and religious practice play a central role in coping with ageing-related challenges in Nigeria. Participation in church or mosque activities provides not only spiritual meaning but also opportunities for social interaction and emotional support. Practices such as prayer, fasting, and religious rituals are commonly used to navigate illness, loss, and uncertainty [37].

While these coping mechanisms can enhance psychological well-being and foster resilience, their role must be interpreted cautiously. In contexts where access to formal healthcare is limited, reliance on faith-based coping may delay care-seeking or substitute for medical intervention, potentially worsening health outcomes [38, 39]. As such, spiritual coping should be understood as complementary to, rather than a replacement for, accessible and effective healthcare services.

In addition, indigenous cultural practices such as storytelling, communal labour, and respect for elders contribute to social cohesion and reinforce the social value of older adults. These traditions position older individuals as custodians of knowledge and cultural heritage, supporting their continued inclusion in community life [40].

Community-Based Support Systems

Community-level initiatives provide an additional layer of support for ageing populations. In both rural and urban settings, older adults participate in formal and informal groups, including elder councils, age-grade associations, and cooperatives. These networks promote peer support, collective problem-solving, and social participation, helping to reduce isolation and enhance well-being.

Community health volunteers and local organizations increasingly play a role in supporting older adults with basic health needs, including medication adherence, nutrition, and mobility assistance [41]. Faith-based organizations and non-governmental groups also contribute through outreach programmes, health education, and provision of subsidized services or assistive devices [42].

While these initiatives are valuable, their reach and sustainability vary considerably, often depending on local resources and external funding. As a result, access to community-based support remains uneven, reinforcing disparities in ageing outcomes across

different regions and socioeconomic groups. Key resilience and protective factors across social, cultural, and community domains are summarized in Table 2.

Table 2. Protective (Resilience) Factors Among Ageing Nigerians
(Adapted by the Authors)

Category	Examples
Family-based support	Co-residence with children, financial remittances, and caregiving by relatives
Spiritual/religious	Prayer, worship, spiritual fellowship, faith in divine healing
Community-based	Elder councils, age groups, NGOs offering home visits and medical outreach
Cultural traditions	Respect for elders, storytelling, communal work and meals

Table 2 summarizes key resilience and protective factors across social, cultural, and community domains. Importantly, it illustrates that while these mechanisms can buffer the effects of psychosocial stress, they operate within broader structural constraints. Their effectiveness is therefore contingent on the availability of supportive health systems and social protection policies, reinforcing the need for integrated approaches to healthy ageing.

Public Health and Policy Implications

Addressing the complex challenges facing Nigeria's ageing population requires coordinated, life-course-oriented policy responses that integrate healthcare, social protection, and community-based support systems. Strengthening the integration of geriatric care into primary healthcare (PHC) represents a practical and scalable strategy. This includes training frontline health workers in age-sensitive care, implementing routine screening for non-communicable diseases, and adapting healthcare facilities to be more responsive to the needs of older adults.

Expanding the National Health Insurance Scheme (NHIS) to systematically include older adults, particularly those in the informal sector, would reduce out-of-pocket expenditures and improve timely access to care. In parallel, strengthening social protection through community-based or micro-pension schemes can provide more reliable income security in later life. Complementary interventions, such as targeted cash transfers and livelihood support programmes, may further reduce economic vulnerability and enhance social inclusion.

Promoting lifelong health literacy is also critical. Public health campaigns focusing on non-communicable disease prevention, mental health awareness, and healthy ageing behaviours can help mitigate risk accumulation across the life course. The use of trusted community channels, including faith-based organizations, local associations, and local-language media, can improve outreach and ensure cultural relevance.

Importantly, these policy strategies should recognize the complementary role of existing social and cultural resilience mechanisms. While family networks, community structures, and spirituality contribute to psychosocial well-being, they cannot substitute for adequately resourced healthcare systems and formal social protection. A balanced approach that strengthens both institutional systems and community-based supports is therefore essential.

Overall, a coordinated policy framework that combines healthcare integration, social protection, and health education offers a coherent pathway toward improving health outcomes, reducing vulnerability, and promoting dignity among older adults in Nigeria.

Limitations, Research Gaps, and Future Directions

This review has several limitations. First, there is a notable lack of longitudinal studies examining ageing and psychosocial stress in Nigeria. Long-term studies that follow individuals across the life course are essential for understanding how cumulative exposures to stressors such as poverty, bereavement, and chronic illness shape health trajectories in later life. The absence of such evidence limits the development of context-specific and temporally informed interventions.

Second, much of the existing literature treats older adults as a homogeneous group, overlooking important variations related to gender, socioeconomic status, disability, and geographic location. This lack of granularity constrains the ability to design inclusive and targeted public health responses.

Third, there is limited research on ageing among particularly vulnerable populations, including individuals living with disability, displacement, or chronic marginalization. Addressing these gaps is critical for developing equitable ageing policies in diverse contexts.

In addition, the narrative design of this review introduces potential selection bias, as it does not follow a formal systematic review protocol. While efforts were made to synthesize relevant evidence comprehensively, the findings should be interpreted as a conceptual synthesis rather than an exhaustive or fully reproducible analysis.

Finally, because much of the underlying evidence is observational, causal relationships between psychosocial stressors and health outcomes cannot be definitively established. Future research should prioritize longitudinal and mixed-methods approaches to better capture causal pathways and contextual complexity.

Conclusion

Ageing in Nigeria represents a multifaceted public health challenge shaped by the cumulative effects of psychosocial stress and structural disadvantage across the life course. This review demonstrates how exposures during early life, midlife, and later life interact to influence health outcomes, highlighting ageing as a dynamic and cumulative process rather than a discrete stage.

While many older Nigerians exhibit remarkable resilience rooted in family systems, cultural practices, and spiritual beliefs, these adaptive mechanisms operate within significant structural constraints. Resilience alone cannot compensate for systemic gaps in healthcare provision, social protection, and economic security, which continue to undermine quality of life in older age.

These findings underscore the need for integrated public health strategies that address both upstream determinants and downstream health outcomes. Strengthening the incorporation of geriatric care within primary healthcare, expanding pension and health insurance coverage to include informal sector workers, and embedding age-friendly principles into urban and social planning are critical steps toward reducing structural vulnerability.

In parallel, investment in lifelong health promotion and culturally responsive support systems can help mitigate the cumulative impact of disadvantage across the life course. Future research should adopt longitudinal and intersectional approaches to better understand how social determinants, resilience, and health outcomes interact over time.

Ultimately, promoting healthy ageing in Nigeria will require coordinated, evidence-informed policies that prioritize equity, dignity, and social inclusion for an increasingly ageing population.

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