INTELLINGENUITY JOURNALS
TROPICAL AFRICA SPECTRUM
Tropical Africa Spectrum Vol. 2, Issue 1, May, 2026

IMPACT OF SOCIAL EDUCATION ON THE HEALTH OF OLDER ADULTS IN LAGOS, NIGERIA

Martin Uchenna EJIOGU[1*], Abel OBASI[2], and Jumoke ODUNSI[3]

[1&2]Department of Economics, Nnamdi Azikiwe University, Awka, Nigeria
[3]Precious Jewels Elderly Care Home, Lagos

Corresponding Author: ejiogumartin@yahoo.com

Abstract

This study addresses the pressing issue of unequal access to quality social education among different socioeconomic groups in Africa, especially in light of advancements in technology, preventive healthcare, and community initiatives. Focusing on the health outcomes of older adults in Lagos State, Nigeria, from 2000 to 2025, we explore how various facets of social education play a role in shaping these outcomes. Utilizing the Pearson's Product-Moment Correlation technique, we analysed the primary data collected through structured questionnaires. The findings indicate a strong and significant positive correlation between involvement of care homes and the utilization of social and mass media and the prevention of abuse of older adults through social education programs. The study concludes that older individuals who participate in these social education initiatives experience notable benefits, including enhanced awareness of abuse signs, increased willingness to report such incidents, and improved management of the physical and emotional challenges tied to elder abuse. To further support this vulnerable population, we recommend that government agencies and health authorities bolster and expand social education programs aimed at older adults. Additionally, care homes should establish dedicated social education units to provide continuous training and awareness for residents and caregivers. Furthermore, strategic use of mass media and social media platforms should be prioritized to effectively disseminate information regarding elder abuse awareness.

Key words: Social education, Health, Older adults, Lagos, Nigeria

INTRODUCTION

Education is at the heart of societal growth, shaping both individuals and communities in profound ways. It provides the vital knowledge, skills, and values that cultivate critical thinking, effective problem-solving, and informed decision-making. Moreover, education fosters social cohesion, helps to lower crime rates, and boosts civic engagement, paving the way for a more just and thriving society. Social education is the process of learning how to engage and interact meaningfully and responsibly within a community. It includes gaining knowledge and skills related to social relationships, civic responsibility, and an understanding of societal norms and structures. In essence, it prepares individuals to be active, informed, and responsible citizens.

As the global population continues to age and the number of older individuals rises dramatically, the public health challenges linked to aging are increasingly visible. Older adults are particularly vulnerable to chronic illnesses such as heart disease, arthritis, and diabetes, as well as age-related issues like dementia and sensory impairments. Mental health concerns, including depression and anxiety, along with physical challenges such as mobility impairments and falls, are also common

among this demographic.

Hence, it is crucial to promote active aging and improve health literacy among older adults. This can be effectively achieved through educational interventions that tackle the specific challenges that accompany aging. Engaging in social education—encompassing social participation and lifelong learning—has been shown to significantly benefit older adults by reducing frailty, enhancing mental health, and possibly extending life expectancy. Active involvement in social activities, such as group gatherings and educational initiatives, cultivates a sense of belonging, alleviates feelings of anxiety and depression, and boosts overall quality of life. Older adults with strong social networks and meaningful connections often enjoy better health outcomes, increased longevity, and enhanced life satisfaction. The relationship between social education and active aging is closely intertwined, with education playing an essential role in both promoting and maintaining active aging. By fostering social skills and nurturing positive interactions, social education plays a vital role in supporting the physical, mental, and social well-being of older adults throughout their aging journey.

Social education plays a crucial role in enhancing skills like communication, collaboration, and problem-solving, which are vital for navigating relationships and tackling societal issues such as limited healthcare access, educational shortcomings, and elder abuse. The World Health Organization (WHO) reported in a 2017 review that about one in six individuals aged 60 and older faced some form of abuse in the previous year. This statistic indicates that approximately 15.7% of the global senior population—around 141 million people—have been affected (WHO, 2022). Elder abuse can happen in various settings, both within the community and in institutional environments like care homes, with evidence indicating that it may be more common in institutions.

To combat elder abuse, we need to raise awareness, educate, and empower older adults. By understanding their rights, fostering social connections, and seeking help when needed, seniors can better safeguard themselves. Additionally, being financially informed and proactively planning for future care needs are key preventative steps. To address these challenges effectively and promote healthy aging, we must adopt the principles of active aging. This approach encompasses several factors that enable older adults to live healthy, fulfilling, and engaged lives, including maintaining physical and mental wellness, participating in social activities, and embracing lifelong learning. Achieving these objectives necessitates widespread educational initiatives in communities, healthcare systems, care facilities, and nonprofit organizations.

This study aims to explore how different aspects of social education impact the health outcomes of older adults. Despite advancements in technology and preventive care, access to quality social education remains uneven across various socioeconomic groups (Fulmer et al., 2021). This inequality presents a substantial obstacle to healthy aging. Furthermore, these disparities exacerbate the ongoing issue of elder abuse, as older adults are not a uniform group; they vary significantly in health status, social networks, financial resources, and independence levels (World

Health Organization [WHO], 2023). Such inequalities impede awareness, hinder reporting, and block effective intervention in elder abuse cases. Thus, this study will also investigate the factors leading to unequal access to social education and propose strategies to enhance accessibility for diverse populations.

The main goal of this study is to explore how social education affects the health of older adults. More specifically, it aims to uncover the connections between social education, awareness of elder abuse, and the reporting behaviors among older individuals. It will also assess the effect of social education on health outcomes for those experiencing elder abuse and examine the involvement of NGOs and community participation in preventing such abuse through educational efforts. Additionally, the study will look into how care homes and various media platforms contribute to these prevention strategies.

This research covers the timeframe from 2000 to 2025, offering a comprehensive view of the trends surrounding elder abuse and the potential of social education in its prevention and management. The focus is particularly on how social education influences awareness and reporting of elder abuse, specifically within Lagos, Nigeria. It also evaluates the contribution of NGOs, community involvement, care facilities, and media in lessening the negative health impacts related to elder abuse. The chosen period reflects significant advancements in media technology and shifts in societal dynamics, which are crucial in shaping awareness, reporting practices, and intervention strategies.

Aging is a natural part of life and signifies the achievement of survival through prior life stages. There has been a global rise in life expectancy, leading to an increasing number of older adults (Bambeni, 2022). Despite the essential nature of adult education, it often remains underfunded, with many nations allocating less than the recommended 3% of their education budgets to adult literacy programs (UNESCO, 2017). In various African contexts, older adults are vital to family and community well-being, with many households relying on their support for economic stability and social cohesion (Stanley, 2008). Moreover, adult education during later life encourages autonomy, enhances social engagement, and fosters adaptability (Friebe & Schmidt-Hertha, 2013).

However, obstacles like limited resources, entrenched cultural norms, and a focus on younger populations impede the successful execution of social education programs aimed at older adults. This highlights the need for research that investigates how social education can enhance health outcomes and diminish elder abuse. This study aims to enrich the current understanding by creating and assessing community-based educational initiatives designed to prevent elder abuse. It offers valuable insights into raising awareness, initiating behavioral changes, shaping policies, and promoting intergenerational connections. Ultimately, the research positions social education as a powerful means to uphold dignity, ensure protection, and enhance the quality of life for older individuals.

Conceptual Framework

Social Education: Social education encompasses both structured programs and informal

initiatives aimed at fostering awareness, shaping attitudes, and encouraging socially responsible behavior in communities. This process involves sharing knowledge, cultivating critical thinking, and empowering individuals to engage in social change.

The roots of social education are deeply intertwined with critical pedagogy, particularly the insightful work of Freire (1970), who highlighted the importance of raising consciousness and achieving social liberation through educational experiences. Social education has found diverse applications, including public health campaigns, advocacy for gender issues, and community development projects (UNESCO, 2015).

In the realm of social work, social education serves both preventive and developmental purposes, aiming to bolster community capabilities and mitigate social vulnerabilities (Payne, 2020). By enriching knowledge and transforming social attitudes, it works to diminish stigma, correct misinformation, and challenge harmful cultural norms.

When addressing elder abuse, social education is vital for enhancing the identification of abuse indicators and raising awareness about legal protections. Interventions focused on awareness have been demonstrated to positively shift community attitudes and increase the likelihood of reporting incidents (Ploeg et al., 2009). Consequently, social education proves to be an invaluable instrument for advocacy, empowerment, and effecting behavioral change.

Older Adults: Older adults are typically defined as individuals aged 60 and above, although this definition may vary based on context. The World Health Organization (WHO, 2022) employs this age threshold for many developing countries. Aging is a complex process involving biological, psychological, and social transformations.

From a biological perspective, aging is linked to gradual physiological decline and heightened susceptibility to chronic diseases (WHO, 2022). Psychologically, older adults may face challenges such as cognitive decline, depression, and anxiety (Dong, 2015). Socially, events like retirement, loss of loved ones, and diminishing social circles can elevate the risk of isolation and dependency.

In various African cultures, older adults have long been revered within families and communities. However, swift urbanization and economic strain have weakened these traditional support systems (Aboderin, 2004), leading to increased vulnerability to neglect and abuse. Appreciating these dynamics is crucial for understanding the context of elder abuse in modern communities.

Older Adults' Health: Health among older adults is a multifaceted concept that includes physical, mental, and social well-being. The World Health Organization (WHO, 2022) emphasizes “healthy aging,” which refers to the ongoing ability to maintain functional capacity and overall well-being as individuals grow older.

Older adults often deal with a range of chronic health issues, such as high blood pressure, diabetes, and arthritis. On top of that, mental health struggles like depression and dementia are quite common, which can make them more dependent on others for care. Factors like poverty, loneliness, and limited access to healthcare can also take a toll on their overall health.

A serious problem that significantly affects older adults is elder abuse. Those who suffer from abuse are at a higher risk of needing hospitalization, facing emotional distress, and even experiencing increased mortality rates. This highlights the urgent need for preventive measures, especially through social education, to protect the health and well-being of our older generations.

Raising Awareness and Reporting Elder Abuse

Elder abuse, as defined by the World Health Organization, involves any single act—or failure to act—that causes harm or distress to an older person, typically occurring within a trusted relationship. This includes physical violence, emotional harm, financial exploitation, neglect, and abandonment. Around one in six older adults worldwide may experience some form of abuse, with even higher rates found in places like nursing homes. Alarmingly, many cases go unnoticed and unreported, creating a desperate need for awareness.

The reasons for underreporting elder abuse are complex and vary from person to person. Many individuals fear retaliation, can feel financially dependent on their abuser, or might believe that family issues should remain private. Psychological trauma can also play a role, alongside a lack of accessible ways to report abuse. In some African communities, challenges like illiteracy, skepticism toward institutions, and a lack of awareness about protective laws can further complicate matters. Those who are cognitively impaired or isolated are particularly at risk and face additional hurdles when it comes to speaking out.

That is where social education comes in. It is vital for breaking down these barriers. By raising awareness about the different types of elder abuse, the signs to look for, and the impact it can have, social education empowers both older adults and their communities to recognize when something is wrong and to take action. Programs that focus on community awareness, educational workshops, and outreach campaigns can really help improve reporting and encourage people to seek help. These efforts are most effective when they take into account cultural sensitivities, use local languages, and are delivered through familiar community channels like religious groups, local governments, and health workers.

Social education plays a crucial role in transforming the way communities understand and address elder abuse. In many cultures, elder abuse is often viewed as a private issue or a result of financial strain, rather than a serious violation of human rights. By framing elder abuse as both a public health concern and a human rights violation, social education challenges these damaging perceptions and fosters a sense of community accountability (Lachs & Pillemer, 2015). When people are educated to see elder abuse as a collective responsibility, it encourages bystander intervention and helps to break the silence that often surrounds these issues.

Additionally, social education addresses the unique vulnerabilities faced by older adults in communities undergoing rapid changes. For instance, a study conducted in southwestern Nigeria by Cadmus and Owoaje (2012) revealed that factors such as urban living, financial dependence, and limited access to social services were strong predictors of elder abuse among older women. This highlights the need for targeted awareness campaigns that focus on specific socio-economic

risks. Their research emphasizes that effective social education must be adaptable to local contexts instead of relying solely on broad global assumptions (Umeghalu, Ezenekwe & Okoli, 2025).

In the context of Lagos State, where this research is based, social education initiatives confront distinct challenges. The area's high population density, diverse ethnic and linguistic backgrounds, and variances in literacy levels suggest that a generalized approach will likely fall short. Instead, tailored, community-specific programs that consider local socio-cultural dynamics are essential for enhancing awareness and improving reporting rates among older adults and their caregivers. Moreover, involving religious and traditional leaders—who hold significant trust within their communities—can be highly effective in disseminating important social education messages regarding the welfare and protection of older individuals (Umeghalu, Machi, & Chukwuka, 2025).

Social Education and the health Impact of Elder Abuse

The health implications of elder abuse on older adults are vast, severe, and well-documented in academic research. The impact of abuse extends across multiple dimensions of health, including physical, psychological, and social well-being. Victims of elder abuse frequently experience injuries, malnutrition, dehydration, fractures, and the worsening of pre-existing chronic conditions such as hypertension and diabetes (Dong, 2015). Neglect, which is one of the most common forms of elder abuse, strips older adults of vital medical care, hygiene, nutrition, and social interaction, further exacerbating their physical decline and accelerating functional deterioration.

The psychological effects of elder abuse are profound and far-reaching. Victims often display signs of depression, anxiety, post-traumatic stress disorder (PTSD), and, in some extreme cases, thoughts of suicide (Acierno et al., 2010). Unlike physical abuse, psychological abuse—manifesting as verbal threats, humiliation, and emotional manipulation—might not leave visible scars, yet it inflicts deep and lasting harm to mental health and self-esteem. The betrayal experienced by those abused by caregivers, whether family members or professionals, complicates the healing process and discourages victims from seeking the help they need.

Research consistently highlights that older adults who suffer from abuse have significantly higher risks of early mortality. A pivotal study conducted by Lachs et al. (1998) revealed that these individuals experience much higher mortality rates compared to non-abused peers, even when taking various health factors into account. A follow-up longitudinal study by Dong et al. (2009), which tracked a community-based population in Chicago over several years, reaffirmed a strong link between elder self-neglect and abuse and an increased risk of death from all causes. Worryingly, this heightened risk isn't confined to those older adults with severe cognitive or physical limitations, underscoring that the repercussions of abuse affect a broad spectrum of the older population.

In another important study, Acierno et al. (2010) examined a nationally representative sample in the U.S. and found that social isolation and a lack of social support were consistently linked to various forms of abuse—be it emotional, physical, sexual, financial, or even neglect. These

insights carry significant implications for social education, highlighting the importance of social connections as both a protective factor and an area ripe for intervention. By fostering stronger community ties and tackling isolation through educational and social engagement programs, we can help lower the risk of abuse and alleviate its health implications.

Investing in social education emerges as an effective and budget-friendly approach to lessen the health impacts of elder abuse, facilitating early detection and prompt responses. Educating communities about identifying the warning signs of abuse and the significance of timely action can lead to earlier recognition of victims, ultimately reducing the duration and severity of the harm they endure. Initiatives aimed at raising awareness among older adults can also boost their confidence and empower them to seek assistance sooner, thus minimizing their prolonged exposure to harmful situations (Pillemer et al., 2016).

Social education plays a crucial role in addressing the issue of elder abuse, particularly by targeting caregivers, who are often among the main perpetrators. Factors such as caregiver stress, burnout, inadequate training, and a lack of understanding about healthy aging can increase the likelihood of abusive behavior (Johannesen & LoGiudice, 2013). By providing educational programs focused on stress management, conflict resolution, and caregiving best practices, we can significantly decrease instances of abuse. A systematic review by Johannesen and LoGiudice (2013), which reviewed forty-nine studies, identified thirteen key risk factors for elder abuse in community settings, emphasizing that caregiver-related issues are among the most consistent and can be modified, supporting the need for social education aimed at caregivers.

In Lagos State, where older adults frequently reside in multigenerational households and depend on family care, the synergy between social education and health impacts is particularly important. The decline of traditional kinship support systems, exacerbated by urbanization and economic migration, has left many elderly individuals more susceptible to neglect and exploitation (Aboderin, 2004). Social education programs that promote community responsibility and provide families and communities with practical tools can be essential in filling the void created by weakened informal support systems.

The Role of NGOs in Community Engagements and Prevention of Elder Abuse through Social Education

Non-governmental organizations (NGOs) and community-based organizations (CBOs) are vital players in the global initiative to prevent elder abuse. Positioned at the crossroads of civil society and local communities, these organizations have the expertise to design, implement, and maintain social education programs tailored to specific contexts. Their efforts range from public awareness campaigns and outreach initiatives to caregiver training, legal advocacy, policy development, and direct service delivery (HelpAge International, 2013). In many low- and middle-income countries, including Nigeria, where governmental structures for elder protection are still developing, NGOs play an essential role in bridging the service delivery gaps.

The impact of interventions led by NGOs is greatly improved when grounded in community

engagement principles. Community engagement emphasizes the genuine, ongoing involvement of local individuals—especially older adults—in pinpointing their needs, crafting solutions, and executing programs (WHO, 2022). This collaborative approach not only makes interventions culturally relevant and contextually suitable but also enhances their legitimacy in the eyes of the communities they aim to assist. When communities take an active role in social change, they are far more likely to maintain positive behavioral changes long after formal programs conclude.

A key platform for coordinating global NGO efforts to prevent elder abuse is World Elder Abuse Awareness Day (WEAAD), celebrated every year on June 15. Initiated by a United Nations General Assembly resolution in 2011, WEAAD serves as a focal point for raising awareness and mobilizing communities around the rights and protection of older individuals. Through community events, media campaigns, educational seminars, and policy discussions, WEAAD amplifies the importance of social education and bolsters political support for elder protection. In Nigeria, local NGOs and faith-based groups have leveraged this platform to enhance public dialogue on the welfare of the elderly.

Additionally, NGOs are essential in building community capacity. By training community health workers, religious leaders, social workers, and local government officials to recognize and report elder abuse, NGOs cultivate sustainable networks of knowledgeable and empowered individuals who can assist older adults in their immediate surroundings. This multiplier effect is especially crucial in resource-limited areas where professional elder care services are rare. A systematic review of elder abuse interventions by Ploeg et al. (2009) highlighted educational and awareness-based strategies as some of the most practical and widely utilized for grassroots elder abuse prevention, underscoring the need for more thorough evaluations of their long-term effectiveness.

The collaboration between NGOs and government bodies is increasingly recognized as vital for the effectiveness and scale of programs. Partnerships that unite civil society organizations, healthcare providers, law enforcement, local government, and community leaders are crucial in developing integrated response systems capable of addressing the complex nature of elder abuse (Pillemer et al., 2016). In Lagos State, inter-sectoral collaboration among NGOs, the Lagos State Ministry of Youth and Social Development, and community development associations has facilitated the launch of elder protection programs, although challenges in coordination and funding continue to restrict their scope and impact.

Despite the valuable efforts of NGOs and the development of community engagement models, significant challenges remain. Issues such as inconsistent funding, high turnover of staff, lack of formal regulations for elder care, and insufficient monitoring and evaluation systems threaten the sustainability and effectiveness of programs. Moreover, persistent cultural attitudes that condone forms of elder mistreatment—like adult children taking advantage of their parents' assets or widows being excluded from inheritance—continue to be obstacles that social education alone cannot overcome. Research by Cadmus and Owoaje (2012) highlights the necessity of incorporating these cultural dynamics into local program designs, rather than relying on foreign

intervention frameworks that may not resonate with the community. Addressing these structural and cultural barriers requires not only legal reforms and social protection policies but also ongoing community discussions.

Nevertheless, the evidence consistently supports that NGO-led social education, particularly when rooted in community engagement, is one of the most effective strategies for preventing elder abuse in African contexts. The synergy of local knowledge, trusted relationships within the community, and continuous advocacy fosters an environment where older adults are more likely to be acknowledged, respected, and protected within their communities.

REVIEW OF RELATED LITERATURE

Many existing empirical studies have primarily focused on the prevalence and risk factors of elder abuse rather than on the direct impact of social education on reporting behaviors and health outcomes for older adults. Furthermore, there is a noticeable gap in recent empirical research within the African context. The studies reviewed encompass both international and African evidence, particularly emphasizing sub-Saharan African settings when relevant. A global systematic review and meta-analysis by Yon et al. (2017) examined the prevalence of elder abuse across 52 studies from 14 international databases. The findings revealed that about 15.7% of older adults are subjected to some form of abuse annually, with psychological abuse being the most prevalent, followed by financial abuse, neglect, physical abuse, and sexual abuse. Additionally, the study indicates that these prevalence rates are likely underreported, underscoring the urgent need for social education initiatives that specifically address reporting barriers and promote community awareness.

Pillemer et al. (2016) conducted an extensive review addressing global elder abuse issues, specifically honing in on prevention strategies. Their study analyzed data from various countries and found that community-driven educational initiatives, including awareness campaigns and caregiver training programs, led to notable improvements in knowledge, reporting behaviors, and community attitudes toward elder abuse. The authors pointed out a significant lack of understanding among healthcare workers and community members about recognizing psychological and financial abuse. They emphasized the need for comprehensive programs that tackle individual, relational, and community-level risk factors simultaneously.

In another important work, Lachs and Pillemer (2015) provided a clinical and public health review that synthesized three decades of research on elder abuse. Their findings highlighted the ongoing underreporting of elder abuse in both developed and developing nations and identified several systemic enablers of this issue, such as the lack of mandatory reporting laws, insufficient professional training, and social norms that discourage intervention. They advocated for system-level changes, including the incorporation of mandatory elder abuse education into professional training programs, the establishment of community awareness frameworks, and the creation of culturally relevant screening tools for use in healthcare and social work.

Acierno et al. (2010) explored the prevalence and associations of various forms of abuse—

emotional, physical, sexual, and financial—alongside potential neglect among older adults in the United States. Using a nationally representative sample of over 5,700 participants, the study revealed that about one in ten respondents reported experiencing some form of mistreatment in the past year. Notably, low social support and previous exposure to traumatic events consistently predicted abuse across all categories. The authors pushed for community-based social engagement initiatives and regular elder abuse screenings in healthcare settings, arguing that addressing social isolation is crucial for improving public health outcomes.

Finally, Dong et al. (2009) undertook a prospective population-based cohort study in Chicago, examining the connection between elder abuse and overall mortality among community-dwelling older adults over a twelve-year period. Their research revealed that self-neglect and abuse reported to social services were independently linked to a significantly higher risk of mortality, even after accounting for a broad range of health, demographic, and social factors. Importantly, the increased mortality risk was not limited to older adults with the lowest cognitive or physical functioning, highlighting that the life-threatening impacts of abuse can affect a wide spectrum of older adults.

Lachs et al. (1998) carried out one of the pioneering longitudinal studies on elder abuse and its impact on mortality, focusing on a group of older adults living in New Haven, Connecticut, over a nine-year span. Their research revealed a concerning association between reported elder mistreatment and significantly increased all-cause mortality rates when compared to those who had not experienced abuse, even after accounting for other important factors. This groundbreaking study provided critical empirical evidence for future investigations into the health ramifications of elder abuse and continues to be frequently referenced as foundational proof of the serious nature of mistreatment in older populations.

In a subsequent study, Johannesen and LoGiudice (2013) employed a systematic review approach to analyze forty-nine related research works, aiming to pinpoint common risk factors for elder abuse among those living in the community. They identified thirteen risk factors that received consistent support across several high-quality studies, including caregiver burden, the dependency of older adults, social isolation, a history of domestic violence, and the perpetrator's poor mental health. The authors particularly emphasized caregiver-related issues as areas ripe for intervention through dedicated social education and support programs. They recommended that healthcare and social work professionals integrate a risk factor framework into their regular assessments of older adults, thereby underscoring the need for caregiver-focused educational interventions as a vital part of elder abuse prevention strategies.

Ploeg et al. (2009) conducted another systematic review to evaluate the effectiveness of interventions designed to combat elder abuse. They found only eight studies that met their stringent inclusion criteria. The review noted that awareness-raising and educational initiatives were the predominant strategies employed; however, the overall evidence supporting elder abuse interventions was notably limited in both quality and scope, especially in community settings. The authors urged for more rigorous, controlled evaluations of community-based educational programs and highlighted the importance of developing culturally relevant and contextually appropriate

interventions as essential priorities for future research.

In a cross-sectional survey, Cadmus and Owoaje (2012) explored the prevalence, patterns, and correlations of elder abuse among older women in both rural and urban areas of southwestern Nigeria. Their findings indicated that elder abuse is widespread in both settings, with physical abuse being the most frequently reported type. Factors such as urban living, financial dependency, and higher levels of education were identified as predictors of abuse, implying that socio-economic and locational influences play a significant role in the risk of elder mistreatment within Nigerian communities. This study was among the first to systematically outline the characteristics of elder abuse among women in this region, providing an important empirical basis for community-focused social education initiatives tailored to the Nigerian context.

RESEARCH METHODOLOGY

Theoretical Framework

This study is grounded in Ecological Systems Theory and Empowerment Theory. Ecological Systems Theory, introduced by Bronfenbrenner in 1979, asserts that human behavior is influenced by interactions across various environmental systems, including family, community, institutions, and larger societal structures. Elder abuse can be understood through the lens of these interconnected systems. Social education plays a crucial role in shaping attitudes and behaviors at these levels, fostering protective environments. Empowerment Theory focuses on strengthening individuals' and communities' abilities to shape their own circumstances and enhance their quality of life, as highlighted by Rappaport in 1987. By fostering awareness and building capacity, social education enables older adults to identify abuse, assert their rights, and seek assistance, while also equipping communities to advocate for systemic improvements. Together, these theories create a holistic framework for understanding how knowledge, environment, and empowerment intertwine to prevent elder abuse.

Research Design/Sampling Technique

This study employs a descriptive survey research design to explore the relationship between social education and its effects on awareness, reporting of elder abuse, and health outcomes among older adults. A descriptive survey design is apt for this research as it facilitates data collection from a population to depict existing conditions and investigate relationships among variables, as supported by Creswell & Creswell (2018) and Saunders et al. (2019). This methodology is particularly effective for measuring respondents' exposure to social education and assessing its influence on their awareness, reporting behaviors, and health outcomes. The research is conducted in Lagos State, Nigeria, known for its significant population and socio-economic diversity, along with a growing number of older adults, as noted by the National Population Commission (NPC) in 2022. This setting is ideal for investigating variations in access to social education, awareness of elder abuse, and resultant health outcomes. The study's population includes elderly individuals living in care homes, as well as caregivers and staff in these facilities, offering valuable insights into the occurrence and reporting of elder abuse within care home contexts.

Sample Size Determination and Sampling Technique

In this study, a purposive sampling technique was employed. This choice was essential since surveying every care home in Lagos State is not practical. Purposive sampling allows for the careful selection of participants who have relevant knowledge or experience related to the topic being explored (Etikan & Bala, 2017). To establish an appropriate sample size, Taro Yamane's formula (1967) was utilized, adopting a 95% confidence level with a 5% margin of error. The calculations determined that a minimum sample size of approximately 100 respondents was necessary for conducting correlation-based survey research.

Consequently, 105 respondents were chosen, surpassing the minimum requirement to enhance representation across various sectors and regions. This sample size is deemed sufficient for quantitative studies investigating relationships among the variables under consideration. The data was collected through professional networks via an online questionnaire administered through Google Forms. The researcher utilized 100 responses for the study's analysis, as they were most relevant and aligned with the study's objectives; only participants from viable and operational care homes were surveyed. This study draws on both primary and secondary data sources to provide a comprehensive analysis. The primary data was gathered through structured questionnaires distributed to participants, while the secondary data came from academic journals, textbooks, and institutional reports. Using a mix of these sources enhances the credibility of our research findings (Saunders et al., 2019).

The main tool for data collection is a structured questionnaire, tailored to align with the study's variables. It consists of five sections: Section A covers demographic information; Section B focuses on social education; Section C addresses awareness of elder abuse; Section D explores reporting behaviors; and Section E examines health outcomes. To ensure both content and construct validity, the questionnaire was evaluated by experts in the relevant fields. Validity is crucial as it confirms that the instrument measures what it is intended to measure (Creswell & Creswell, 2018). Feedback from these experts was incorporated to enhance clarity, relevance, and alignment with the study's objectives. The reliability of the instrument was assessed using Cronbach's Alpha coefficient, which evaluates the internal consistency of the questionnaire items (Tavakol & Dennick, 2011).

Method of Data Analysis

Data collected through Google Forms were summarized for analysis. The following steps were undertaken: Descriptive statistics, including frequencies, percentages, and mean scores, were employed to summarize demographic data and responses to questionnaire items. The analysis used basic descriptive statistical tools such as frequency distribution and simple percentage calculations. Responses on the Likert scale were assigned numerical values to evaluate their position concerning the measured variables.

Table 1: Response Scores and Scaling Instruments

Nominal Value	Range of Mean Score	Scaling Instruments
5	5 points	Very large extent
4	4 points	Large extent
3	3 points	No extent
2	2 points	Small extent
1	1 point	Very small extent

Sources: Researchers' Compilation

The mean is calculated as $X = \frac{\sum fX}{n}$

Five point rating scale = $\frac{5+4+3+2+1}{5} = \frac{15}{5} = 3.0$

After computing the mean, a mean score above 3.0 is acceptable while any mean score less than 3.0 is rejected.

Simple percentage formula= X/Y = 100/1

Where x = is the overall frequency of the response of each question

N = the total number of respondents.

To test the relationships between variables specifically between care homes and social/mass media (independent variables) and preventing elder abuse through social education programs (dependent variables), the Pearson Product-Moment Correlation Coefficient (PPMCC) was used. The Pearson product-moment correlation analysis was utilized to text the hypothesis because it is suitable for measuring the strength and direction of a linear relationship between two continuous variables (Field, 2018).

The Pearson correlation coefficient is computed as:

$$r = \frac{n \sum xy - \sum x \sum y}{\sqrt{[N \sum x^2 - \sum x)^2)\,][N \sum y^2 - (\sum y)^2\,]}}$$

Where n = sample size

$\sum X$ = the sum of x (independent variable)

$\sum y$ = the sum of y (dependent variable)

$\sum x^2$ = the sum of square x values

$\sum y^2$ = the sum of square y values

$\sum xy$ = the sum of the product of x & y

Decision Rule: Reject the null hypothesis (Ho) if calculated r is greater than critical P- value at 0.05 level of significance.

DATA ANALYSIS AND RESULT PRESENTATION

Personal Data of Respondents

The questionnaire included questions on personal data of the members in the sample area, covering specifics such as name, gender and industry sector.

Table 2: Personal Data of Respondents

Personal data variables	Categories	Frequency (n=120)	Percentage (%)
Gender	Male	41	41%
	Female	59	59%
Respondent (sector)	Care home	24	24%
	Physiotherapy Clinic	15	15%
	Hospital	17	17%
	NGO	19	19%
	Community	25	25%
	Total	**100**	**100**

Source: Online Survey, 2025

Summary of Gender and Business Sector Distribution

Gender: Table 2 reveals a clear gender disparity within the study area, with the majority of participants being female—59 women make up 59% of the sample compared to 41 men at 41%. This highlights a notable predominance of female respondents in our findings.

Respondent Distribution: The table further breaks down the respondents by health and community sectors, showing that the community sector has the highest representation with 25 entries (25%), just ahead of care homes at 24 (24%). NGOs also bring a significant contribution with 19 respondents (19%). Additionally, respondents from hospitals and physiotherapy clinics add to the diverse array of encounters with older adults, each with varying frequencies and percentages.

Impact of Social Education on Older Adult Health: This study emphasizes the importance of social education in promoting healthy aging and addressing elder abuse among respondents in care homes, hospitals, physiotherapy clinics, communities, and NGOs dedicated to the care of older persons in Lagos State, Nigeria. The prominent representation from the community sector (25%) suggests it plays a crucial role in shaping the health and well-being of older adults by influencing their lifestyle, social connections, and access to care. This observation is reinforced by the involvement of older adults in other sectors that likely impact their health outcomes. Overall, the findings underline the significance of community-based initiatives, such as health education outreach programs, in enhancing the health trajectory of older adults.

Identify the social education, awareness of elder abuse, and reporting by older adults.

Table 3 showcases how social education programs and awareness campaigns have impacted older adults' ability to recognize and report elder abuse. The findings reveal varying levels of acceptance among the different aspects evaluated. The first question assessed whether these social education programs have enhanced older adults' ability to spot signs of elder abuse. The mean score was 3.68, significantly exceeding the acceptance benchmark of 3.0, which indicates a strong effectiveness. This suggests that older adults in the study area have greatly benefited from these programs in recognizing potential abuse scenarios. The second question focused on awareness campaigns and training, achieving a mean score of 3.65—demonstrating robust acceptance. This confirms that such initiatives have effectively heightened older adults' understanding of how to report elder abuse.

Table 3: Distribution according to Social Education, Awareness of Elder Abuse, and Reporting by Older Adults

S/N	ITEMS	VLE (5)	LE (4)	NE (3)	SE (2)	VSE (1)	n=100	Mean=Efx/n	Decision
	SOCIAL EDUCATION								
i	Social education programs have helped older adults recognize signs of elder abuse	29 (145)	39 (156)	6 (18)	23 (46)	3 (3)	368/100	3.68	Accept
ii	Awareness campaigns and trainings have improved understanding of how to report elder abuse	30 (150)	38 (152)	5 (15)	24 (48)	3 (3)	365/100	3.65	Accept
	AWARENESS AND REPORTING OF ELDER ABUSE								
iii	Older adults are more likely to report abuse after attending social education programs.	26 (130)	35 (140)	6 (18)	31 (62)	2 (2)	352/100	3.52	Accept
iv	There is a noticeable increase in elder abuse reporting due to improved awareness through education.	19 (95)	39 (156)	7 (21)	27 (54)	8 (8)	334/100	3.34	Accept
	Grand mean							3.5	

Source: Online Survey, 2025

Respondents also noted in the third question that older adults tend to be more inclined to report abuse after participating in social education programs, reflected by a mean score of 3.52. This indicates a positive influence of educational efforts on reporting behavior. For the fourth item, a mean score of 3.34 illustrated acceptance of the idea that improved awareness through education has led to a noticeable rise in elder abuse reporting. While this score remains above the acceptance threshold, it suggests that the impact on actual reporting rates, although positive, is moderate in comparison to other outcomes evaluated. In summary, the overall mean of 3.5, which exceeds the acceptable threshold, reinforces the significant and positive impact social education programs and awareness campaigns have on assisting older adults in recognizing and reporting elder abuse, particularly focusing on identifying signs of abuse and understanding how to report them.

Assess the impact of social education and the health impact of elder abuse on older adults.

Table 4 presents the effects of social education on the health outcomes of older adults who have experienced elder abuse. The findings indicate a strong consensus across all assessed items. For the first item, which examines whether social education equips older adults with coping strategies for stress and trauma, the mean score stands at 3.68—significantly surpassing the acceptance threshold of 3.0. This highlights the strong effectiveness of these programs, suggesting that older adults in the study area are indeed gaining essential coping skills to handle the stress and trauma that may arise from abuse.

Table 4: Distribution according to Social Education and the Health Impact of Elder Abuse on Older Adults

S/N	ITEMS	VLE (5)	LE (4)	NE (3)	SE (2)	VSE (1)	n=120	Mean Efx/n	Decision
SOCIAL EDUCATION									
I	Social education provides older adults with coping strategies for stress and trauma.	24 (120)	49 (196)	3 (9)	19 (38)	5 (5)	368/100	3.68	Accept
Ii	Education on elder abuse helps older adults reduce the emotional and psychological effects of abuse	26 (130)	36 (144)	6 (18)	29 (58)	3 (3)	353/100	3.53	Accept
HEALTH IMPACT OF OLDER ADULT									
Iii	Elder abuse has led to visible declines in the physical or mental health of older adults	21 (105)	48 (192)	13 (39)	14 (28)	4 (4)	368/100	3.68	Accept
Iv	Social education has helped in minimizing health complications associated with elder abuse	22 (110)	43 (172)	9 (27)	21 (42)	5 (5)	356/100	3.56	
	Grand mean							**3.6**	

Source: Online Survey, 2025

The second item evaluates how education regarding elder abuse can alleviate emotional and psychological repercussions. This item received a mean score of 3.53, reflecting a solid level of acceptance. This reinforces the idea that educational initiatives are effective in easing the mental health challenges faced by older adults who encounter abuse. Moving to the third item, respondents recognized the visible decline in the physical or mental health of older adults resulting from elder abuse, with a mean score of 3.68. This further affirms the serious negative health impacts elder abuse can have on this vulnerable demographic. For the fourth item, the mean score of 3.56 indicates acceptance of the notion that social education plays a role in reducing health complications tied to elder abuse. This highlights the importance of educational programs as protective measures in lessening the severity of health-related outcomes among victims of abuse.

Overall, the grand mean of 3.6, which exceeds the acceptable threshold, underscores the significant and positive influence of social education in providing older adults with coping strategies and in alleviating health complications linked to elder abuse. It also emphasizes the considerable negative effects that elder abuse can have on the physical and mental well-being of older adults.

Examine the role of NGOs and community engagement in preventing elder abuse through social education.

Table 5 highlights the important contributions of NGOs and community involvement in preventing

elder abuse through social education initiatives. The findings indicate a consistent level of acceptance across various aspects measured. The first aspect examines whether NGOs routinely conduct social education campaigns aimed at protecting older adults from abuse, achieving a mean score of 3.6. This score exceeds the acceptance threshold of 3.0, suggesting a robust level of organizational activity. It indicates that NGOs in the area are proactively engaged in educational campaigns designed to safeguard older individuals.

Table 5: Distribution according NGOs and Community Engagement in Preventing Elder Abuse through Social Education

S/N	ITEMS	VLE (5)	LE (4)	NE (3)	SE (2)	VSE (1)	n=120	Mean = Efx/n	Decision
NGOs and Community Engagement									
I	NGOs regularly organize social education campaigns to protect older adults from abuse.	24 (120)	41 (164)	10 (30)	21 (42)	4 (4)	100 (360)	3.6	Accept
	Community engagement programs have increased older adults' participation in elder abuse prevention activities	18 (90)	42 (168)	9 (27)	25 (50)	6 (6)	341/100	3.41	Accept
PREVENTION OF ELDER ABUSE									
Ii	NGO and community-led education efforts have reduced the frequency of elder abuse	20 (100)	38 (152)	10 (30)	24 (48)	8 (8)	338/100	3.38	Accept
Iii	Social education initiatives by community actors have enhanced protection and respect for older adults.	18 (90)	44 (176)	11 (33)	21 (42)	6 (6)	347/100	3.47	Accept
.	**Grand mean**							**3.5**	

Source: Online Survey, 2025

The second aspect evaluates community engagement programs and their effectiveness in encouraging older adults to participate in prevention initiatives, noting a mean score of 3.41. This figure, also above the acceptance level, confirms that community-based efforts have effectively motivated older adults to take a more active role in preventing elder abuse.

In terms of the third aspect, respondents recognized that educational endeavors led by NGOs and community organizations have contributed to a decrease in elder abuse incidents. With a mean score of 3.38, it is the lowest score among those measured, yet it remains above the acceptance threshold. This suggests a moderate but positive effect on reducing the occurrence of such abuse.

The fourth aspect recorded a mean score of 3.47, indicating acceptance of the view that social education initiatives by community actors have improved protection for and respect toward older adults. This underscores the role of collaborative community efforts in fostering a safer and more respectful atmosphere for the elderly.

Overall, the grand mean of 3.5 reaffirms that NGOs and community engagement are significantly influencing the prevention of elder abuse through social education. While there is a strong emphasis on organizing campaigns and enhancing societal respect for older adults, the direct impact on reducing the frequency of abuse incidents remains moderate and could further benefit from enhanced interventions.

Examine the role of care homes and social media/mass media in preventing elder abuse through social education.

Table 6: Distribution according to the Role of Care Homes and Social Media/Mass Media in Preventing Elder Abuse through Social Education

S/N	ITEMS	VLE (5)	LE (4)	NE (3)	SE (2)	VSE (1)	n = 120	Mean = Efx/n	Decision
MASS MEDIA AND CARE HOMES									
I	Care Homes regularly organize social education campaigns to protect older adults from abuse.	23 (115)	43 (172)	10 (30)	20 (40)	4 (4)	361/100	3.61	Accept
Ii	Mass Media programs have increased older adults' participation in elder abuse prevention activities	19 (95)	45 (180)	7 (21)	20 (40)	9 (1)	337/100	3.37	
PREVENTION OF ELDER ABUSE									
Iii	Care Homes and Mass Media-led education efforts have reduced the frequency of elder abuse	27 (135)	35 (140)	7 (21)	22 (44)	9 (9)	349/100	3.49	Accept
Iv	Social education initiatives by care givers have enhanced protection and respect for older adults	24 (120)	37 (148)	9 (27)	23 (46)	7 (7)	348/100	3.48	Accept
	Grand mean							**3.5**	

Source: Online Survey, 2025

Table 6 highlights the important contributions of care homes and mass media in preventing elder abuse through social education initiatives. The findings reflect a strong consensus across all assessed areas. The first item investigates whether care homes frequently conduct social education campaigns aimed at protecting older adults from abuse. With a mean score of 3.61, this item surpasses the acceptance threshold of 3.0, indicating a moderate to strong level of engagement by these facilities. This suggests that care homes within the studied region are actively involved in educational campaigns that focus on safeguarding older adults.

The second item, which assesses the influence of mass media programs on older adults' involvement in prevention activities, earned a mean score of 3.37, also indicating acceptance. This shows that initiatives driven by mass media successfully motivate older adults to engage more in efforts to prevent elder abuse, though the impact is somewhat moderate in comparison to other

outcomes.

In the third item, respondents recognized that education efforts led by both care homes and mass media have contributed to a decrease in elderly abuse incidents. A mean score of 3.49 underscores a positive influence stemming from these collaborative educational interventions.

The fourth item shows a mean score of 3.48, signaling agreement that social education initiatives by caregivers have improved protection and respect for older adults. This suggests that these caregiver-led initiatives have played a role in fostering a more protective and respectful atmosphere for older adults within care settings.

Overall, the grand mean of 3.5, which exceeds the acceptable threshold, reinforces the idea that care homes and social/mass media play a critical and constructive role in preventing elder abuse through social education. This is particularly evident in their efforts to organize campaigns and enhance societal respect for older adults, while demonstrating moderate effectiveness in reducing incidents of abuse and increasing community involvement.

Testing Hypothesis

The study's null hypothesis, positing that care homes and social/mass media have no significant impact on preventing elder abuse through social education programs, was evaluated using Pearson's Product-Moment Correlation analysis. Items I and III from Table 6 were utilized to assess this hypothesis.

Ho: *Care homes and social/mass media have no significant effect on preventing elder abuse through social education programs.*

Table 7: Observed Frequency from Table 6 to Summarize The Hypothesis

X	Y	XY	X^2	Y^2
23	27	621	529	729
43	35	1505	1849	1225
10	7	70	100	49
20	22	440	400	484
4	9	36	16	81
$\sum x=100$	**$\sum y=100$**	**$\sum xy= 2672$**	**$\sum x^2=2894$**	**$\sum y^2=2568$**

Source: Researchers' Compilation

$$r = \frac{n\sum xy - \sum x \sum y}{\sqrt{[n \sum x^2 - \sum x)^2)\,][n \sum y^2 - (\sum y)^2\,]}}$$

Where n= sample size

$\sum x$ = the sum of x (independent variable)

$\sum y$ = the sum of y (dependent variable)

$\sum x^2$ = the sum of squared x values

$\sum y$ = the sum of squared y values

$\sum xy$ = the sum of the product of x & y

$$r = \frac{5(2672) - 100\times100}{\sqrt{[5(2894) - (100)^2]\ [5 \text{ X } 2568 - (100)^2]}}$$

$$r = \frac{13360 - 10000}{\sqrt{[14470 - 10000)\ (12840 - 10000)]}}$$

$$r = \frac{3360}{\sqrt{4470\times 2840}}$$

$$r = \frac{3360}{\sqrt{12694800}}$$

r = 3360/3562.97

r = 0.943

The analysis using the Pearson Product Moment Correlation Coefficient yielded a value of r = 0.943, indicating a very strong positive correlation between care homes, social/mass media, and the prevention of elder abuse through social education initiatives. To validate this relationship's significance, we compared the calculated coefficient against the critical value obtained from the Pearson correlation table, with N−2 degrees of freedom at a 0.05 significance level. The threshold for r is set at 0.878.

Decision Rule: Reject the null hypothesis if the computed r value exceeds the critical value at the 0.05 significance level.

Decision: Given that the calculated coefficient (0.943) surpasses the critical value (0.878), we cannot accept the null hypothesis—which posits that care homes and social/mass media do not significantly impact the prevention of elder abuse through social education programs. Thus, we reject the null hypothesis, concluding that care homes and social/mass media have a meaningful and positive effect on reducing elder abuse through educational efforts. This outcome highlights that the proactive collaboration of care homes and social/mass media campaigns plays a crucial role in increasing awareness, facilitating education, and decreasing the incidence of elder abuse in communities.

Findings

The findings from the second objective indicate that social education significantly enhances the health outcomes for older adults who face elder abuse. Specifically, social education aimed at

equipping individuals with coping strategies for stress and trauma reported a mean score of 3.68. Meanwhile, education designed to mitigate the emotional and psychological impacts of abuse yielded a mean of 3.53. Respondents noted a clear decline in both physical and mental health linked to elder abuse, averaging a mean score of 3.68, and they recognized that social education has been instrumental in alleviating associated health complications, with a mean score of 3.56. The overall mean of 3.6 underscores the vital role social education plays as a protective factor in lessening the severity of health-related consequences stemming from elder abuse among older adults.

Moving on to the third objective, it became evident that NGOs and community engagement have a meaningful influence on preventing elder abuse through social education initiatives. The mean score for NGOs that organized social education campaigns was 3.6. Additionally, community engagement that boosted elderly participation in prevention activities had a mean score of 3.41, while NGO and community-driven efforts aimed at reducing abuse frequency recorded a mean of 3.38. Community initiatives that fostered protection and respect for elderly individuals had a mean score of 3.47. The overall mean of 3.5 indicates that while NGOs and community actors make significant strides, their direct impact on diminishing abuse frequency is moderate and could be enhanced with more focused interventions.

The fourth objective analyzed the contributions of care homes and mass media in the prevention of elder abuse. Care homes that conducted educational campaigns achieved a mean score of 3.61. Mass media programs that encouraged participation in prevention efforts recorded a mean of 3.37, while the combined initiatives from care homes and mass media that aimed to reduce abuse frequency scored an average of 3.49. Additionally, caregiver-led initiatives that enhanced the protection of older adults achieved a mean score of 3.48. The overall mean of 3.5 confirms that both care homes and mass media positively contribute to social education efforts; however, their effectiveness in directly curbing abuse frequency and improving community participation remains at a moderate level.

Hypothesis testing revealed a notably strong and significant positive correlation between the involvement of care homes and social/mass media and the prevention of elder abuse through social education programs, with a Pearson correlation coefficient of $r = 0.943$. This value surpasses the critical threshold of 0.878 at the 0.05 significance level, leading to the rejection of the null hypothesis. Thus, it is confirmed that care homes and social/mass media have a substantial and beneficial impact on preventing elder abuse through social education, playing a crucial role in raising awareness, encouraging protective behaviors, and helping to lower the incidence of elder abuse within communities in Lagos State, Nigeria.

CONCLUSION

This study focused on assessing the role of social education in influencing the health of older adults, emphasizing awareness of elder abuse, reporting mechanisms, health outcomes, and the contributions of NGOs, care homes, community groups, and mass media in Lagos State, Nigeria.

The results underscore that social education has emerged as an essential resource for empowering older adults with the knowledge, coping strategies, and confidence necessary to identify, address, and report instances of elder abuse.

The data consistently reveal that older adults involved in social education initiatives experience significant gains in recognizing signs of abuse, a heightened willingness to report such incidents, and improved management of the physical and emotional health repercussions tied to elder abuse. Community engagement, campaigns led by NGOs, support from care homes, and mass media all play pivotal roles in enhancing these outcomes, fostering a broader protective and respectful environment for older population members.

While the direct impact on the rate of elder abuse may remain modest in some aspects, the overall findings confirm that social education serves as a meaningful and affirmative force in promoting healthy aging and combating elder abuse. The correlation coefficient ($r = 0.943$) strongly indicates that the active involvement of care homes and social/mass media in social education initiatives is crucial in preventing elder abuse and enhancing the well-being of older adults in Lagos State communities.

In light of this study's findings, the following recommendations are proposed. Government agencies and health authorities should enhance and expand social education programs aimed at older adults across various sectors. Embedding these programs within community health systems, hospitals, and care homes will facilitate ongoing delivery and broader access, especially in underserved regions of Lagos State and Nigeria as a whole. NGOs and community organizations ought to elevate their elder abuse prevention initiatives by employing more structured and evidence-based educational strategies. Regular outreach programs, town hall meetings, and peer-support groups should be organized to foster community involvement and motivate older adults to engage actively in abuse prevention efforts.

Care homes should establish dedicated social education units within their facilities, focusing on continuous training and awareness initiatives for both residents and caregivers. Regular professional development sessions for caregivers on identifying, reporting, and responding to signs of elder abuse are essential to maintaining safe and supportive environments for older adults. Mass media and social media platforms offer valuable opportunities for raising awareness about elder abuse. To effectively reach older adults, their families, and the broader community, broadcasting organizations, digital influencers, and community radio stations should work alongside health professionals and NGOs. Together, they can produce culturally sensitive and accessible content tailored to this demographic.

Policymakers play a crucial role in safeguarding older adults by enacting and enforcing robust legal frameworks against abuse. It is equally important to invest in social welfare programs that tackle underlying issues such as poverty, caregiver stress, and social isolation. Promoting public knowledge of existing legal protections for older adults through educational outlets is vital.

References

Aboderin, I. (2004). Decline in material family support for older people in urban Ghana, Africa: Understanding processes and causes of change. *Journal of Gerontology: Social Sciences, 59*(3), S128–S137.

Acierno, R., Hernandez, M. A., Amstadter, A. B., Resnick, H. S., Steve, K., Muzzy, W., & Kilpatrick, D. G. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: The National Elder Mistreatment Study. American Journal of Public Health, 100(2), 292–297. https://doi.org/10.2105/AJPH.2009.163089

Bambeni, T. (2022). *Ageing and health: A global perspective.* Academic Press.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design.* Harvard University Press.

Cadmus, E. O., & Owoaje, E. T. (2012). Prevalence and correlates of elder abuse among older women in rural and urban communities in South Western Nigeria. Health Care for Women International, 33(10), 973–984. https://doi.org/10.1080/07399332.2012.655394

Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). SAGE Publications.

Dong, X., Simon, M., Mendes de Leon, C., Fulmer, T., Beck, T., Hebert, L., Dyer, C., Paveza, G., & Evans, D. (2009). Elder self-neglect and abuse and mortality risk in a community-dwelling population. *JAMA*, 302(5), 517–526. https://doi.org/10.1001/jama.2009.1109

Dong, X. (2015). Elder abuse: Systematic review and implications for practice. *Journal of the American Geriatrics Society, 63*(6), 1214–1238. https://doi.org/10.1111/jgs.13454

Etikan, I., & Bala, K. (2017). Sampling and sampling methods. *Biometrics & Biostatistics International Journal, 5*(6), 215–217. https://doi.org/10.15406/bbij.2017.05.00149

Field, A. (2018). *Discovering statistics using IBM SPSS statistics* (5th ed.). SAGE Publications.

Freire, P. (1970). *Pedagogy of the oppressed.* Herder and Herder.

Friebe, J., & Schmidt-Hertha, B. (2013). Activities and barriers to education for elderly people. *Journal of Contemporary Educational Studies, 1*, 10–26.

Fulmer, T., Reuben, D. B., Auerbach, J., Fick, D. M., Galambos, C., & Johnson, K. S. (2021). Actualizing better health and health care for older adults. *Health Affairs, 40*(2), 219–225. https://doi.org/10.1377/hlthaff.2020.01470

HelpAge International. (2013). *Global AgeWatch index 2013: Insight report.* HelpAge International.

Johannesen, M., & LoGiudice, D. (2013). Elder abuse: A systematic review of risk factors in community-dwelling elders. Age and Ageing, 42(3), 292–298. https://doi.org/10.1093/ageing/afs195

Lachs, M. S., Williams, C. S., O'Brien, S., Pillemer, K. A., & Charlson, M. E. (1998). The mortality of elder mistreatment. *JAMA, 280*(5), 428–432. https://doi.org/10.1001/jama.280.5.428

Lachs, M. S., & Pillemer, K. A. (2015). Elder abuse. New England Journal of Medicine, 373(20), 1947–1956. https://doi.org/10.1056/NEJMra1404688

National Population Commission. (2022). *Nigeria demographic and health survey 2021.* NPC.

Payne, M. (2020). *Modern social work theory* (5th ed.). Bloomsbury Academic.

Pillemer, K., Burnes, D., Riffin, C., & Lachs, M. S. (2016). Elder abuse: Global situation, risk factors, and prevention strategies. *The Gerontologist, 56*(S2), S194–S205. https://doi.org/10.1093/geront/gnw004

Ploeg, J., Fear, J., Hutchison, B., MacMillan, H., & Bolan, G. (2009). A systematic review of interventions for elder abuse. *Journal of Elder Abuse & Neglect, 21*(3), 187–210. https://doi.org/10.1080/08946560902997593

Rappaport, J. (1987). Terms of empowerment/exemplars of prevention: Toward a theory for community psychology. *American Journal of Community Psychology, 15*(2), 121–148. https://doi.org/10.1007/BF00919275

Saunders, M., Lewis, P., & Thornhill, A. (2019). *Research methods for business students* (8th ed.). Pearson Education.

Stanley, B. (2008). *Older adults in African societies: Roles, challenges, and welfare.* African Studies Press.

Tavakol, M., & Dennick, R. (2011). Making sense of Cronbach's alpha. *International Journal of Medical Education, 2*, 53–55. https://doi.org/10.5116/ijme.4dfb.8dfd

Umeghalu, C. C., Ezenekwe, U. R., & Okoli, C. L. (2025). Socioeconomic Impediments of Development in Africa: A case of Nigeria. Tropical Africa Spectrum, 1(3), 1-21.

Umeghalu, C. C., Machi, I. O., & Chukwuka, S. M. (2025). Impact of Welfare Payments on Standard of Living in Nigeria: A Case of Anambra State. European Archive for Economics and Development Research, 1(3), 1-18.

UNESCO. (2015). Rethinking education: Towards a global common good? UNESCO Publishing.

UNESCO. (2015). *Education for all 2000–2015: Achievements and challenges.* UNESCO Publishing.

UNESCO. (2017). *Global education monitoring report: Accountability in education.* UNESCO Publishing.

World Health Organization. (2022). *Ageing and health.* https://www.who.int/news-room/fact-sheets/detail/ageing-and-health

World Health Organization. (2023). *Elder abuse.* https://www.who.int/news-room/fact-sheets/detail/elder-abuse

Yamane, T. (1967). *Statistics: An introductory analysis* (2nd ed.). Harper & Row.

Yon, Y., Mikton, C. R., Gassoumis, Z. D., & Wilber, K. H. (2017). Elder abuse prevalence in community settings: A systematic review and meta-analysis. *The Lancet Global Health, 5*(2), e147–e156. https://doi.org/10.1016/S2214-109X(17)30006-2