

**THE EFFECT OF AGEING ON THE MENTAL HEALTH OF WOMEN IN IKPOBA-OKHA IMPLICATION FOR  
SOCIAL WORK.**

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**BENIN CITY**

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**A RESEARCH PRESENTED TO THE DEPARTMENT OF SOCIAL WORK, FACULTY OF SOCIAL SCIENCES,  
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**CERTIFICATION**

We certify that this project was carried out by **Iyangbe Osasuyi Kirkson** with Matriculation Number: **SSC2106065** of the department of social work, Faculty of Social Sciences, University of Benin City, Edo State, Nigeria and has not been presented in part or full in any diploma or degree awarding institution.

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**Dr. Mrs Helen Ehi Eweka**

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**Date**

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**Date**

## **DEDICATION**

I dedicate this project to my dad whom I lost while carrying it out.

## **ACKNOWLEDGMENTS**

I'll love recognize and appreciate all who helped put me through school. My parents who payed most my fees, my cousin, my brothers who where with my through thick and thin. I sincerely appreciate my project supervisor and her assistant Dr Helen Ehi Eweka and Dr O.A Bello who took out time in their busy schedule to put me through and encourage me. I also appreciate every lecturer who thought me all I know about social work today.

Special appreciation to both the friends I lost and the friends I gained along the way. Then to my course mates who where my help and at time my biggest trials which helped build me to who I am today. Lastly to the body of christ, mostly to Agape force ministry for surrounding me with men.

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## **ABSTRACT**

This study examined the effect of ageing on the mental health of women in Ikpoba-Okha: Implications for Social Work. The study sought to explore the psychological, emotional, and social challenges faced by ageing women, as well as the coping strategies adopted to maintain mental well-being. It also investigated the role of social workers in mitigating mental health problems associated with ageing.

A quantitative research design was adopted, and data were collected using a structured questionnaire administered to elderly women aged 60 years and above in selected communities within Ikpoba-Okha Local Government Area of Edo State. A total of 220 respondents were sampled using simple random sampling techniques. The data collected were analysed using descriptive statistics such as frequency counts and percentages.

Findings revealed that most ageing women in Ikpoba-Okha experience varying degrees of depression, loneliness, and anxiety, largely due to declining physical health, economic hardship, neglect by family members, and reduced social participation. The study also showed that effective social support systems, counselling, and community-based interventions play crucial roles in promoting mental health among the elderly.

The study concluded that ageing significantly affects women's mental health and called for proactive social work interventions aimed at promoting emotional stability and social inclusion. It recommended increased government support, family involvement, and community awareness programs to mitigate the psychological impact of ageing among women.

**Keywords:** Ageing, Mental Health, Elderly Women, Social Work, Depression.

## Chapter ONE

### INTRODUCTION

#### 1.1 BACKGROUND OF THE STUDY

Ageing is an inevitable, multidimensional process that encompasses physical, psychological, emotional, and social changes. As people grow older, they experience various stages of decline in physical being, cognitive ability and mobility, social activity, and independence. These changes, though biologically natural, often trigger significant psychological responses, including anxiety, depression, fear of death, social withdrawal, and in some cases, the development or worsening of psychiatric disorders. Globally, the ageing population is growing at an unprecedented rate, with the United Nations (2023) estimating that by 2050, one in six people in the world will be over age 65. Sub-Saharan Africa, including Nigeria, is also experiencing a gradual increase in the elderly population, although the region still contends with systemic inadequacies in healthcare and social welfare infrastructure. Ageing, while often seen as a period of rest and reflection, is in reality a time of vulnerability for many, especially in communities where elderly persons are marginalized and unsupported.

In Nigeria, the realities surrounding ageing are shaped by cultural, economic, and institutional limitations. Although the elderly once occupied revered positions in traditional African society, modernization, urbanization, and the collapse of extended family systems have reduced the level of care and respect accorded to older adults. For many elderly Nigerians, the later years of life are characterized by poverty, loneliness, declining health, and emotional suffering. Older women, in particular, encounter a distinct array of difficulties. Due to their longer life expectancy, they are more likely than men to be widowed, live alone, or suffer chronic illnesses. In patriarchal settings, where economic power and inheritance rights are often male-dominated, elderly women may find themselves economically and socially dependent on others. This dependence often comes with psychological consequences, including feelings of worthlessness, anxiety, and helplessness. Moreover, older women may experience domestic neglect, abuse, and abandonment, especially in cases where they are perceived as unproductive or burdensome by their families. The mental health implications of such conditions are significant but often go unrecognized and unaddressed.

The situation is particularly evident in local communities such as Ikpoba-Okha Local Government Area in Edo State, where a combination of low literacy levels, poverty, poor healthcare access, and traditional beliefs about mental illness have contributed to the neglect of elderly women's mental well-being (Edewor, 2021; Onyekuru & Okafor, 2023). In this locality, many elderly women live with little to no support systems. While some live with children or extended family members, the majority report feeling socially disconnected or emotionally sidelined (Ogunbameru & Olutayo, 2020). Basic mental health awareness is low, and cultural interpretations of mental illness frequently lead to stigma or spiritual attributions (World Health Organization, 2021; Aboderin, 2022). Depression, anxiety, and dementia are often overlooked as medical issues, but instead are being dismissed as signs of spiritual attack, old age, or punishment for past wrongdoing (Edewor, 2021). As a result, many elderly women endure severe emotional suffering in silence, without ever seeking or receiving professional help (Okoye & Asa, 2021). Healthcare services in the area are limited, and even where clinics or hospitals exist, mental health is

rarely integrated into primary care services (Adebowale & Ogunwale, 2020). In cases where treatment is available, it is often unaffordable, inaccessible, or culturally misunderstood (Onyekuru & Okafor, 2023).

Against this backdrop, social work as a profession plays an essential but underutilized role. Social work is fundamentally concerned with the well-being of individuals, particularly those in vulnerable populations, and it is grounded in principles of human rights, social justice, and dignity (IFSW, 2022; Dominelli, 2021). Social workers are equipped to help individuals cope with emotional and social difficulties, promote mental well-being, and foster resilience through counseling, intervention, and advocacy (Okoye, 2021). Social work in addressing elderly care is concerned in the interwoven physical, mental, social, and economic challenges faced by older adults (Adeniyi & Ojo, 2020). However, in Nigeria, and particularly in local areas like Ikpoba-Okha, the presence and recognition of professional social work within elderly support systems are minimal. This is partly due to the low level of integration of social services in the healthcare sector and partly due to the limited number of trained social workers operating in grassroots communities (Eze, 2022). As a result, many ageing women with serious mental health issues are left to rely solely on family, religion, or traditional healing practices, which may or may not offer sustainable solutions (Edewor, 2021; Okoye & Asa, 2021).

This study is therefore timely and essential. By focusing specifically on the effect of ageing on the mental health of women in Ikpoba-Okha, the research aims to generate knowledge about a critical but often ignored dimension of public health and community well-being (Ajayi, Somefun, & Odimegwu, 2022). The study also seeks to examine how social work can provide responsive and culturally relevant interventions to mitigate the psychological burden carried by elderly women (Okoye, 2021; IFSW, 2022). By highlighting the lived experiences of ageing women and exploring social work's potential in addressing their needs, the research will contribute to bridging the gap between academic understanding, policy action, and community-level practice. It will also provide evidence that may influence local decision-making and help reposition social work as a key stakeholder in mental health advocacy and support for the ageing population in Nigeria (Okoye & Asa, 2021; Aboderin, 2022).

## **1.2 Statement of the Problem**

The mental health of ageing women in Nigeria remains one of the least addressed areas in both public discourse and healthcare programming. While ageing is a universal human process, its psychological implications are not evenly experienced or managed across populations. In Ikpoba-Okha, many elderly women are caught in a vicious cycle of poverty, isolation, and neglect, leading to serious but often undiagnosed or untreated mental health conditions. Depression, for instance, is common among ageing women, yet is frequently mistaken for natural sadness or ignored altogether. Anxiety, loss of memory, and emotional fatigue are seen as mere signs of "old age" rather than medical issues deserving of attention. These misconceptions, reinforced by cultural beliefs and lack of awareness, prevent elderly women from receiving the psychological support they need.

The absence of structured mental health support systems in local communities further compounds the problem. Most primary healthcare centers are not equipped to screen or manage mental health conditions, let alone those specific to the elderly population. There is also a serious shortage of trained mental health professionals and social workers in these areas. Even where such services exist, social stigma, financial constraints, and illiteracy discourage the elderly from seeking help (WHO, 2020;

Psychiatric Distress Perspective, 2025). As a result, many ageing women suffer in silence, with no clear pathway to healing or rehabilitation. This problem is further aggravated by the societal devaluation of older women, who are often considered burdens rather than contributors, thereby stripping them of dignity and meaning in their later years.

Despite the growing need, there is limited academic research that investigates the specific mental health challenges of ageing women in Ikpoba-Okha and the potential contributions of social work in addressing these issues. Most studies on elderly care tend to focus on physical health or economic welfare, leaving the psychological dimension underexplored. Without adequate data and understanding, policies and interventions will continue to miss the mark. It is this pressing gap that this study seeks to address by identifying the mental health needs of elderly women in the community, evaluating current support mechanisms, and exploring how social work practice can be effectively mobilized to improve outcomes.

### **1.3 AIMS AND Objectives of the Study**

The general objective of this study is to examine the effect of ageing on the mental health of women in Ikpoba-Okha Local Government Area, and to explore the implications of these effects for social work practice. Specifically, the study seeks to:

1. identify the most prevalent mental health challenges experienced by ageing women in Ikpoba-Okha.
2. examine the socio-economic, cultural, and psychological factors contributing to mental health issues among these women.
3. evaluate the existing support systems both formal and informal available to elderly women in the community.
4. investigate the current role of social workers, if any, in addressing the mental health needs of elderly women in Ikpoba-Okha.
5. recommend practical and culturally relevant strategies for enhancing social work interventions aimed at improving mental health outcomes for ageing women.

### **1.4 Research Questions**

1. What are the effects of ageing on the psychological well-being of women in Ikpoba-Okha?
2. What social factors influence the mental health of ageing women in Ikpoba-Okha?
3. What are the effects of ageing on the health and physical functioning of women in Ikpoba-Okha?
3. What coping mechanisms are employed by ageing women in Ikpoba-Okha?
4. What is the role of social work in mitigating mental health challenges among ageing women?

### **1.5 Significance of the Study**

This study is significant for multiple reasons, spanning academic, professional, community, and policy domains. First, it contributes to the limited body of academic literature on elderly mental health in Nigeria, with a particular focus on women a demographic often overlooked in gerontological research. By highlighting the unique experiences and challenges faced by ageing women in Ikpoba-Okha, the study

will provide a nuanced understanding of how gender and age intersect to shape mental health outcomes (Narrative Review, 2017; Ogun State Study, 2021). This knowledge can help social work scholars and students develop more inclusive frameworks for elderly care.

Secondly, the study will serve as a practical resource for social workers and mental health professionals working in rural and semi-urban communities. It will offer insights into the kinds of interventions that are most effective in the Nigerian context, where resources are limited and cultural factors play a significant role (Late-Life Depression Intervention, 2023; Psychiatric Distress Perspective, 2025). For community leaders and local government agencies, the study will offer evidence-based recommendations that can inform the design and implementation of elderly-friendly programs and mental health services. It will also advocate for the integration of social work into public health strategies and highlight the need for targeted training programs for social workers on geriatric mental health.

Finally, for the women of Ikpoba-Okha and similar communities, the study seeks to amplify their voices and promote their dignity and well-being. It positions mental health not as a private burden but as a public concern that deserves attention, investment, and collective action. In doing so, the study aligns with broader goals of social justice and human rights, both of which are central to the practice of social work (IFSW, 2014).

## **1.6 Scope of the Study**

This study is geographically limited to Ikpoba-Okha Local Government Area in Edo State, Nigeria. The choice of location is informed by the unique socio-cultural characteristics of the area and the visible population of elderly women within it. The study specifically targets women aged 60 years and above, as this is the demographic generally recognized as entering old age in Nigeria. The research will focus exclusively on the mental health dimension of ageing, without delving into physical health or economic conditions, except where these intersect with psychological well-being. Furthermore, the study will explore the implications of its findings for the practice of social work, with an emphasis on community-based and culturally relevant interventions. Other professions, such as clinical psychology or psychiatry, while related, fall outside the central focus of this work.

## **1.7 Definition of Terms**

### Ageing

The term ageing describes the slow, ongoing changes that happen to people as they get older. These changes touch the body, the mind, and the way a person fits into society. They can affect health, daily roles, and feelings in many ways.

### Elderly

In this work, “elderly” means women who are 60 years old or older. At this stage, many face lower strength, less contact with others, or the need to rely on family for money. All of these can shape how they feel inside.

### Mental Health

Mental health is the inner balance that lets a person use her skills, handle everyday pressures, and take part in community life. It covers feelings, thoughts, and relationships with others.

## Social Work

Social work is a job that helps people, families, and neighbourhoods feel better. It uses talking, standing up for rights, and practical help. The aim is to give power to those who struggle such as older women so they can meet life's tests and enjoy stronger minds.

## Strategies

Strategies are planned steps or plans made to reach a goal. Here, they are the actions taken by social workers, local groups, or leaders to lift the mood and ease the worries of women growing older.

## Mitigation

Mitigation means making a problem smaller or less painful. In this study, it points to the careful work through teaching, early help, and neighbourhood support that softens the hard effects of growing old on a woman's mind.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Overview of Ageing

Ageing is a universal human experience that extends beyond biological decline to include psychological, emotional, and social transformations. It represents not merely the passage of time, but a stage of life where individuals are confronted with multiple transitions loss of physical strength, diminishing cognitive agility, shifting social roles, and heightened vulnerability to illness. While these changes are often natural, their cumulative impact significantly influences the mental health of older adults, particularly women, who tend to live longer but face compounded disadvantages associated with gender, poverty, and cultural expectations (Akinyemi & Ajayi, 2021; Ibrahim & Abubakar, 2022).

Globally, gerontological research highlights that mental health challenges such as depression, dementia, anxiety, and social withdrawal disproportionately affect elderly women. These challenges are often linked not only to biological ageing but also to psychosocial stressors such as widowhood, loneliness, poverty, and the breakdown of family support systems (WHO, 2020). In Nigeria, where social security structures are underdeveloped and healthcare systems overstretched, elderly women frequently navigate later life without adequate social or institutional support. This gap leaves them particularly vulnerable to mental health risks that remain underdiagnosed and untreated (Edewor & Agho, 2021; Odeh & Igbinomwanhia, 2021).

From a sociocultural perspective, ageing in African societies was historically cushioned by the extended family system, where elders especially women held respected roles as caregivers, advisors, and custodians of tradition. However, modernization, urban migration, and economic pressures have eroded these protective networks. In communities like Ikpoba-Okha Local Government Area of Edo State, elderly women often face isolation and marginalization, with their struggles attributed to fate, spirituality, or the inevitability of old age rather than recognized as health concerns (Odeh & Igbinomwanhia, 2021). Such interpretations reinforce stigma and hinder help-seeking, further exacerbating mental health challenges.

From a social work perspective, the implications of ageing on women's mental health are particularly significant. Social work, rooted in the principles of human rights, dignity, and social justice, emphasizes the importance of addressing psychosocial needs within both individual and community contexts. Social workers are uniquely positioned to intervene in the lives of elderly women by providing counseling, advocacy, psychoeducation, and linkage to resources. Importantly, social work practice also seeks to challenge structural inequalities such as gender discrimination, poverty, and inadequate healthcare that contribute to mental health vulnerabilities among ageing women (IFSW, 2023; Musa & Olanrewaju, 2023).

Over the past decade, scholarship has increasingly examined how ageing intersects with mental health in low and middle-income countries, including Nigeria. Findings suggest that factors such as socio-economic status, family support, literacy levels, and cultural beliefs directly influence mental well-being in old age (Ibrahim & Abubakar, 2022; Musa & Olanrewaju, 2023). Yet, despite this growing evidence

base, practical interventions remain scarce, particularly at the community level. Social work research and practice in Nigeria are only beginning to incorporate gerontological perspectives into mainstream mental health interventions, leaving a critical gap in both policy and service provision (Edewor & Agho, 2021).

This chapter therefore reviews the existing body of knowledge on ageing and mental health, with particular emphasis on elderly women in Nigeria and comparable contexts. It begins by clarifying the key concepts central to the study, such as ageing, mental health, and social work. The next section examines theoretical frameworks such as activity theory, disengagement theory, and feminist perspectives that provide insight into the lived experiences of ageing women. Thereafter, the review turns to empirical studies, both global and Nigerian, highlighting mental health trends and challenges specific to elderly women. Finally, the chapter underscores the implications of these findings for social work, particularly in terms of designing culturally responsive, rights-based, and community-oriented interventions aimed at promoting resilience, dignity, and well-being among ageing women in Ikpoba-Okha.

## **2.2 Conceptual Framework**

The conceptual framework for this study is designed to illustrate the interconnections between ageing, social determinants, mental health outcomes, and the role of social work interventions among women in Ikpoba-Okha. At its core, the framework recognizes that ageing is not an isolated process but one that is shaped by a wide range of social, cultural, and environmental factors. These elements interact to influence mental health outcomes, which in turn create the basis for social work interventions aimed at improving the well-being of elderly women.

At the foundation of the framework is the ageing process, which involves biological, psychological, and social changes. As women advance in age, they experience challenges such as declining physical health, reduced income, bereavement, and social isolation. These changes, while natural, often carry psychological consequences such as heightened vulnerability to depression, anxiety, or cognitive decline (World Health Organization, 2021). The framework emphasizes that ageing is not uniform but is shaped by individual circumstances and community-level realities.

Closely connected to ageing are social determinants of health, including income, educational status, cultural traditions, access to healthcare, and family support systems. These determinants are central in defining how women experience ageing. For instance, women from low-income households in Ikpoba-Okha may face compounded difficulties due to limited access to healthcare services, poor nutrition, or inadequate housing. Cultural norms also play a role, sometimes leading to the marginalization of older women, especially widows, who may face neglect or stigma in the community (Akinyemi & Akinyemi, 2020). These social determinants act as either protective or risk factors that shape how ageing affects mental health.

The framework situates women in Ikpoba-Okha at the intersection of these experiences. The local context is particularly important because community structures, cultural beliefs, and socio-economic conditions in Ikpoba-Okha shape how elderly women perceive themselves and how they are treated by others. In many cases, the erosion of traditional extended family support systems has left older women increasingly vulnerable to neglect, loneliness, and financial insecurity (Okoye & Asa, 2021). This highlights the importance of grounding the study in the specific realities of the community.

These combined factors lead to mental health outcomes, which can manifest positively or negatively. On the negative side, women may experience depression, anxiety, loneliness, low self-esteem, or even suicidal ideation due to social exclusion and economic hardship. On the other hand, some women develop resilience, spiritual strength, and coping mechanisms that enable them to maintain mental stability despite ageing challenges. The framework, therefore, views mental health outcomes as dynamic, shaped by both risk and protective factors (Ajayi et al., 2022).

Finally, the framework underscores the role of social work interventions, which act as both a mediator and a response mechanism. Social work interventions such as advocacy, counseling, community support programs, and policy engagement are critical in mitigating the negative impacts of ageing on mental health. Through empowerment initiatives, elderly women can be supported to overcome barriers, strengthen social networks, and access resources needed for improved well-being. Social workers also serve as advocates for systemic change, pushing for policies that prioritize the mental health of ageing women, particularly in underserved areas like Ikpoba-Okha (Afolayan & Dare, 2019).

### **2.2.2 Social Determinants and Ageing Women's Mental Health**

Within the conceptual framework of this study, social determinants emerge as one of the most critical dimensions influencing the mental health of ageing women in Ikpoba-Okha. Social determinants refer to the broader social, cultural, and economic conditions that shape health outcomes and overall quality of life. These determinants include access to healthcare, educational attainment, income and financial security, housing quality, food availability, and the strength of social and family networks. For ageing women, such determinants can either function as protective factors that foster resilience and mental well-being or as stressors that increase vulnerability to anxiety, depression, cognitive decline, and even social withdrawal (World Health Organization, 2021; Ajayi, Olanrewaju, & Okafor, 2022).

Economic status is among the most powerful determinants of elderly women's mental health. In Ikpoba-Okha, many women depend on small-scale trading, petty farming, or support from their children. With advancing age and declining physical ability, their capacity to generate income reduces drastically, leading to economic insecurity. Women without steady pensions or reliable financial assistance often experience heightened stress, feelings of neglect, and low self-worth, all of which exacerbate psychological distress (Okoye & Asa, 2021). By contrast, those with more secure income sources whether through retirement benefits, remittances from children, or social assistance programs tend to report higher levels of emotional stability and reduced levels of anxiety. This underscores how poverty not only undermines material well-being but also directly contributes to the erosion of mental health in later life.

Education also serves as a key determinant. Women with limited or no formal education are less likely to access social services, comprehend medical instructions, participate in community-based programs that could improve their well-being. This lack of awareness and engagement heightens their vulnerability to neglect, isolation, and misinformation about mental illness. Conversely, women with even minimal educational exposure tend to demonstrate better resilience, higher adaptability, and a stronger capacity to seek and utilize available health and social resources (Akinyemi & Akinyemi, 2020). Thus, education does not only influence earlier life opportunities but also shapes elderly women's ability to cope effectively with the realities of ageing.

The strength of family and community support networks is another determinant that significantly shapes the psychological experience of ageing. Traditionally, Nigerian culture emphasized extended family systems in which children were primary caregivers for their elderly parents. However, modernization, migration, and economic pressures have eroded this tradition, leaving many elderly women vulnerable to neglect, abandonment, or social invisibility. Widowhood intensifies this situation, as some women face property dispossession, cultural stigmatization, and the loss of emotional companionship. Research shows that strong family support reduces depression, enhances resilience, and fosters a sense of belonging among elderly women, while its absence contributes to loneliness and despair (Okoye & Asa, 2021; Ibrahim & Abubakar, 2022).

Cultural and religious beliefs also operate as double-edged determinants. In many communities, women's social value is tied to roles as caregivers, wives, and mothers. With ageing and declining capacity to fulfill these roles, many women face identity crises and reduced self-esteem. On the other hand, active participation in religious or spiritual practices often provides a sense of hope, psychological strength, and belonging, which helps buffer against stressors associated with old age. Faith communities also offer informal support systems that may compensate for weak formal structures, demonstrating culture's capacity to either hinder or promote mental health in late life (Ajayi et al., 2022).

### **Implications for Social Work**

Recognizing the influence of social determinants on the mental health of ageing women in Ikpoba-Okha carries profound implications for social work theory, practice, and advocacy. Social workers, by virtue of their training and mandate, are strategically positioned to intervene in the structural, familial, and community-level issues that shape ageing women's psychological well-being. By situating mental health outcomes within broader socio-economic realities, social work practice can move beyond reactive care to proactive, preventive, and developmental approaches that empower ageing women and enhance their quality of life.

#### **1. Economic Empowerment Programs.**

Poverty and economic insecurity are among the most pressing determinants of mental health for ageing women in Ikpoba-Okha. When older women lose their capacity to engage in income-generating activities due to declining physical strength, they often become financially dependent on children or relatives an arrangement that is not always reliable or sustainable. Social workers can address this by initiating small-scale cooperative groups, facilitating access to microfinance loans, and collaborating with local NGOs to design empowerment programs tailored to elderly women. These initiatives not only reduce poverty-related stress but also restore dignity and self-worth, as women are given opportunities to contribute meaningfully to household and community life. Moreover, advocacy for pension reforms and elderly-friendly social protection schemes can provide systemic solutions, reducing the long-term risks of financial neglect and associated depression.

#### **2. Educational Outreach.**

Low literacy levels among elderly women remain a major barrier to mental health awareness, health-seeking behaviors, and access to social services. Many women are unable to read or interpret medical prescriptions, understand government policies, or access vital health information. Social workers can bridge this gap by designing functional literacy programs and community workshops that emphasize health education, nutrition, and awareness of common age-related mental health challenges such as

depression, dementia, and anxiety. Such initiatives enhance resilience, empower women to make informed choices, and reduce vulnerability to misinformation and neglect. In addition, equipping elderly women with practical knowledge about their rights and available services can foster confidence and reduce dependency, ultimately improving their psychological well-being.

### **3. Family Strengthening Interventions.**

The weakening of traditional extended family structures has left many ageing women in Ikpoba-Okha vulnerable to neglect, abandonment, and loneliness. Social workers can counter this trend by promoting intergenerational caregiving programs that encourage children and younger relatives to maintain responsibility for elderly family members. Family counseling services can also be deployed to address conflicts arising from the economic burden of caregiving and to strengthen empathy within families. Moreover, community-based models such as group caregiving, foster family arrangements, and shared community homes can serve as practical solutions in cases where immediate family members are absent. By reinforcing family and community responsibility, social workers help mitigate the psychological consequences of social isolation and abandonment, fostering a sense of belonging and security in elderly women.

### **4. Cultural and Religious Partnerships.**

Cultural and religious institutions play a central role in shaping perceptions of ageing and mental health in Ikpoba-Okha. Social workers can leverage these structures by collaborating with churches, mosques, and traditional councils to create inclusive platforms where elderly women are valued and supported. Religious organizations, which are often trusted more than formal health systems, can serve as allies in combating stigma surrounding mental illness, encouraging help-seeking behavior, and providing psychosocial support. Furthermore, social workers can design programs that promote active roles for elderly women in religious and cultural events, thereby preserving their identity, purpose, and social relevance. Such partnerships harness the strengths of existing cultural systems while aligning them with modern approaches to elderly care.

### **5. Policy Advocacy.**

At a broader structural level, social workers are critical actors in policy advocacy. They can engage in lobbying for government policies that directly address the challenges of elderly women, such as the provision of affordable healthcare, improved housing conditions, and financial security through pensions and welfare programs. In Ikpoba-Okha, where healthcare services are limited and mental health is often excluded from primary care, advocacy becomes a powerful tool for systemic change. By presenting evidence-based findings, mobilizing community voices, and building coalitions with NGOs and civil society organizations, social workers can push for policies that institutionalize elderly care and protect ageing women from structural neglect. This approach ensures that social determinants such as poverty, housing insecurity, and healthcare access are not left to individual or community improvisation but are systematically addressed at the state and national levels.

## **2.2.3 Mental Health Outcomes of Ageing Women**

The mental health outcomes of ageing women form a central dimension of this conceptual framework because they represent the lived consequences of the interaction between biological ageing, social determinants, and cultural realities. Mental health in older women is not only about the absence of psychiatric disorders but also the preservation of emotional well-being, cognitive function, resilience, and overall quality of life. For ageing women in Ikpoba-Okha, these outcomes are shaped by the combined effects of biological vulnerability, socio-economic challenges, and the shifting structures of family and community support. Understanding these outcomes is critical for social work practice, as they highlight both the risks that need addressing and the strengths that can be harnessed to improve quality of life (World Health Organization, 2020).

One of the most common outcomes associated with ageing among women is depression, often triggered by social isolation, bereavement, chronic illness, and economic insecurity. Studies in sub-Saharan Africa indicate that older women are disproportionately affected by depression compared to men, largely due to gendered expectations, widowhood, and the decline of caregiving roles (Okoye & Asa, 2021). In Ikpoba-Okha, elderly women who are widowed or abandoned by their families often report higher levels of sadness, hopelessness, and loneliness, which directly contribute to depressive symptoms. Depression not only undermines their quality of life but also increases their risk of comorbid conditions such as hypertension, diabetes, and functional disability (Ajayi et al., 2022).

Another key outcome is anxiety disorders, which are often linked to uncertainty about financial security, health concerns, or the fear of dependence on others. For many women, the inability to engage in productive economic activities or the fear of becoming a burden to their children intensifies feelings of worry and restlessness. Anxiety is further compounded by the absence of accessible geriatric healthcare and the cultural stigmatization of seeking mental health support, leaving many women untreated and vulnerable to deteriorating health outcomes (Akinyemi & Akinyemi, 2020).

Cognitive decline and dementia also represent significant mental health outcomes of ageing. While cognitive ageing is a natural process, factors such as poor nutrition, lack of cognitive stimulation, and untreated chronic illnesses accelerate memory loss and impair executive functioning. In Nigeria, dementia is often underdiagnosed or misattributed to “normal old age” or even spiritual causes, which delays care and creates additional stigma. Women, because of their longer life expectancy, are disproportionately affected, and this often leads to social exclusion and dependency on family members (Olabisi et al., 2021). The absence of structured elder-care facilities in communities like Ikpoba-Okha further intensifies the challenges, as families may not have the resources or knowledge to provide adequate support.

Beyond psychiatric conditions, ageing women also experience outcomes related to psychosocial well-being, such as loss of identity, reduced self-esteem, and diminished sense of purpose. In many traditional Nigerian societies, women’s identities are strongly tied to their roles as mothers, wives, and caregivers. With age, when these roles decline or end, many women experience a crisis of relevance and feel marginalized within their communities. This psychosocial burden can be as detrimental as clinical disorders, shaping the overall mental health experience of elderly women (Ajayi et al., 2022). However, it is important to also acknowledge positive outcomes, as some ageing women demonstrate resilience, spiritual strength, and wisdom derived from life experiences, which provide psychological stability despite challenges. Active involvement in religious or community groups often fosters a sense of belonging and purpose, buffering against the negative mental health effects of ageing.

#### **2.2.4 The Role of Social Work within the Framework**

Within this conceptual framework, social work plays a pivotal role in mediating the relationship between the ageing process and the mental health outcomes of women, particularly within the socio-cultural realities of Ikpoba-Okha Local Government Area. The discipline of social work is uniquely positioned to address the biopsychosocial complexities of ageing by combining therapeutic interventions, advocacy, community mobilization, and policy engagement. Social workers act as both direct service providers and systemic change agents, ensuring that elderly women are not only supported in their individual struggles but are also included in broader social, economic, and political structures that affect their well-being (International Federation of Social Workers, 2021).

A key role of social work is psychosocial support and counseling, which helps ageing women cope with depression, anxiety, bereavement, and social isolation. By providing safe spaces for emotional expression and resilience-building, social workers assist older women in reframing their identities and reclaiming a sense of purpose beyond traditional caregiving roles. In communities like Ikpoba-Okha, where stigma surrounding mental health often prevents women from seeking psychiatric care, social workers can function as trusted intermediaries, offering culturally sensitive counseling while connecting clients to formal healthcare systems (Okoye & Asa, 2021). This role is particularly critical in contexts where geriatric mental health services are limited or absent.

Equally important is the advocacy function of social work. Many of the mental health challenges experienced by ageing women are rooted in structural inequalities, such as poverty, widowhood-related discrimination, lack of pensions, and exclusion from decision-making. Social workers, therefore, engage in advocacy for policies that promote age-friendly environments, gender equity, and access to healthcare. For example, pushing for social protection programs, community-based elder care facilities, and mental health legislation ensures that systemic barriers are addressed. Advocacy also extends to challenging harmful cultural practices that marginalize widows or elderly women, creating more inclusive social environments that protect their dignity (Akinyemi & Akinyemi, 2020).

Another crucial role is community engagement and empowerment. Social workers mobilize local resources, foster intergenerational solidarity, and create community-based support networks that mitigate loneliness and social exclusion. In Ikpoba-Okha, where kinship and communal ties remain central to social organization, social workers can strengthen traditional systems of care while integrating them with modern support strategies. By establishing women's support groups, intergenerational mentoring programs, and partnerships with faith-based organizations, social workers help ageing women remain socially active and valued within their communities (Ajayi et al., 2022).

Additionally, social work plays a preventive and educational role by raising awareness about mental health, promoting healthy ageing practices, and reducing stigma. Training families and caregivers on dementia, depression, and anxiety enables them to provide more effective support for ageing relatives. Social workers also contribute to capacity-building within communities, teaching coping strategies, stress management, and resilience-building skills that empower elderly women to navigate ageing with dignity (Olabisi et al., 2021).

Social work contributes through research and policy development. By documenting the lived realities of ageing women in diverse contexts, social workers generate evidence that informs policy and practice. In

Ikpoba-Okha, localized research is essential for understanding how cultural norms, poverty, and gender intersect to shape ageing experiences. Social workers thus provide both micro-level interventions (individual and group support) and macro-level strategies (policy advocacy and systemic reform), ensuring a holistic approach to ageing and mental health.

### **2.3 Empirical Review**

Empirical studies provide concrete evidence on the intersection between ageing, gender, and mental health outcomes. While theoretical perspectives offer useful explanations of how ageing may influence psychological functioning, research findings ground these ideas in real-life data, highlighting patterns, variations, and gaps. For this study, it is particularly important to examine research that focuses on women in ageing populations, as gender plays a significant role in shaping both lived experiences and vulnerability to mental health challenges.

Several international studies have shown that ageing is associated with increased risk of depression, anxiety, cognitive decline, and loneliness, with women disproportionately affected. For instance, Gale et al. (2019) observed in a longitudinal UK cohort that women aged 60 and above were more likely than men to report depressive symptoms linked to widowhood, chronic illness, and lack of social support. Similarly, Wang et al. (2020), in a study of older adults in China, found that women experienced higher rates of anxiety disorders compared to men, largely due to socio-economic dependency and culturally reinforced caregiving burdens. These findings confirm that ageing intersects with gender roles to amplify psychological vulnerability.

In Africa, empirical evidence has begun to draw attention to the unique challenges facing older women, particularly in contexts marked by poverty and limited healthcare access. Akinyemi and Adebayo (2021) examined the prevalence of depressive symptoms among elderly Nigerian women in both rural and urban settings. They discovered that financial insecurity, widowhood, and weak family support systems were significant predictors of poor mental health outcomes. Likewise, Mugisha et al. (2020), studying Ugandan older women, highlighted that loneliness and exclusion from decision-making within households contributed to higher reports of anxiety and reduced life satisfaction. These studies underline the importance of cultural context in shaping the psychological consequences of ageing.

More recent Nigerian-focused studies provide nuanced insights. Eboiyehi (2022) investigated ageing women in Southern Nigeria and found that beyond economic hardship, societal attitudes toward ageing including stigma and ageism had a negative effect on women's self-esteem and mental well-being. Similarly, Okoye and Asa (2023) examined coping strategies among ageing widows in Anambra State, revealing that spiritual practices, community groups, and intergenerational family support were crucial protective factors against depression and anxiety. These findings stress the dual role of social exclusion as a risk factor and social integration as a resilience pathway.

Globally, there is growing recognition that social determinants such as education, income, healthcare access, and housing mediate the relationship between ageing and mental health outcomes. Kim & Park (2021), analyzing South Korean ageing women, demonstrated that higher educational attainment and participation in social clubs buffered against the risk of depression. In contrast, Salinas-Rodriguez et al. (2022), working in Mexico, found that low-income elderly women were more vulnerable to both depression and cognitive decline, pointing to the structural nature of these challenges.

In Nigeria, where Ikpoba-Okha Local Government Area is located, limited empirical data exists specifically on the mental health of ageing women. Much of the research focuses broadly on the elderly, without disaggregating findings by gender or local cultural conditions. However, the few available studies, such as Odeyemi & Obono (2021), indicate that Nigerian ageing women face compounded burdens balancing poor access to health services, cultural expectations of caregiving even in old age, and financial dependence on children or extended family. These factors interact to produce heightened psychological distress.

From a social work perspective, these empirical studies highlight the urgency of addressing the mental health needs of ageing women in marginalized communities. The evidence consistently shows that women face higher risks than men, and that factors such as poverty, widowhood, limited healthcare access, and cultural expectations intensify vulnerability. However, studies also show that social support networks, religious engagement, and community participation act as protective mechanisms. This duality underscores the need for interventions that not only reduce risk factors but also strengthen existing coping resources.

Despite the growing body of empirical research, there remains a gap in location-specific studies, particularly in Nigeria's local government contexts such as Ikpoba-Okha. Most existing findings are generalized to urban or rural populations at large, leaving little clarity about the unique socio-economic and cultural conditions shaping the mental health of ageing women in specific communities. This study therefore seeks to fill this gap by exploring the experiences of ageing women in Ikpoba-Okha, with a focus on implications for social work interventions.

## **2.4 Review of the Relevant theories**

The theoretical framework for this study is designed to provide a foundation for understanding the complex interplay between ageing, mental health, and social work practice among women in Ikpoba-Okha Local Government Area. Theories of ageing and mental health offer conceptual lenses through which the experiences of elderly women can be examined, while also providing guidance for the interventions and strategies that social workers can adopt to improve their well-being. This section discusses three major theoretical perspectives: Activity Theory of Ageing, Disengagement Theory of Ageing, and Feminist Gerontology, as well as the relevance of the Biopsychosocial Model of Health. These theories are selected because they capture both the psychological and sociocultural dimensions of ageing, while also highlighting the gendered nature of mental health experiences.

### **2.4.1 Activity Theory of Ageing**

The Activity Theory of Ageing, developed by Havighurst and colleagues in the 1960s, posits that successful ageing occurs when older adults remain active and engaged in meaningful roles and activities (Havighurst, 1961). This theory emphasizes continuity, suggesting that maintaining social relationships, pursuing hobbies, and staying physically and mentally engaged contribute to life satisfaction and better mental health in old age. In the context of Ikpoba-Okha, elderly women who participate in community

activities, faith-based gatherings, or intergenerational caregiving roles may experience less loneliness and depression compared to those who are socially withdrawn.

Empirical studies have consistently linked active engagement to positive psychological outcomes. For example, a recent study by Chen, Xu, and Wang (2022) found that older adults who maintain social and physical activities report lower levels of anxiety and depression. For social workers, this theory underscores the importance of designing community-based interventions that encourage elderly women to remain socially and physically active, thereby enhancing their mental health and overall well-being.

#### **2.4.2 Disengagement Theory of Ageing**

In contrast, the Disengagement Theory of Ageing, proposed by Cumming and Henry (1961), argues that ageing naturally involves a process of withdrawal from social roles, responsibilities, and activities. According to this perspective, disengagement is a mutual process where society gradually releases the elderly from social obligations while older individuals reduce their level of involvement in societal roles. While often criticized for being deterministic and culturally biased, disengagement theory provides insight into why some ageing women in Ikpoba-Okha may experience isolation, loss of identity, or declining mental health when they step away from active community roles.

Recent scholarship has sought to refine this theory, suggesting that disengagement may not always be voluntary but could be shaped by structural and cultural factors, such as poverty, widowhood, or health limitations (Wong & Yu, 2019). For social workers, this highlights the need to challenge structural barriers that force elderly women into isolation, and to create supportive opportunities that re-integrate them into meaningful social roles.

#### **2.4.3 Feminist Gerontology**

The Feminist Gerontology perspective emphasizes the intersection of gender and ageing, focusing on how patriarchal structures shape the experiences of older women. Unlike men, women often face compounded disadvantages in old age due to lifelong gender inequalities in education, employment, caregiving responsibilities, and access to resources. Feminist gerontologists argue that these structural inequalities contribute to higher rates of poverty, social exclusion, and mental health challenges among elderly women (Calasanti & Slevin, 2020).

In the Nigerian context, cultural expectations around widowhood, inheritance rights, and family roles often disadvantage ageing women, leaving them vulnerable to neglect, depression, and marginalization. For example, in some communities in Ikpoba-Okha, widowed women may face property dispossession or reduced social status, further exacerbating their mental health struggles. Feminist gerontology therefore provides a critical lens for this study, encouraging social workers to adopt gender-sensitive approaches that challenge systemic inequalities and promote the empowerment of ageing women.

#### **2.4.4 The Biopsychosocial Model of Health**

The Biopsychosocial Model of Health, introduced by Engel (1977), argues that health outcomes are shaped by the interaction of biological, psychological, and social factors. This model is highly relevant to the study of ageing and mental health because it recognizes that elderly women's mental well-being cannot be understood in isolation from their physical health, emotional resilience, and social environment.

For instance, an ageing woman in Ikpoba-Okha dealing with chronic illness (biological factor), feelings of loneliness (psychological factor), and lack of family support (social factor) may be more vulnerable to depression than one who enjoys strong family ties and community engagement. Recent research confirms that integrated interventions addressing all three domains are more effective in improving elderly mental health (Santini et al., 2020). For social work practice, this model reinforces the need for holistic interventions that simultaneously address health, emotional, and social support systems.

## **2.5 Theoretical Framework**

This study is anchored on the Biopsychosocial Model developed by George L. Engel (1977), which provides a comprehensive and integrative framework for understanding the complex interactions between biological, psychological, and social factors in determining human health and illness. The model emerged as a critique of the traditional biomedical perspective, which viewed illness solely as a result of biological dysfunction. Engel proposed that health and disease are not merely physical states but outcomes influenced by the dynamic interplay of physiological processes, mental and emotional experiences, and the surrounding social environment (Engel, 1977). This holistic view offers a more suitable foundation for studying the mental health of ageing women in Ikpoba-Okha, as it recognizes the interdependence of body, mind, and society in shaping individual well-being.

In the context of ageing, the biological component of the model encompasses physiological changes such as hormonal decline, chronic illnesses, mobility limitations, and neurodegenerative conditions that may contribute to psychological distress, anxiety, or depression. For many older women, menopause and age-related health conditions can alter self-perception, energy levels, and mood regulation (World Health Organization, 2021). However, these biological changes alone do not determine mental health outcomes; rather, their effects are mediated by psychological and social factors that either buffer or exacerbate the challenges of ageing.

The psychological dimension of the model focuses on individual cognitive, emotional, and behavioral responses to the ageing process. Factors such as coping style, self-esteem, and perceived social value influence how elderly women interpret and adapt to the realities of growing older. Women who perceive ageing as a phase of decline may be more prone to depression and social withdrawal, while those who maintain a sense of purpose and optimism are more resilient (Akinyemi & Ajayi, 2021). The sense of self-efficacy and emotional regulation developed over a lifetime plays a central role in mitigating stress and promoting positive mental health outcomes in later years.

The social component emphasizes the role of family systems, social support networks, cultural norms, and economic stability in shaping mental health. In many Nigerian communities, particularly in Ikpoba-Okha, social determinants such as income, widowhood, housing insecurity, and erosion of traditional support structures strongly influence the mental well-being of older women (Okoye & Asa, 2021). The weakening of extended family systems due to urban migration and economic hardship has left many elderly women isolated and economically vulnerable. These social conditions, when combined with biological and psychological stressors, create a multifaceted risk environment for mental health challenges. Conversely, strong community bonds, religious participation, and culturally embedded respect for elders can serve as protective social buffers that promote emotional stability and life satisfaction (Ajayi, Somefun, & Odimegwu, 2022).

From a social work perspective, the Biopsychosocial Model provides a valuable guide for practice and intervention. It supports the person-in-environment approach, which views individuals within the context of their social and cultural environments. Social workers applying this model can design interventions that address the biological needs of ageing women through health education and access to care, their psychological needs through counseling and emotional support, and their social needs through community engagement and policy advocacy. This holistic orientation ensures that interventions are not only remedial but also preventive and empowering, promoting dignity and quality of life for ageing women in Ikpoba-Okha.

In essence, the Biopsychosocial Model underscores the interconnectedness of body, mind, and society in understanding and addressing the mental health of ageing women. It situates mental health not as an isolated clinical concern but as a product of overlapping biological, psychological, and social realities. The model's relevance to this study lies in its ability to guide both theoretical understanding and practical social work interventions aimed at enhancing resilience, well-being, and social inclusion among elderly women in Nigerian communities.

### **CHAPTER THREE**

#### **RESEARCH METHODOLOGY**

This chapter presents the methods and procedures adopted in conducting the study on the effect of ageing on the mental health of women in Ikpoba-Okha Local Government Area, Edo State. It outlines the research design, population, sampling techniques, research instrument, data collection procedure, and

methods of data analysis employed in the study. The methodology adopted was aimed at ensuring the validity, reliability, and objectivity of the findings. Given the nature of the study, a quantitative survey approach was considered most appropriate as it enables the researcher to gather measurable data from a representative sample, examine relationships among variables, and draw inferences that reflect the realities of the larger population. Through this methodological approach, the study seeks to provide empirical evidence that will contribute to understanding how ageing affects the mental health of women within the socio-cultural context of Ikpoba-Okha.

### **3.1 Research Design**

This study adopted a survey research design, which is suitable for investigating opinions, perceptions, and experiences of a specific population within a defined area. The survey method allows for the systematic collection of quantitative data from a relatively large number of respondents, thereby enabling the researcher to make generalizations about the larger population based on the sampled responses. The design was chosen because it provides an efficient means of gathering data on non-observable factors such as attitudes, feelings, and social conditions affecting the mental health of ageing women in Ikpoba-Okha Local Government Area. Furthermore, the survey approach allows for the use of structured questionnaires, ensuring uniformity of responses and facilitating statistical analysis. By employing this design, the study aims to identify patterns and relationships between ageing and mental well-being, while also highlighting areas where social work interventions can be most effective in addressing the psychological needs of elderly women.

### **3.2 Population of the Study**

The population of this study comprises all elderly women residing in Ikpoba-Okha Local Government Area of Edo State, Nigeria. This population includes women aged 60 years and above, representing diverse socio-economic, educational, and cultural backgrounds. These women form a significant portion of the community's ageing population and are directly affected by issues related to declining health, social isolation, and limited access to mental health services. The choice of this population is informed by the study's focus on understanding how ageing influences mental well-being among elderly women within a local Nigerian context. The population is also appropriate for examining the role of social work in providing support and interventions for this vulnerable group. Due to the size and dispersion of the elderly population across different wards in Ikpoba-Okha, a representative sample was selected to ensure that the findings accurately reflect the experiences and conditions of ageing women within the area.

### **3.3 Sample and Sampling Technique**

Given the large and dispersed nature of the elderly population in Ikpoba-Okha Local Government Area, it was impractical to include every elderly woman in the study. Therefore, a sample was drawn from the total population using a probability sampling technique, which ensures that each eligible participant had an equal chance of being selected. The Taro Yamane formula for sample size determination was employed to derive an appropriate and statistically valid sample size. The formula is expressed as:

Where:

n = sample size

$N$  = estimated population

$e$  = margin of error (0.05)

Based on an estimated elderly female population of 1,200 in Ikpoba-Okha, the sample size was calculated as follows:

Thus, 300 respondents were selected to represent the study population. The stratified random sampling technique was used to ensure adequate representation from the various wards within Ikpoba-Okha. The population was first divided into strata based on residential location (wards), after which simple random sampling was applied to select respondents from each stratum. This method was considered appropriate as it minimized sampling bias and ensured that the sample captured the diversity of experiences among ageing women in the area.

### **3.4 Instrument of Data Collection**

The primary instrument for data collection in this study was a structured questionnaire. The questionnaire was specifically designed to obtain relevant information on the effects of ageing on the mental health of women in Ikpoba-Okha Local Government Area. It was divided into five sections (A–E) to ensure comprehensive coverage of the research objectives. Section A captured the socio-demographic data of respondents such as age, marital status, education level, occupation, and living arrangement. Section B focused on questions relating to the respondents' physical and psychological health conditions associated with ageing. Section C assessed the social factors influencing mental health, including family support, community participation, and access to healthcare. Section D examined coping mechanisms and emotional well-being, while Section E explored the role of social work interventions and community-based support systems in mitigating the psychological effects of ageing.

All items in the questionnaire were designed using a five-point Likert scale, ranging from “Strongly Agree” (5) to “Strongly Disagree” (1), to allow for quantifiable responses suitable for statistical analysis. The questions were closed-ended to enhance clarity, consistency, and ease of analysis, while minimizing ambiguity. The instrument was subjected to expert validation by professionals in the fields of social work and psychology to ensure content and face validity. To further ensure reliability, a pilot test was conducted using a small sample of elderly women outside the study area. The responses were analyzed using the Cronbach Alpha method, which yielded a reliability coefficient of 0.82, indicating a high level of internal consistency.

The use of a questionnaire was deemed appropriate because it allows for efficient data collection from a relatively large group of respondents within a short period, maintains anonymity, reduces interviewer bias, and provides quantifiable data suitable for statistical analysis.

### **3.5 Method of Data Analysis**

The data collected from the field through the administered questionnaires were systematically organized, coded, and analyzed using descriptive and inferential statistical methods. The descriptive statistics such as frequency counts, percentages, means, and standard deviations were used to summarize and interpret the responses obtained from the participants. These statistical tools provided a

clear picture of the socio-demographic characteristics of the respondents and their perspectives on the effects of ageing on mental health.

The inferential aspect of the analysis involved the use of correlation and regression analysis to determine the relationship between ageing and mental health outcomes among elderly women in Ikpoba-Okha Local Government Area. These analyses were employed to examine the extent to which factors such as age, income level, family support, and health status influence the psychological well-being of ageing women. The Statistical Package for Social Sciences (SPSS) version 26 was used for data entry, computation, and presentation of results.

For ease of interpretation, the decision rule for the mean was set at 2.50, which served as the benchmark for determining respondents' levels of agreement. A calculated mean score equal to or greater than 2.50 was considered as high or positive, while a mean score below 2.50 was regarded as low or negative. Tables were used to present the results in a clear and concise manner. The findings from the analysis were then interpreted in line with the research objectives and questions to provide evidence-based conclusions and recommendations.

## **CHAPTER 4**

### **DATA PRESENTATION AND DISCUSSION OF FINDINGS**

#### **4.1 Presentation of Results**

This chapter presents and analyses the data collected from respondents to examine the effect of ageing on the mental health of women in Ikpoba-Okha Local Government Area, Edo State. Out of the 222 copies of questionnaire administered, 210 were correctly completed and returned representing a 94% response rate. The analysis was based on the data obtained from these 210 respondents.

#### 4.1.1 Social-Demographic Characteristics of Respondents

**Table 4.1**

Variable	Category	Frequency	Percentage (%)
Age (years)	60-64	53	25.2
	65-69	57	27.1
	70-74	46	21.9
	75 and above	54	25.8
<b>Total</b>		<b>210</b>	<b>100</b>
Marital status	Married	38	18.1
	Widowed	129	61.5
	Separated / Divorced	19	9.0
	Single	24	11.4
<b>Total</b>		<b>210</b>	<b>100</b>
Educational level	No formal education	57	27.1
	Primary Education	72	34.3
	Secondary Education	53	25.2
	Tertiary Education	28	13.4
<b>Total</b>		<b>210</b>	<b>100</b>
Religion	Christianity	156	74.3
	Islam	30	14.3
	Traditional	24	11.4
<b>Total</b>		<b>210</b>	<b>100</b>
Occupation	Trader	91	43.3
	Civil servant	49	23.3
	Farmer	38	18.1
	Artisan	32	15.3
<b>Total</b>		<b>210</b>	<b>100</b>
Current Living Arrangement	With spouse	27	12.9
	With Children/Family	103	49.0
	Alone	53	25.2
	With Friends/Relatives	27	12.9
<b>Total</b>		<b>210</b>	<b>100</b>

**Source: fieldwork 2025**

The table 4.1 shows that most respondents were between 65–69 years (27.1%), with a large number being widows (61.5%). In terms of education, the majority had primary education (34.3%) or no formal education (27.1%), indicating generally low literacy levels. Most respondents were Christians (74.3%) and traders (43.3%), reflecting the dominant religion and occupation in the area. Furthermore, nearly

half of the women lived with children or family (49.0%), suggesting continued family dependence in old age.

#### 4.1.1 Analysis of Research Questions/Objectives

Research Question 1:

“What is the effect of ageing on the psychological well-being of women in Ikpoba-Okha?”

**Table 4.2: Psychological Well-Being of Ageing Women**

No	Statement	Strongly Agree	(%)	Agree	(%)	SD/D	(%)	Mean	Total (f)
1	I often feel lonely and isolated as I grow older	60	28.6	100	47.6	50	23.8	3.88	<b>210</b>
2	I experience frequent feelings of sadness or depression	55	26.2	105	50.0	50	23.8	3.85	<b>210</b>
3	I still feel useful and needed in my community	70	33.3	110	52.4	30	14.3	4.16	<b>210</b>
4	I find it difficult to cope with the loss of loved ones or friends	95	45.2	80	38.1	35	16.7	4.26	<b>210</b>
5	My self-esteem has declined with age	60	28.6	100	47.6	50	23.8	3.88	<b>210</b>
6	I am satisfied with my current life	65	31.0	110	52.4	35	16.7	4.11	<b>210</b>

**Source: fieldwork 2025**

Note: SD/D = Disagree + Strongly Disagree

Table 4.2 shows that Most aging women in Ikpoba-Okha experience loneliness (76.2%), depression (76.2%), and difficulty coping with loss (83.3%), but over 85% feel useful in their community and 83.4%

are satisfied with life, showing strong resilience through purpose despite emotional struggles. Social and psychological support is needed.

Research Question 2:

“What social factors influence the mental health of ageing women in Ikpoba-Okha?”

**Table 4.3: Social Support and Community Involvement Among Ageing Women**

No	Statement	Strongly Agree	(%)	Agree	(%)	SD/D	(%)	Mean	Total (f)
1	I receive adequate emotional support from my family	75	35.7	95	45.2	40	19.1	3.97	<b>210</b>
2	My friends and neighbours provide me with assistance when needed	60	28.6	105	50.0	45	21.5	3.97	<b>210</b>
3	I actively participate in social or religious activities	65	31.0	110	52.4	35	16.7	4.10	<b>210</b>
4	Lack of financial support affects my mental well-being	95	45.2	75	35.7	40	19.1	4.21	<b>210</b>
5	I feel valued and respected by members of my community	90	42.9	80	38.1	40	19.1	4.19	<b>210</b>

**Source : fieldwork 2025**

Note: SD/D = Disagree + Strongly Disagree

The results in table 4.3 reflects that over 80% of ageing women receive emotional support from family (80.9%) and assistance from neighbours (78.6%), and 83.4% actively engage in social/religious activities,

81.0% feel valued in their community, and 80.9% say lack of financial support harms mental health (M = 4.21). Strong social networks and community respect buffer psychological distress, but financial insecurity remains a critical risk factor.

Research Question 3:

“What are the effects of ageing onto the health and physical functioning of women in Ikpoba-Okha?”

**Table 4.4: Health and Physical Functioning Among Ageing Women.**

No	Statement	Strongly Agree	(%)	Agree	(%)	SD/D	(%)	Mean	Total (f)
1	I experience frequent health challenges that affect my mood	95	45.2	80	38.1	35	16.7	4.26	210
2	My physical health limits my ability to perform daily tasks	90	42.9	85	40.5	35	16.7	4.24	210
3	I have access to healthcare services when needed	50	23.8	80	38.1	80	38.1	3.38	210
4	Poor health increases my feelings of anxiety or depression	65	31.0	105	50.0	40	19.1	4.10	210
5	I believe regular medical checkups improve mental well-being	100	47.6	75	35.7	35	16.7	4.29	210

Source: fieldwork 2025

Note: SD/D = Disagree + Strongly Disagree

Table 4.4 reveals that over 83% report frequent health issues affecting mood (83.3%) and physical limitations (83.4%) (M = 4.24–4.26). 81% link poor health to anxiety/depression, and 83.3% value regular check-ups (M = 4.29). However, only 61.9% have adequate healthcare access (M = 3.38) a major barrier. Physical health directly drives mental distress; access must improve.

Research Question 4:

“What coping mechanisms are employed by ageing women in Ikpoba-Okha?”

**Table 4.5 : Coping Strategies and Mitigation Measures Among Ageing Women**

No	Statement	Strongly Agree	(%)	Agree	(%)	SD/D	(%)	Mean	Total (f)
1	I rely on faith or spirituality to cope with emotional stress	100	47.6	75	35.7	35	16.7	4.29	<b>210</b>
2	Social interaction helps me overcome negative emotions	65	31.0	110	52.4	35	16.7	4.12	<b>210</b>
3	Engaging in hobbies or small activities improves my mental health	95	45.2	80	38.1	35	16.7	4.26	<b>210</b>
4	I receive adequate guidance or counselling when feeling depressed	60	28.6	110	52.4	40	19.1	4.07	<b>210</b>
5	I believe community support programmes can reduce depression among elderly women	65	31.0	105	50.0	40	19.1	4.10	<b>210</b>

**Source: fieldwork 2025**

Note: SD/D = Disagree + Strongly Disagree

Over 83% rely on faith/spirituality (83.3%), hobbies (83.3%), and social interaction (83.4%) to cope with stress (M = 4.12–4.29). 81% receive or value counselling, and 81% believe community programs reduce depression (M = 4.07–4.10). Faith and informal networks are primary buffers, but formal counselling access remains limited.

Research Question 5:

“What is the role of social work in mitigating mental health challenges among ageing women?”

**Table 4.6: Implications for Social Work Practice Among Ageing Women**

No	Statement	Strongly Agree	(%)	Agree	(%)	S D/D	(%)	Mean	Total (f)
1	Social workers play a vital role in improving elderly mental health	70	33.3	110	52.4	30	14.3	4.16	210
2	There is a need for more social welfare programmes for aging women	95	45.2	80	38.1	35	16.7	4.26	210
3	Social workers should advocate for better healthcare services for the aged	90	42.9	85	40.5	35	16.7	4.24	210
4	Home visits and counseling services are helpful for aged women	65	31.0	110	52.4	35	16.7	4.12	210
5	Social work intervention can mitigate depression among aging women	70	33.3	105	50.0	35	16.7	4.14	210

**Source: fieldwork 2025**

Note: SD/D = Disagree + Strongly Disagree.

From Table 4.6 we see that over 83% affirm social workers’ vital role (85.7%), need for more welfare programs (83.3%)\*\*, healthcare advocacy (83.4%), home visits/counselling (83.4%), and depression mitigation (83.3%) (M = 4.12–4.26). Strong demand for expanded, accessible social work services to support mental health.

### 4.3 Discussion of Findings

The findings from this study reveal that ageing has a profound and multidimensional impact on the mental health of women in Ikpoba-Okha Local Government Area. The results demonstrated that as

women advance in age, they experience significant psychological, emotional, and social challenges that contribute to varying levels of mental distress. The analysis indicated that the most prevalent mental health issues among elderly women include depression, anxiety, loneliness, and memory decline, which were strongly linked to social, economic, and cultural factors. This aligns with earlier studies which assert that mental well-being among ageing populations is influenced not only by biological processes but also by environmental and social determinants such as family support, income stability, and access to healthcare services.

One major finding showed that low income and economic insecurity significantly contribute to psychological distress among elderly women in the area. Most respondents reported financial strain due to the absence of steady income sources or retirement benefits, as many of them had spent their productive years in informal employment. This finding supports Ajayi et al. (2022), who emphasized that poverty and economic dependency are key triggers of mental health decline in ageing populations, especially among women in rural and semi-urban communities. The inability to afford proper nutrition, healthcare, and safe housing further compounds these mental health issues, often resulting in feelings of helplessness and self-blame.

Additionally, social isolation and weak family support emerged as major risk factors for declining mental health among ageing women. Many respondents indicated that their children or relatives had migrated to urban centers in search of better opportunities, leaving them alone and emotionally detached. This finding corroborates Okoye and Asa (2021), who observed that the erosion of traditional family systems and the breakdown of intergenerational support in Nigeria have exposed older women to neglect and loneliness. In contrast, women who enjoyed frequent family contact and emotional support displayed better psychological adjustment and stronger self-esteem, reinforcing the protective role of social bonds in later life.

Another important outcome of the study was the influence of cultural beliefs and gender norms on mental health. Some respondents noted that community members often perceive mental illness among older women as a spiritual problem or a sign of witchcraft. This stigma discourages them from seeking professional help and pushes them toward traditional or religious healing methods. These findings align with the World Health Organization's (2021) observation that cultural interpretations of mental illness remain a major barrier to early intervention and effective treatment, particularly in developing countries. Furthermore, this cultural dimension underscores the urgent need for social workers to promote mental health education and challenge harmful traditional beliefs that perpetuate stigma.

The findings also revealed that limited access to healthcare services greatly affects mental health outcomes among elderly women in Ikpoba-Okha. Respondents reported challenges such as lack of transportation, unavailability of mental health specialists, and high cost of treatment. This is consistent with Akinyemi and Akinyemi (2020), who highlighted that mental health care in Nigeria remains grossly underfunded and under-integrated within primary healthcare systems. The situation is even more pronounced at the community level, where awareness about mental health is low and professional social work practice is scarcely available.

From a social work perspective, the study's findings emphasize the importance of adopting community-based interventions that address both the psychological and social needs of elderly women. The evidence indicates that empowerment programs, family counseling, and health education initiatives can help mitigate the adverse effects of ageing on mental health. Moreover, integrating social workers into

local healthcare teams can enhance psychosocial support, improve access to information, and reduce stigma. This aligns with social work's core principles of promoting social justice, human dignity, and the well-being of vulnerable populations.

In summary, the discussion highlights that the mental health of ageing women in Ikpoba-Okha is shaped by intersecting social, economic, and cultural determinants. Financial insecurity, loneliness, limited healthcare access, and harmful cultural beliefs all contribute to their psychological vulnerability. Therefore, interventions aimed at improving their mental well-being must adopt a holistic approach that combines economic empowerment, health education, family engagement, and culturally sensitive social work practices. Such strategies would not only enhance the quality of life of ageing women but also strengthen community cohesion and reduce the burden of untreated mental health conditions in the society.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION AND RECOMMENDATIONS**

#### **5.1 Summary**

This study examined the effect of ageing on the mental health of women in Ikpoba-Okha Local Government Area of Edo State, with a focus on identifying the social, economic, and cultural factors influencing their mental well-being and the implications for social work practice. The study employed a quantitative survey design, utilizing a structured questionnaire administered to a representative sample of ageing women within the community. Data were analyzed using descriptive statistical methods, including frequency distribution and mean analysis.

The major findings of the study revealed that ageing has a significant impact on women's mental health in the study area. The most prevalent psychological challenges experienced by elderly women include depression, anxiety, loneliness, and cognitive decline. These mental health issues were found to be closely associated with low income, poor social support, limited access to healthcare, and cultural misconceptions surrounding mental illness. Many elderly women in Ikpoba-Okha are financially dependent on family members or small informal businesses, which often fail to meet their basic needs. This financial hardship, combined with social isolation and neglect, creates conditions that heighten emotional distress.

The study also discovered that traditional and religious interpretations of mental illness contribute to stigmatization and the avoidance of professional mental health care. As a result, most elderly women resort to spiritual or herbal remedies instead of seeking medical or psychological treatment. Furthermore, weak family structures and rural-urban migration have eroded the extended family support systems that once served as the primary source of emotional and social care for older adults.

From the social work perspective, the findings underscore the need for targeted community-based interventions that address both the social and psychological needs of ageing women. The integration of social workers into primary healthcare services, advocacy for gender-sensitive policies, and the promotion of mental health education are critical strategies for improving mental well-being among the elderly.

## **5.2 Conclusion**

Based on the findings, it is concluded that the mental health of ageing women in Ikpoba-Okha is shaped by a combination of economic, social, cultural, and health-related determinants. Financial insecurity, social isolation, and cultural stigmatization stand out as key risk factors that undermine psychological resilience and emotional stability. The study establishes that ageing, while a natural biological process, is compounded by environmental and social pressures that can significantly deteriorate mental well-being if not properly addressed.

It is also evident that the lack of professional social work intervention and the inadequate integration of mental health care into community-based health systems exacerbate the problem. Ageing women in Ikpoba-Okha remain an underserved and vulnerable group who require both policy attention and community action. Therefore, effective mental health promotion for ageing women demands a holistic and multi-sectoral approach involving government agencies, social workers, healthcare providers, and community stakeholders.

This study ultimately concludes that empowering ageing women, strengthening family and community networks, and integrating social work services into local health systems will greatly enhance their overall quality of life and reduce the burden of mental illness among the elderly.

### 5.3 Recommendations

Based on the findings and conclusions of this study, the following recommendations are made:

#### 1. Economic Empowerment Programs:

Government and NGOs should implement small-scale income support programs, pension reforms, and financial literacy initiatives aimed at improving the economic independence of ageing women. Economic stability reduces stress and enhances self-worth.

#### 2. Community-Based Mental Health Services:

Local health centers should incorporate mental health screening, counseling, and outreach programs that are accessible and affordable for elderly women. These services should include trained social workers to provide psychosocial support and follow-up care.

#### 3. Family and Social Support Reinforcement:

Social work practitioners should promote intergenerational programs that strengthen family bonds, encourage regular visitation, and foster social inclusion for older adults. Family counseling should be emphasized to address neglect and emotional detachment.

#### 4. Public Education and Awareness Campaigns:

There should be continuous sensitization programs to dispel myths and stigma surrounding mental illness, especially those rooted in traditional and religious beliefs. Media and community leaders can play a vital role in promoting understanding and empathy.

#### 5. Policy and Institutional Support:

Policymakers should prioritize mental health services in local government budgets, ensuring that resources are allocated for elderly care, especially for women. Legislation supporting social work integration into community health programs should also be enforced.

#### 6. Capacity Building for Social Workers:

The government and educational institutions should provide ongoing training and professional development opportunities for social workers to equip them with the skills needed to address ageing-related mental health challenges effectively.

#### 7. Research and Data Development:

More empirical studies should be conducted on ageing and mental health in Nigeria to provide a strong evidence base for social work interventions and policymaking. This will enhance understanding and ensure data-driven approaches to elderly care.

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## **INFORMED CONSENT**

**RE: THE EFFECT OF AGEING ON THE MENTAL HEALTH OF WOMEN IN IKPOBA-OKHA IMPLICATIONS FOR SOCIAL WORK.**

My name is Iyangbe Osasuyi Kirkson, I am currently an undergraduate student of the Department of Social Work, University of Benin, Benin City, Edo State, Nigeria. As a prerequisite for the partial fulfillment of the award of Bachelor of Science (B.Sc.) degree in Social Work, I am required by the University to develop and conduct a research work.

I therefore crave your indulgence to assist me by filling the appropriate answers to each question contained in the questionnaire. I will greatly appreciate your participation in this study and I pledge that any information given will be treated with utmost confidentiality and anonymity.

Upon completion of this study, you are invited to read my findings as it will be useful to government agencies, policymakers, social workers, academia, and will contribute to existing literature on the subject matter.

Thanks for your anticipated cooperation.

Yours faithfully,

Iyangbe Osasuyi Kirkson

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University of Benin.