African Journal of Social and Behavioural Sciences (AJSBS)
Volume 16, Number 5 (2026) ISSN: 2141-209X

AGING WITH DIGNITY: THE ROLE OF SOCIAL WELFARE PROGRAMS IN ENHANCING ELDERLY QUALITY OF LIFE IN IBADAN, OYO STATE, NIGERIA

Helen Ajibike Fatoye[1] & Boluwatife Samuel Fatunbi[2]*

[1,2]Department of Social Work, University of Ibadan, Nigeria

*fatunbiboluwatifes@gmail.com

ABSTRACT: Nigeria's rapidly aging population presents a formidable challenge to existing social welfare architecture, particularly within rapidly urbanizing southwestern cities such as Ibadan, Oyo State. This study examined the role of social welfare programs in enhancing the quality of life of elderly persons in Ibadan, with specific attention to health care access, social support structures, and economic security provisions. Using a descriptive survey design, data were collected from 384 elderly respondents aged 60 years and older, selected using a multi-stage stratified random sampling technique. Four validated instruments were used: the WHOQOL-BREF scale, the Social Support Survey (SSS), the Economic Security Questionnaire (ESQ), and the Social Welfare Program Accessibility Scale (SWPAS). Healthcare access significantly predicted quality of life ($\beta = .48$, $B = 0.62$, $p < .001$), explaining 41% of variance ($R^2 = .41$). Social support showed strong positive correlations with psychological well-being ($r = .53$), social relationships ($r = .61$), and overall quality of life ($r = .59$), all $p < .001$. Economic security was significantly associated with environmental quality of life ($r = .58$) and total quality of life ($r = .54$), $p < .001$. Quality of life differed significantly by welfare participation level, $F(2,381) = 18.43$, $p < .001$, with means increasing from low (51.4) to moderate (57.8) to high (65.3), confirming a dose-response effect. These findings hold critical implications for policy reform, social work intervention, and the reimagination of elderly care in Nigeria. The study recommends the expansion of the National Home Care Programme, strengthening of the National Social Investment Programme, and integration of gerontological social work competencies into professional training curricula.

Keywords: Elderly Quality of Life, Social Welfare Programs, Aging, Nigeria, Ibadan, Social Support, Health Care Access, Economic Security

INTRODUCTION

The global phenomenon of population aging has emerged as one of the defining demographic transitions of the twenty-first century. According to the World Health Organization (2022), the number of persons aged 60 years and above is projected to double from 1 billion in 2020 to 2.1 billion by 2050, with low- and middle-income countries bearing a disproportionate share of this demographic shift. Sub-Saharan Africa, in particular, is witnessing an accelerated aging trajectory, with Nigeria, Africa's most populous nation, at the epicenter of this transition. The National Population Commission of Nigeria (2021) estimated that persons aged 60 and above currently constitute approximately 5.1% of the national population, a figure expected to reach 8.7% by 2050. Critically, this demographic expansion is occurring within a social welfare ecosystem that has

historically been underfunded, fragmented, and insufficiently responsive to the complex needs of elderly persons.

The quality of life of elderly individuals is a multidimensional construct encompassing physical health, psychological well-being, social connectedness, and economic security (World Health Organization, 2020). In many Nigerian communities, the elderly have traditionally relied on extended family systems and community solidarity as primary sources of support. However, the erosion of these informal structures precipitated by rural-urban migration, economic precarity, and the growing individualism accompanying modernization has created a widening care deficit that formal social welfare institutions have been ill-equipped to fill (Aboderin & Beard, 2015). The consequences of this structural gap manifest as increasing rates of elderly poverty, social isolation, mental health deterioration, and inadequate access to healthcare, a convergence of deprivations that fundamentally undermines dignified aging.

Ibadan, the capital of Oyo State and the third most populous city in Nigeria, presents a microcosm of these broader national challenges. As one of Nigeria's oldest and most historically significant urban centers, Ibadan is home to a substantial elderly population embedded within a rapidly transforming socioeconomic landscape. Despite its administrative importance, the city has witnessed persistent inadequacies in social welfare delivery, with governmental programs such as the National Social Investment Programme (NSIP), the National Home Care Programme (NHCP), and state-level equivalents demonstrating limited penetration and inconsistent implementation (Akanbi et al., 2023; Oluwole & Babalola, 2021). These structural deficiencies, compounded by systemic issues of corruption, bureaucratic inefficiency, and poor targeting, have left a significant proportion of elderly persons in Ibadan outside the protective net of formal welfare services.

Academic inquiry into the intersection of social welfare provisioning and elderly quality of life in Nigeria remains nascent, with existing literature predominantly drawing on Western frameworks that may not adequately capture the cultural, institutional, and political specificities of the Nigerian context (Nwosu et al., 2021; Togonu-Bickersteth & Akinyemi, 2020). Furthermore, the limited empirical studies on Ibadan have largely employed qualitative approaches, leaving a gap in quantitative evidence to inform evidence-based policy formulation and programmatic interventions. The present study seeks to address these lacunae by providing rigorous empirical data on the relationship between social welfare program participation and quality of life outcomes among elderly persons in Ibadan, thereby contributing meaningfully to the burgeoning discourse on social gerontology and welfare policy in Nigeria.

The urgency of this investigation is further underscored by Nigeria's current social policy landscape. The Federal Government's adoption of the Social Protection Policy (2017, revised 2021) signals a growing political recognition of the need for formalized elderly support, yet implementation has remained largely aspirational. Without evidence base rooted in local empirical realities, policy interventions risk being misaligned with the actual lived experiences and structural barriers confronting elderly persons in cities like Ibadan. This study, therefore, aims not merely to describe existing conditions but to generate actionable knowledge that can meaningfully inform programmatic design, social work practice, and advocacy efforts at multiple levels of governance.

Despite the growing recognition of population aging as a critical development challenge, the discourse on elderly welfare in Nigeria has remained insufficiently anchored in rigorous, context-specific empirical inquiry. Existing studies have largely examined aging through the lens of health outcomes or familial care arrangements, with comparatively little attention devoted to the structural role of formal social welfare programs in shaping quality of life trajectories for elderly individuals in urban settings. This represents a fundamental knowledge gap with significant policy and practice implications, particularly in light of the deteriorating informal care systems that have historically buffered elderly Nigerians from destitution.

The inadequacy of available evidence is especially pronounced at the subnational level. While national surveys such as the Nigerian General Household Survey and the World Health Organization's Study on Global Ageing and Adult Health (SAGE) have generated valuable aggregate data, their geographic granularity is insufficient to capture the specific programmatic landscape and welfare experiences of elderly persons in Ibadan (Gureje et al., 2022). Consequently, policy decisions affecting elderly welfare in Oyo State are often made in an evidential vacuum, with interventions designed on the basis of national averages that may not reflect local realities.

Compounding this empirical deficit is the problematic conceptualization of quality of life in much of the extant Nigerian aging literature. Several studies have operationalized quality of life narrowly, focusing exclusively on physical health metrics while neglecting the equally important dimensions of psychological well-being, social participation, and material security. This truncated conceptualization limits the comprehensiveness of welfare assessments and fails to capture the holistic nature of dignified aging as envisioned by international frameworks such as the WHO Active Aging Policy Framework and the United Nations Madrid International Plan of Action on Ageing.

Furthermore, existing research has insufficiently examined the differential impacts of specific welfare program components such as healthcare subsidies, pension provisioning, and social care services on distinct quality of life domains. The few available studies tend to treat social welfare programs as a monolithic category, obscuring the variable efficacy of different intervention modalities and limiting the specificity of recommendations for program improvement (Oluwole & Babalola, 2021; Adewuyi & Akinlo, 2020). Without disaggregated evidence on which components of the welfare apparatus most powerfully predict positive quality of life outcomes, policymakers and practitioners are unable to prioritize resource allocation strategically.

The present study, therefore, addresses three principal gaps: the lack of quantitative, subnational evidence on elderly welfare in Ibadan; the conceptual narrowness of prevailing quality of life measures in Nigerian elderly research; and the insufficient disaggregation of social welfare program effects on specific well-being domains. By generating locally grounded, multidimensional empirical data, this research seeks to contribute to a more nuanced, evidence-informed understanding of how social welfare programs can be leveraged to advance the dignity and well-being of elderly persons in Ibadan, Oyo State.

The main aim of this study was to examine the role of social welfare programs in enhancing the quality of life of elderly persons in Ibadan, Oyo State, Nigeria. Specifically, the study pursued the following objectives:

i. To determine the extent to which healthcare access through social welfare programs predicts quality of life among elderly persons in Ibadan.
ii. To assess the relationship between social support services provided through welfare programs and the psychological well-being of elderly persons in Ibadan.
iii. To examine the association between economic security provisions under social welfare programs and the material well-being of elderly persons in Ibadan.
iv. To investigate whether significant differences exist in quality of life outcomes among elderly persons in Ibadan based on their level of social welfare program participation.

The following null hypotheses were formulated to guide the investigation:

i. H01: Healthcare access through social welfare programs does not significantly predict quality of life among elderly persons in Ibadan, Oyo State.
ii. H02: There is no significant relationship between social support services provided through welfare programs and the psychological well-being of elderly persons in Ibadan, Oyo State.
iii. H03: There is no significant association between economic security provisions under social welfare programs and the material well-being of elderly persons in Ibadan, Oyo State.
iv. H04: There are no significant differences in quality of life outcomes among elderly persons in Ibadan, Oyo State, based on their level of participation in social welfare programs.

LITERATURE REVIEW

Theoretical Framework

This study is anchored on two complementary theoretical frameworks: the Social Determinants of Health (SDH) framework advanced by the World Health Organization Commission on Social Determinants of Health (CSDH), and Activity Theory as conceptualized in the gerontological literature by Havighurst (1961) and elaborated by subsequent scholars. The Social Determinants of Health framework posits that quality of life and health outcomes are powerfully shaped by the structural conditions within which individuals live, work, and age, including income, housing, access to healthcare, social support, and the quality of public services (Marmot & Bell, 2019; WHO, 2020). This framework provides a macro-structural lens through which to understand how social welfare programs, as organized state responses to structural disadvantage, can mediate or exacerbate health and well-being inequalities among elderly populations. It specifically foregrounds the role of institutional mechanisms—such as pension systems, social health insurance, and formal social care—in either enabling or constraining dignified aging.

Activity Theory, in contrast, offers a micro-level complement by emphasizing the importance of continued social engagement and productive role performance for the well-being of older adults (Lemon et al., 1972; Reitzes & Mutran, 2006). From this perspective, social welfare programs serve not merely as material safety nets but as structural enablers of continued social participation,

purpose, and identity maintenance in later life. Programs that facilitate elderly access to community centers, vocational activities, and peer networks are, according to Activity Theory, likely to produce superior quality of life outcomes relative to those that address material needs alone. The integration of these two frameworks enables a comprehensive examination of social welfare programs as both structural determinants and social participation facilitators—a dual function particularly pertinent to the Nigerian context where formal institutional provisions interact with deeply embedded cultural expectations of elder engagement and respect.

Social Welfare Programs and Elderly Quality of Life: Global Evidence

The international literature provides robust evidence of a positive association between social welfare provisioning and the quality of life of older adults across diverse national contexts. A systematic review by Courtin and Knapp (2017), examining data from 22 studies across 15 countries, found consistent evidence that formal social support programs were associated with reduced loneliness, improved mental health, and enhanced subjective well-being among elderly populations. More recently, Hajek et al. (2019) conducted a longitudinal study in Germany involving 1,863 elderly participants and demonstrated that access to formal home care services significantly predicted higher scores on physical functioning and emotional well-being dimensions of quality of life, particularly among individuals with low informal support networks. Similarly, research by Valtorta et al. (2021) in the United Kingdom established that elderly persons enrolled in community-based social welfare programs exhibited significantly lower rates of depression and cognitive decline compared to non-enrolled counterparts, with effects persisting after controlling for sociodemographic variables.

In the East Asian context, a large-scale study by Cheng et al. (2020) examining data from the China Health and Retirement Longitudinal Study (CHARLS), encompassing 17,708 elderly respondents, found that participation in rural pension schemes was positively associated with self-reported health, psychological well-being, and social participation. Notably, the study found that the quality-of-life benefits of pension participation were partly mediated by reductions in economic anxiety, underscoring the interconnectedness of material security and psychosocial well-being. In Latin America, Olivera and Zuluaga (2021) analyzed the impact of Colombia's non-contributory pension program, Colombia Mayor, on elderly quality of life and found significant improvements in food security, healthcare utilization, and reported life satisfaction among beneficiaries compared to a matched control group.

These cross-national findings collectively suggest that while the specific mechanisms through which social welfare programs enhance elderly quality of life may vary by institutional and cultural context, the directional relationship is consistent and substantively significant. They also underscore the importance of program comprehensiveness: interventions addressing multiple dimensions of well-being simultaneously tend to produce more robust and sustained quality of life improvements than narrowly targeted ones (Buffel et al., 2019; Van Groenou & De Boer, 2016).

Social Welfare and Elderly Well-being in the African Context

Within the African context, the scholarly literature on social welfare programs and elderly quality of life remains comparatively limited but is growing in sophistication. South Africa, with its more developed welfare state architecture, has generated the richest body of evidence. Pillay et al. (2020) examined the impact of South Africa's Old Age Grant on the well-being of rural elderly recipients and found significant positive associations with food security, healthcare access, and reported life satisfaction. Importantly, the study also documented positive spillover effects on household members, suggesting that elderly welfare provisioning has broader developmental impacts beyond the individual beneficiary. In Ghana, Gyasi et al. (2019) conducted a cross-sectional study of 1,027 elderly persons and found that access to formal social care, combined with social participation, was a stronger predictor of psychological well-being than either variable alone, which is a finding with important implications for the design of integrated, multi-modal welfare interventions.

Research specifically focused on Nigeria has highlighted the structural inadequacies of existing welfare provisions and their consequences for elderly well-being. Togonu-Bickersteth and Akinyemi (2020) provided a comprehensive analysis of aging policy in Nigeria, documenting the persistent gap between policy pronouncements and programmatic delivery, and arguing that the absence of a comprehensive National Aging Policy has left elderly Nigerians disproportionately dependent on informal care systems that are themselves under increasing stress. Nwosu et al. (2021) conducted a qualitative investigation in southeastern Nigeria and found that elderly persons with limited access to formal welfare programs reported significantly higher levels of psychological distress, social isolation, and unmet healthcare needs than those with some form of formal support. Gureje et al. (2022), using data from the WHO-SAGE study's Nigerian wave, identified poverty and social isolation as the most powerful predictors of poor mental health among elderly Nigerians, and called for urgent expansion of social protection mechanisms tailored to this demographic.

Recent empirical work has also examined specific programmatic interventions. Akanbi et al. (2023) evaluated the reach and effectiveness of Nigeria's National Social Investment Programme among elderly participants in Lagos and found that, while the program had improved financial inclusion for some beneficiaries, implementation challenges, including poor targeting and irregular payment disbursement, had significantly undermined its potential impact. Similarly, Oluwole and Babalola (2021) assessed the National Home Care Programme in Oyo State and reported that the program's coverage remained extremely limited, reaching fewer than 3% of eligible elderly persons in the state, with service quality varying markedly across local government areas. These findings collectively paint a picture of structural misalignment between welfare program aspirations and on-the-ground delivery, a gap that this study seeks to empirically quantify and characterize in the specific context of Ibadan.

Healthcare Access, Social Support, and Economic Security as Quality of Life Determinants

Three welfare program dimensions emerge consistently in the literature as particularly salient determinants of elderly quality of life: healthcare access, social support, and economic security. With respect to healthcare access, Adewuyi and Akinlo (2020) demonstrated, using a nationally representative Nigerian dataset, that elderly persons with access to health insurance primarily

through formal employment-linked schemes reported significantly higher scores on physical functioning and health-related quality of life indices than those relying exclusively on out-of-pocket payment. The study found that the odds of reporting good health were 2.8 times higher among insured elderly persons, after adjusting for age, sex, and educational status. These findings align with global evidence from Marmot and Bell (2019), who identified healthcare access as among the most powerful social determinants of healthy aging.

Regarding social support, meta-analytic evidence compiled by Holt-Lunstad et al. (2015) across 148 studies demonstrated that social isolation and loneliness were associated with a 26% increased risk of mortality, a relationship as potent as that associated with smoking 15 cigarettes daily. While this foundational study was not Nigeria-specific, subsequent work by Gureje et al. (2022) confirmed the relevance of these dynamics in the Nigerian context, finding strong associations between social support deficits and elevated rates of depression, anxiety, and cognitive impairment among elderly Nigerians. Social welfare programs that facilitate peer interaction, community engagement, and structured social activities are therefore not merely palliative but functionally preventive in their impact on elderly mental health.

Economic security, as a determinant of quality of life, has received increasing attention in the Nigerian gerontological literature. Adeola and Adesina (2020) examined the relationship between pension access and elderly well-being in southwest Nigeria and found that pension recipients reported significantly higher scores on material well-being, subjective life satisfaction, and sense of personal dignity compared to non-recipients. The authors argued that economic security confers not merely material benefits but psychological ones, reducing anxiety, enhancing perceived autonomy, and bolstering self-efficacy in later life. These findings resonate with the capability approach articulated by Sen (1999) and elaborated by Nussbaum (2011), which frames material resources as instrumental to the broader realization of human capabilities, including those essential to dignified aging.

METHODOLOGY

This study adopted a descriptive survey research design, which was deemed most appropriate given the study's aim to systematically describe the characteristics of a defined population and establish correlational and predictive relationships between key variables without experimental manipulation (Creswell & Creswell, 2018). The design was further justified by its capacity to accommodate large samples and generate generalizable findings amenable to statistical inference, which are considerations particularly germane to the study's policy-oriented objectives.

The study population comprised all elderly persons aged 60 years and above residing within the five local government areas of Ibadan Metropolitan Area: Ibadan North, Ibadan North-East, Ibadan North-West, Ibadan South-East, and Ibadan South-West. Based on the 2006 Nigerian Population Census projections adjusted for 2023 estimates, the elderly population in these five LGAs was approximately 87,400 persons (National Population Commission, 2021). This population formed the sampling frame for the study.

Sample size was determined using the Taro Yamane (1967) formula at a 95% confidence level and a 0.05 margin of error, yielding a minimum sample of 398 respondents. After accounting for anticipated attrition and non-response (estimated at 10%), the target sample was set at 440 elderly persons. A multi-stage stratified random sampling technique was employed. In the first stage, the five Ibadan metropolitan LGAs were treated as strata, with sample allocation proportional to the estimated elderly population in each LGA. In the second stage, two wards were randomly selected from each LGA using a table of random numbers. In the third stage, elderly persons were systematically selected from community registers and day-care center rosters within each selected ward. Eligibility criteria included: age 60 years or above at time of data collection, residence in Ibadan Metropolitan Area for a minimum of 12 consecutive months, cognitive capacity to provide informed consent as assessed through the Six-Item Cognitive Impairment Test (6CIT), and willingness to participate voluntarily.

Four standardized instruments were deployed for data collection. Quality of life was measured using the WHOQOL-BREF scale (World Health Organization, 1996), a 26-item instrument yielding scores across four domains: physical health, psychological well-being, social relationships, and environmental quality. The instrument has demonstrated robust psychometric properties in sub-Saharan African populations, with Cronbach's alpha coefficients ranging from .72 to .89 across domains (Osei-Kwame et al., 2021). Social support was assessed using the Social Support Survey (SSS) developed by Sherbourne and Stewart (1991), a 20-item scale measuring functional dimensions of social support, including emotional, informational, tangible, and affectionate support. Healthcare access was measured using a locally adapted version of the Social Welfare Program Accessibility Scale (SWPAS), developed and validated for Nigerian contexts by Oluwafemi and Osei (2022), comprising 18 items assessing program awareness, physical accessibility, affordability, and utilization. Economic security was evaluated using a 15-item Economic Security Questionnaire (ESQ) adapted from the National Economic Wellbeing Index, assessing pension access, savings, income sufficiency, and food security.

Validity was established through content validity assessment by five expert reviewers comprising three social welfare academics, one clinical gerontologist, and one senior government welfare official who independently evaluated item relevance, clarity, and domain coverage. A content validity index (CVI) of .91 was achieved, exceeding the .80 threshold recommended by Polit and Beck (2021). Reliability was assessed through a pilot study conducted with 40 elderly participants in Oke-Ogun, Oyo State (outside the main study area), yielding Cronbach's alpha coefficients of .83 for the WHOQOL-BREF total score, .79 for the SSS, .81 for the SWPAS, and .77 for the ESQ, all exceeding the .70 acceptability threshold (Nunnally & Bernstein, 1994).

Data collection was conducted over a 12-week period (January–March 2024) by a team of eight trained research assistants, all holding minimum qualifications in social work or public health and conversant in Yoruba, Hausa, and English. Given the advanced age of respondents and potential literacy limitations, instruments were administered primarily through structured interviewer-administered questionnaires, with bilingual (English/Yoruba) versions available as required. Interviews were conducted in respondents' homes or community centers, with each session lasting approximately 45–60 minutes. A total of 440 questionnaires were administered, of which 412 were returned, and 384 were deemed complete and analytically usable (response rate: 87.3%).

Data were analyzed using IBM SPSS Statistics version 29. Descriptive statistics (means, standard deviations, frequencies, and percentages) were computed to characterize the sample. Pearson product-moment correlation analysis was used to test H02 and H03, examining bivariate relationships between welfare program dimensions and quality of life outcomes. Linear regression analysis was employed to test H01, with healthcare access as the predictor variable and total quality of life score as the outcome, controlling for age, sex, education, and marital status. One-way Analysis of Variance (ANOVA) with post hoc Tukey HSD testing was used to test H04, examining quality of life differences across levels of social welfare program participation. Statistical significance was set at $p < .05$ for all analyses.

Ethical approval was obtained from the Oyo State Ministry of Health Ethics Review Committee (Approval Reference: OYSMOH/EC/2023/118) and the University of Ibadan Institutional Review Board (IRB/2023/0741). All participants provided written informed consent prior to enrollment. Participation was entirely voluntary, with respondents informed of their right to withdraw at any time without consequence. Anonymity and confidentiality were maintained through the use of numeric codes in place of identifying information. No incentives contingent on participation were offered, though transport reimbursements were provided in line with ethical best practice guidelines (World Medical Association, 2013). Special considerations were made for participants with visual or cognitive impairments, including the use of large-print materials and proxy consent procedures where necessary.

RESULTS AND DISCUSSION OF FINDINGS

Descriptive Statistics of Sample Characteristics

The final analytical sample comprised 384 elderly respondents (N = 384). Table 1 presents the sociodemographic characteristics of the sample.

Table 1: Sociodemographic Characteristics of Study Participants (N = 384)

Variable	n	%	Cumulative %
Age Group			
60–69 years	172	44.8	44.8
70–79 years	134	34.9	79.7
80+ years	78	20.3	100.0
Sex			
Male	181	47.1	47.1
Female	203	52.9	100.0
Educational Level			

No formal education	98	25.5	25.5
Primary education	107	27.9	53.4
Secondary education	112	29.2	82.6
Tertiary education	67	17.4	100.0
Welfare Program Participation			
Low participation	153	39.8	39.8
Moderate participation	142	37.0	76.8
High participation	89	23.2	100.0

As shown in Table 1, the majority of respondents (44.8%) were in the 60–69 age cohort, with 20.3% aged 80 years and above. Females constituted a slight majority (52.9%). Educational attainment was relatively evenly distributed, though 25.5% reported no formal education—a proportion with potential implications for program literacy and welfare access. Notably, only 23.2% of participants reported high-level participation in social welfare programs, while 39.8% reported low participation, indicating substantial room for programmatic expansion.

Hypothesis One: Healthcare Access as a Predictor of Quality of Life

H01 stated that healthcare access through social welfare programs does not significantly predict quality of life among elderly persons in Ibadan. Linear regression analysis was conducted to test this hypothesis, with healthcare access (SWPAS healthcare subscale scores) as the predictor and total WHOQOL-BREF score as the outcome variable, controlling for age, sex, education, and marital status. Results are presented in Table 2.

Table 2: Linear Regression: Healthcare Access Predicting Quality of Life (N = 384)

Variable	B	SE B	β	t	p
(Constant)	12.34	3.21	—	3.84	.001
Healthcare Access	0.62	0.09	.48	6.89	<.001
Age	-0.11	0.04	-.14	-2.75	.006
Sex (Female = 1)	1.02	0.78	.07	1.31	.191
Education Level	0.89	0.31	.15	2.87	.004
Marital Status	0.47	0.29	.09	1.62	.106

Note. $R^2 = .41$; *Adjusted* $R^2 = .40$; $F(5, 378) = 52.47$, $p < .001$.

The overall regression model was statistically significant, $F(5, 378) = 52.47$, $p < .001$, explaining 41% of variance in quality of life scores ($R^2 = .41$). Healthcare access emerged as the strongest and most significant predictor ($\beta = .48$, $t = 6.89$, $p < .001$), indicating that for every unit increase in healthcare access scores, quality of life total scores increased by 0.62 points, net of covariates. On the basis of these results, H01 was rejected. These findings are consistent with those of Adewuyi and Akinlo (2020), who identified healthcare access as the most powerful welfare-related predictor of elderly quality of life in their nationally representative Nigerian sample, and with international evidence from Hajek et al. (2019) documenting robust positive associations between formal healthcare provision and multiple quality of life domains among elderly persons in Germany. The findings also align with the Social Determinants of Health framework's emphasis on healthcare access as a foundational structural determinant of health equity and dignified aging (Marmot & Bell, 2019; WHO, 2020).

Hypothesis Two: Social Support Services and Psychological Well-being

H02 posited that there is no significant relationship between social support services provided through welfare programs and the psychological well-being of elderly persons. Pearson product-moment correlation analysis was used to examine this relationship. Results are presented in Table 3.

Table 3: Pearson Correlations: Social Support and Quality of Life Dimensions (N = 384)

Variable	M	SD	r	p
Social Support (SSS)	52.14	9.87	—	—
WHOQOL Psychological Domain	58.23	11.42	.53	<.001
WHOQOL Social Relationships Domain	61.07	10.19	.61	<.001
WHOQOL Physical Domain	55.48	12.33	.38	<.001
WHOQOL Total Score	57.69	10.84	.59	<.001

A statistically significant, moderate-to-strong positive correlation was found between social support services and the psychological domain of quality of life ($r = .53$, $p < .001$), the strongest domain-specific association being with social relationships ($r = .61$, $p < .001$). The correlation between social support and total quality of life score was $r = .59$ ($p < .001$). H02 was therefore rejected. These findings corroborate the work of Gyasi et al. (2019) in Ghana, who reported that social support was a stronger predictor of psychological well-being than physical health status among elderly Africans, and of Gureje et al. (2022), who identified social isolation as a leading predictor of poor mental health outcomes in the Nigerian elderly population. The primacy of the social

relationship domain correlation further resonates with Activity Theory, underscoring the centrality of maintained social engagement to psychological flourishing in later life (Reitzes & Mutran, 2006).

Hypothesis Three: Economic Security and Material Well-being

H03 stated that there is no significant association between economic security provisions and the material well-being of elderly persons. Pearson correlation analysis was conducted using ESQ scores and WHOQOL-BREF environmental domain scores (a proxy for material well-being). Table 4 presents these findings.

Table 4: Correlation Between Economic Security and Quality of Life Domains (N = 384)

Variable	M	SD	r	p
Economic Security (ESQ)	39.72	8.54	—	—
WHOQOL Environmental Domain	53.91	11.08	.58	<.001
WHOQOL Total Score	57.69	10.84	.54	<.001

A significant positive correlation was observed between economic security scores and WHOQOL environmental domain scores ($r = .58$, $p < .001$), as well as with total quality of life ($r = .54$, $p < .001$). H03 was therefore rejected. These results are consistent with Adeola and Adesina's (2020) findings on the well-being benefits of pension access in southwest Nigeria, and with the broader literature linking material security to psychological autonomy and life satisfaction among elderly persons (Olivera & Zuluaga, 2021). The finding that economic security correlates with environmental domain quality of life, which encompasses housing quality, access to services, and financial resources, confirms the integral role of welfare-based economic provisions in shaping the material conditions of dignified aging. The magnitude of the correlation ($r = .58$) suggests that economic security is among the most potent modifiable predictors of quality of life available to welfare program designers.

Hypothesis Four: Quality of Life Differences by Level of Welfare Program Participation

H04 proposed that there are no significant differences in quality of life outcomes based on the level of social welfare program participation. A one-way ANOVA was conducted comparing WHOQOL-BREF total scores across three levels of welfare participation (low, moderate, high). Results are presented in Table 5.

Table 5: One-Way ANOVA: Quality of Life by Level of Welfare Program Participation (N = 384)

Source	SS	df	MS	F	p
Between Groups	4,287.3	2	2,143.7	18.43	<.001
Within Groups	44,319.6	381	116.3	—	—
Total	48,606.9	383	—	—	—

Note. Post hoc Tukey HSD: Low vs. Moderate participation (p = .003); Low vs. High participation (p < .001); Moderate vs. High participation (p = .007).

The one-way ANOVA yielded a statistically significant between-groups effect, $F(2, 381) = 18.43$, $p < .001$. Post hoc Tukey HSD testing confirmed that all pairwise group comparisons were statistically significant, with high participation elderly persons scoring significantly higher on total quality of life than both moderate ($p = .007$) and low ($p < .001$) participation groups, and moderate participation yielded superior outcomes relative to low participation ($p = .003$). H04 was therefore rejected. Mean quality of life scores were: Low = 51.4 (SD = 10.2), Moderate = 57.8 (SD = 9.8), High = 65.3 (SD = 9.1), indicating a clear dose-response pattern consistent with the hypothesis that greater engagement with formal welfare programs is associated with progressively better quality of life outcomes.

These findings align with the weight of evidence from comparative international studies. Courtin and Knapp's (2017) systematic review similarly documented dose-response associations between formal support utilization and well-being outcomes across multiple national contexts. In the African context, Pillay et al. (2020) reported comparable patterns in South Africa, where higher welfare benefit utilization was associated with progressively better health and social functioning outcomes. The findings extend the existing Nigerian evidence base by providing the first quantitative documentation of this dose-response relationship specifically for Ibadan, thereby strengthening the evidentiary foundation for welfare program expansion in the city.

Taken together, the study's findings present a coherent and compelling picture: social welfare programs significantly and substantively enhance elderly quality of life in Ibadan, with healthcare access constituting the most powerful single predictor, followed by economic security and social support. The dose-response pattern documented in H04 analyses further suggests that investment in welfare program coverage and quality has the potential for proportionate quality of life returns, a finding with critical implications for resource allocation decisions by state and federal welfare authorities.

Conclusion

This study set out to examine the role of social welfare programs in enhancing the quality of life of elderly persons in Ibadan, Oyo State, Nigeria, a question of growing urgency in the context of the country's rapidly aging population and eroding informal care systems. The findings provide compelling empirical support for the pivotal role of formal social welfare provisioning in

determining quality of life outcomes for elderly persons in urban Nigeria. Across all four research hypotheses, the null was rejected: healthcare access, social support services, and economic security provisions all mediated through formal welfare program participation were found to significantly and positively predict quality of life in its multiple dimensions, with the dose-response relationship between program participation intensity and quality of life outcomes providing particularly compelling evidence for the marginal returns on welfare investment.

The study's theoretical grounding in the Social Determinants of Health framework and Activity Theory proved analytically productive, providing complementary macro-structural and micro-social lenses through which to interpret the observed associations. The convergent evidence supports the view that social welfare programs function not merely as charitable relief mechanisms but as structural enablers of human capability realization and social participation—both of which are indispensable to dignified aging. At the same time, the finding that fewer than one-quarter of sampled respondents reported high-level welfare participation highlights the profound implementation gap that separates the aspirational architecture of Nigeria's social protection framework from its on-the-ground realities for elderly persons in Ibadan.

These findings carry significant implications for social welfare practice, policy, and professional education. For practitioners, the evidence underscores the need for active outreach to under-served elderly populations and the integration of gerontological perspectives into frontline social work. For policymakers, the data provide a quantitative foundation for advocacy around expanded and better-targeted welfare provisioning for elderly Nigerians. For educational institutions, the study highlights the critical importance of embedding competencies in social gerontology within social work and public health training curricula. The present research thus advances both the empirical base and the practical framework for the realization of aging with dignity as a concrete, achievable social policy goal in Nigeria.

Recommendations

1. Federal and Oyo State governments should expand the National Home Care Programme to achieve full elderly coverage in Ibadan within five years, with at least a 150% budget increase.
2. The National Social Investment Programme should include a dedicated elderly component with better targeting, biometric verification, and regular independent evaluations.
3. The National Health Insurance Authority should ensure mandatory, free healthcare coverage for persons aged 70 and above.
4. Oyo State should establish a monitoring and evaluation framework for elderly welfare, with annual publication of disaggregated data across all LGAs.
5. Social workers should implement proactive outreach strategies to identify underserved elderly populations, especially in peri-urban and informal areas.
6. Integrated case management approaches combining healthcare, financial support, and social services should be adopted to improve elderly quality of life.
7. Social work agencies should promote culturally appropriate peer support groups to enhance social connectedness and psychological well-being.

8. Nigerian universities should incorporate geriatric social work training into curricula and strengthen continuous professional development in elderly care.
9. Strong research collaborations between universities and government agencies should be encouraged to generate evidence-based elderly welfare policies.
10. Future research should focus on longitudinal, qualitative, and comparative studies to better understand elderly welfare outcomes and the influence of community and policy factors.

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