DETERMINANTS OF LATER LIFE SATISFACTION AMONG SENIOR CITIZENS IN BENIN METROPOLIS EDO STATE, NIGERIA

BY

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BEING A PhD DISSERTATION PRESENTED TO THE DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY, FACULTY OF SOCIAL SCIENCES, UNIVERSITY OF BENIN, BENIN CITY IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF A DOCTOR OF PHILOSOPHY (PhD) IN SOCIOLOGY AND ANTHROPOLOGY (APPLIED GERONTOLOGY)

JUNE, 2026

DECLARATION

I, **Benedicta Osayamen IMUDIA**, hereby declare that this research title "Determinants of Later Life Satisfaction among Senior Citizens in Benin Metropolis Edo State, Nigeria" is my original work. All previous publications consulted in preparing this research have been duly referenced. The work has not been presented to any other College or Institution nor has it been submitted elsewhere for publication.

_____ _____

Benedicta Osayamen IMUDIA Date

CERTIFICATION

This is to certify that this thesis titled **Determinants of Later Life Satisfaction among Senior Citizens in Benin Metropolis Edo State Nigeria** was written by Benedicta Osayamen IMUDIA with Matriculation number: PG/SSC0816100 in the Department of Sociology and Anthropology, Faculty of Social Sciences, University of Benin, Benin City.

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DEDICATION

This thesis is dedicated to God Almighty who gave me the strength and knowledge to conduct this study.

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ABSTRACT

This study examined the determinants of later life satisfaction among senior citizens in Benin Metropolis, Edo State, Nigeria. The study arose from the limited context-specific evidence on later life satisfaction in Nigeria, particularly the absence of an integrated analysis of how socio-economic factors, health care status, social support networks, and place of residence shape well-being among older adults. Guided by Disengagement Theory and Activity Theory of Ageing, the study investigated the relationship between socio-economic factors and later life satisfaction, assessed the influence of health care status on well-being, evaluated the role of social support networks, compared later life satisfaction between rural and urban senior citizens, and identified areas of later life conditions that require improvement. The study adopted a pragmatic mixed-methods approach and used a correlational survey research design. The population comprised male and female senior citizens aged 60 years and above in rural and urban communities in Benin Metropolis. A sample size of 1,350 respondents was selected, and 1,309 valid questionnaires were retrieved and analysed, representing a response rate of 97.0 percent. The study used multistage sampling, while accidental sampling was adopted at the community level because no comprehensive sampling frame for senior citizens existed. The researcher collected quantitative data through structured questionnaires and qualitative data through in-depth interviews with purposively selected elderly participants. The study analysed quantitative data with descriptive and inferential statistics using the Statistical Package for Social Sciences (SPSS), while it analysed qualitative data through manual content analysis and thematic analysis.

The study found that later life satisfaction in Benin Metropolis is multidimensional and strongly influenced by socio-economic conditions, health care status, social support networks, early life experiences, and place of residence. Among the socio-economic variables, age, marital status, education, and economic status significantly influenced later life satisfaction. Younger seniors aged 60–64 years reported higher satisfaction than older age groups, while married respondents expressed greater satisfaction than widowed or divorced respondents. Health care status emerged as another major determinant. Seniors who engaged in regular health check-ups, had access to health facilities, and rated the quality of care positively reported higher satisfaction, whereas poor access to health care and frequent health challenges reduced satisfaction. Seniors who enjoyed emotional support, financial assistance, and active participation in community life reported greater well-being than those who experienced weak family ties or social isolation. The study identified financial security, housing conditions, health care access, social support, recreation, and participation in community decision-making as the key areas requiring improvement.

The study concluded that later life satisfaction among senior citizens in Benin Metropolis depends less on inevitable withdrawal from social life and more on the extent to which older adults retain economic security, access to quality health care, supportive social relationships, and opportunities for meaningful participation. The study therefore recommended the expansion of pension support, improved geriatric health services, stronger community-based social support programmes, targeted rural interventions, and broader opportunities for social inclusion and participation among older adults.

Keywords: Later life satisfaction, senior citizens, health status, social support networks, ageing.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Later life satisfaction can be understood as a multidimensional concept that reflects how older adults assess the quality, meaning, and fulfilment of their lives. It incorporates various components such as physical health, financial security, social relationships, emotional well-being, and a sense of personal achievement (George, 2016; Steptoe, 2019). As such, later life satisfaction has become a crucial measure of successful ageing and an important framework for understanding the well-being of senior citizens.

Later life satisfaction is important in the promotion of the overall well-being and longevity of older adults. Higher levels of life satisfaction among older adults are associated with better mental health outcomes, reduced risk of depression and suicidal ideation, and increased longevity. (Diener & Chan, 2011; Diener, 2012; Morales-Vives & Dueñas, 2018; Le Belay, Pirkis & Mihalopoulos, 2023). Later life satisfaction has also been found to improve the quality of life of older adults by enhancing emotional resilience and reducing feelings of hopelessness. Conversely, low levels of later life satisfaction have been linked with increased psychological distress, depression, anxiety, and higher mortality risks among older persons.

Later life satisfaction is influenced by a wide range of demographic, social, economic, and health-related factors. Variations in later life satisfaction among older adults are often shaped by differences in health status, economic resources, social relationships, and

environmental conditions (Park, Joshanloo & Scheifinger, 2019). Factors such as financial stability, meaningful daily activities, a sense of purpose, and access to healthcare are identified as important determinants of later life satisfaction in old age. In addition, psychological well-being, happiness, and quality of life have been shown to significantly influence later life satisfaction (Diener & Chan, 2011; Cho & Cheon, 2023).

Despite the recognised importance of later life satisfaction, older adults in many developing countries face numerous socio-economic and structural challenges that may negatively affect their well-being. In Nigeria, for instance, older persons often experience limited access to healthcare services, increasing poverty, social isolation, and inadequate social support systems. Rapid urbanisation and socio-economic changes have also weakened traditional family support structures that historically provided care and emotional support for older adults. Many younger family members migrate to urban centres or abroad in search of better economic opportunities, leaving older parents with reduced family support and increased vulnerability.

These challenges have strengthened the need to promote healthy ageing and improve the well-being of senior citizens in developing societies. Scholars therefore emphasise the importance of identifying the major determinants of later life satisfaction in order to design effective policies and social interventions that can improve the quality of life of older adults (Sulandari, Johnson, & Costa, 2024). Understanding the factors that influence later life satisfaction is particularly important for Gerontologists, policymakers, and community organisations working to promote the welfare of the ageing population.

A decline in later life satisfaction in old age is linked to individuals perception that their earlier life goals and expectations were not fulfilled (Neugarten, 1965; Diener et al., 1998). Such unmet expectations may create feelings of regret or dissatisfaction that influence how individuals evaluate their lives during later years. These perspectives suggest that later life satisfaction is shaped not only by present circumstances but also by accumulated life experiences across the life course.

In view of these considerations, understanding the determinants of later life satisfaction has become increasingly important in ageing research. Despite the growing body of literature on ageing and well-being globally, limited attention has been given to the determinants of later life satisfaction among senior citizens within specific Nigerian contexts. This study therefore seeks to examine the determinants of later life satisfaction among senior citizens in Benin Metropolis, Edo State, Nigeria, with the aim of contributing to knowledge that can inform policies and gerontological interventions designed to improve the well-being and quality of life of older adults.

1.2 Statement of the Research Problem

Later life, commonly defined as age 60 years and above, represents a critical stage of the life course in which individuals experience significant changes in health, social roles, income security, and relationships. The World Health Organization conceptualizes healthy ageing as the ability to maintain functional capacity that supports well-being, including meeting basic needs, sustaining relationships, making decisions, and contributing to society (WHO, 2020). Within this framework, later life satisfaction goes beyond a personal sense of contentment; it

serves as a key indicator of successful ageing because it reflects how older adults assess the quality and meaning of their lives amid changing conditions.

Empirical studies consistently show that later life satisfaction depends on multiple, interrelated factors. Global evidence highlights the importance of socioeconomic status, health conditions, physical capability, and social support in shaping well-being among older adults (Sulandari et al., 2024; Zhang & Sun, 2024). Older individuals who enjoy stable incomes, good health, and strong social networks tend to report higher satisfaction, whereas those facing loneliness, declining health, and weak support systems often report poorer outcomes. These findings confirm that later life satisfaction is inherently multidimensional and cannot be explained through a single factor.

In Nigeria, however, ageing unfolds within a more constrained social and institutional context. Research shows that older adults' well-being is influenced by demographic factors, health conditions, access to healthcare, and social support, but these factors operate within systems characterized by limited formal welfare provisions, high healthcare costs, and weakening family support structures (Gureje et al., 2008; Agbogidi & Azodo, 2009; Aina et al., 2023). In addition, disparities between rural and urban areas continue to shape access to healthcare and social resources, thereby affecting quality of life (Cadmus et al., 2022). These conditions make later life satisfaction an important sociological and policy concern that requires context-specific investigation.

Despite these insights, current knowledge remains insufficient to explain later life satisfaction among senior citizens in Benin Metropolis, Edo State. Several critical gaps persist. First, many Nigerian studies focus broadly on quality of life, health, or social

support rather than directly examining later life satisfaction as a central outcome. This limits understanding of its specific determinants. Second, existing studies often analyze relevant factors in isolation. While some emphasize healthcare access and others highlight social support, few studies examine how socioeconomic conditions, healthcare status, and social networks interact within a single analytical framework. This fragmentation weakens the ability to capture the complexity of ageing experiences.

Third, a clear contextual gap exists. Few studies focus specifically on Benin Metropolis, even though local realities such as healthcare accessibility, family structures, and patterns of urbanization shape ageing differently from other regions. Findings from other parts of Nigeria cannot adequately explain the lived experiences of older adults in this setting. Fourth, existing research rarely differentiates among subgroups of older adults, such as the young-old, old-old, and oldest-old, despite differences in their needs, vulnerabilities, and sources of satisfaction. Finally, many studies stop at identifying correlations without translating findings into actionable insights for policy and intervention. This limits their usefulness for improving the well-being of older populations.

This study addresses these gaps by providing a context-specific and integrated analysis of later life satisfaction among senior citizens in Benin Metropolis. It examines how socioeconomic factors, healthcare status, and social support networks jointly shape later life satisfaction, while also comparing rural and urban experiences. In doing so, it identifies key aspects of later life conditions that require improvement and generates evidence to support targeted policies and interventions. The central research gap, therefore, lies in the absence of a comprehensive, context-specific, and rural–urban comparative analysis of how these

interconnected factors determine later life satisfaction among senior citizens in Benin Metropolis, Edo State, Nigeria.

1.3 Research Questions

The following research questions would be used to drive this present study:

i. What is the relationship between socio-economic factors and later life satisfaction among Senior Citizens in Benin Metropolis, Edo State, Nigeria?
ii. What is the relationship between the health care status of Senior Citizens and later life satisfaction in Benin Metropolis, Edo State, Nigeria?
iii. What is the relationship between social support network and later life satisfaction of the Senior Citizens in Benin Metropolis, Edo State, Nigeria?
iv. What is the comparison of later life satisfaction levels and determinants between rural and urban Senior Citizens in Benin Metropolis, Edo State, Nigeria?
v. What are the areas of the conditions of later life of the Senior Citizens in Benin Metropolis, Edo State, Nigeria that need to be improved upon?

1.4 Objectives of the Study

The main aim of this study is to examine the determinants of later life satisfaction among senior citizens in Benin Metropolis Edo state, Nigeria. The specific objectives are to:

i. examine the relationship between socio-economic factors and later life satisfaction among Senior Citizens in Benin Metropolis Edo State, Nigeria.
ii. investigate the relationship between the health care status of Senior Citizens and later life satisfaction in Benin Metropolis, Edo State, Nigeria.

iii. evaluate the relationship between social support network and later life satisfaction of the Senior Citizens in Benin Metropolis, Edo State, Nigeria.

iv. compare later life satisfaction levels and determinants between rural and urban Senior Citizens in Benin Metropolis, Edo State, Nigeria.

v. identify the areas of the conditions of later life of the Senior Citizens in Benin Metropolis, Edo State, Nigeria that need to be improved upon.

1.5 Significance of the Study

The examination of the determinants of later life satisfaction among senior citizens could be justified for several reasons towards presenting the significance of the study. To this end, this present study has the elastic potential to contribute to the development of effective strategies towards supporting the growing population of senior citizens in Nigeria. First, the global population is fast aging and older, and this could pose significant influence on policy making for Sustainable Development which would, also in a reverse direction affect the wellbeing of the elderly, which in this present study is conceptualized as senior citizens. Second, the present rapidly aging global population, with the number of people aged 60 and above would be expected to double by 2050 (United Nations, 2020) hence, understanding the determinants of later life satisfaction could be very crucial for the promotion of healthy aging thereby improving the quality of life and wellbeing for this growing senior citizens population thus, the importance of this present study.

Third, understanding later life satisfaction is very critical aspect of achieving overall well-being hence, ensuring the propensity for the attainment of sustainable development in the long run. To this end, understanding the major factors that influence better later life

satisfaction becomes germane to better inform the development of strategies that could be used to promote healthy aging and thereby improving later life experience, particularly among the senior citizens. Fourth, despite the significance attached to later life satisfaction, there is still limited understanding of its determinants, particularly in developing countries, Nigeria inclusive thereby producing a knowledge gap that could hinder the development of effective policies and interventional programs and events that could promote healthy aging in the nation. Hence, the findings of this study could be used to inform the development of effective policies and interventional programs and events directed to promote healthy aging among the senior citizens in the nation

Fifth, the findings of this study could help provide the understanding of the determinants of later life satisfaction that could be deployed to influence and inform policy and practice initiatives that could be aimed at promoting better healthy aging among the senior citizens in the nation. Such information, as would be provided by the outcomes of this present study, could be deployed and used to develop targeted interventions, programs, and also services that could focus on addressing the unique needs and challenges of the senior citizens in the nation.

Also, the findings of this study could pose significant implications for various stakeholders, including policymakers, practitioners, researchers, and older adults themselves. The findings of this study could also contributes to the existing literature on later life satisfaction by providing new insights into the determinants of later life satisfaction, particularly among senior citizens, particularly in developing countries, such as Nigeria. Seventh, the findings of this study could be used to inform decision that could lead to empowering older adults by educating and providing them with the relevant knowledge on the major factors that could

influence their later life satisfaction, thereby enabling these adults to take certain proactive steps that could promote and increase their likelihood for healthy aging.

Eighth, the findings of this study could also be deployed to foster intergenerational relationships by highlighting the significance of social support and the intergenerational connections to promote later life satisfaction among the older generations. Ninth, the information obtained from the findings of this study could be deployed by governments and policy makers to promote healthy aging and improve the later life satisfaction, particularly among the senior citizens of the nation, which could in the long run contribute to the reduction of the increasing healthcare costs that are associated with aging, its accompanying diseases and disabilities.

1.6 Scope of the Study

The scope of this present study covers topical, variable, population and methodology scopes. The topical scope focuses on the topic of this present study, and seeks to examine the perception of the determinants of later life satisfaction among senior citizens in Benin Metropolis Edo state, Nigeria. The variables scope covers the major variables of the study. The major variables include the examining the later life satisfaction among senior citizens in Benin Metropolis Edo state, which is the dependent variable of the study. Also, the independent variables are the selected determinants and factors that tend to influence the later life satisfaction among senior citizens in Benin Metropolis Edo state and cuts across the physical health, psychological, social and cultural, economic, environmental, and demographic factors, as stated in the objectives of the study.

Also, the population scope covers the major population focus which in this study are the senior citizens in Benin Metropolis Edo state, Nigeria. The methodological scope covers the methodology to be used to gather information and data from the potential respondents, couple with the data analysis method and process. With regards to this, the study would deploy the Pragmatism research paradigm, which focuses on the triangulation of the use of the qualitative and quantitative techniques of the positivist and interpretivist approaches. The quantitative and qualitative research methods would focus on using a self-structured questionnaire and also the interview guide to collect data and information from the respondents and participants of the study. Thus, the study would also deploy quantitative and qualitative data analysis methods to subject the data and information obtained from the field to analysis from where inference would be made to the population senior citizens in Edo State.

1.7 Operational Definition of Terms

Later Life satisfaction: It is a complex and multifaceted concept that tends to encompass several domains of individuals' life, which could include the emotional, social, physical, and psychological well-being of humans. It is deployed to measure well-being and quality of life satisfaction in older adult, aged 60–94 years. It is also defined as the cognitive-judgment that could be used to measure subjective well-being, which reflects individuals' dispositions towards life experiences. It could also be the hedonic measurement which focuses on the level of happiness experienced and also the coping strategies from cushioning pains; and also the eudaimonic measurement which include the probability of senior citizens to live a flourishing or meaningful life.

Determinants: These include factors that affect the later life satisfaction of senior citizens and cuts across the physical health, psychological, social and cultural, economic, environmental, and demographic factors, as stated in the objectives of the study.

Physical Health: This refers to the health status such as the presence or absence of disease and illness, of senior citizens.

Psychological factors: Include the psychological state of senior citizens and include factors such as personality traits, cognitive functioning, emotional wellbeing, mental health, and others.

Social and Cultural related factors: These are major social and cultural issues such as social ties with their family members and friends, social support, and connection with ones culture, and others.

Socio-Economic Status: In this study, socio-economic status refers to the age, gender, marital status, education and economic status of the senior citizens.

Health care status: This refers to the health seeking behavior, health care access and health outcomes of the senior citizens.

Economic factors: Thi**s** could also include certain economic variables such as income, wealth, financial status, rent payment, among others

Environmental factors include pollution such as air and water pollution and others, and also access to natural environments, and the quality of environment lived in such as clean house, surroundings, and others

Demographic factors, include variables such as gender, age, education level, years of services in occupation, married, living with spouse, and others.

CHAPTER TWO

LITERATURE REVIEW

2.1 Concept of Later life Satisfaction

Several attentions have been attracted to the concept of later life satisfaction. This is because, life satisfaction has been introduced as one of the best indicators of measuring quality of life (Papi and Cheraghi, 2021). It could be referred to as a typical and also deep inner happiness that tends to emanate from an individual experiences from the outside world. In other words, it could be expressed either in the positive or negative attitude of an individual towards his personal life and also tend to reflect on such individual's feelings with regard to the past, present or future (Papi and Cheraghi, 2021).

According to Veenhoven, (1996), Life satisfaction is a key part of subjective well-being. Life satisfaction could be defined as the perception of staying and being happy with life and a conviction that one's life is on the right path, and it reflects emotions, feelings (moods), and how they also feel about their lives and also for the future (Kackar & Sharma, 2019). It is often measured in terms of subjective well-being, assessed from the perspective of one's mood, achieved goal, coping ability, and others, particularly in and with personal daily life (Kackar & Sharma, 2019).

It could be assessed with regard to ones mood, fulfillment in relationship satisfaction in several aspects of life such as physical, social, economic, and others, the achievement of goals, and the self-perceived ability to be able to cope with the several aspects of life (Gilman & Huebner, 2003). Hence, it could involve a favourable attitude and condition towards life, and not an assessment of current feelings thus, the concept later life satisfaction.

It also has been measured in relation to certain demographic features such as economic standing, the degree of education, experiences gained, residence, and several other factors (Kossek & Ozeki, 1998; Gilman & Huebner, 2003; Serrano, Latorre, Gatz & Montanes, 2004).

According to McFeeley, Peng & Burr (2023), later life satisfaction measures a germane element of the subjective well-being in later life. Lim et al. (2016) also defined life satisfaction as a subjective well-being that is being regarded as a major indicator of measuring the quality of life of individuals. Ryff (1989) noted that, subjective wellbeing could be hedonic or eudaimonic. Hedonic wellbeing focuses on experiencing happiness from pleasure and avoiding pains (Deci & Ryan, 2008) and could be measured through ratings of life satisfaction or happiness (Dolan & Metcalfe, 2012; Dolan et al., 2011). Eudaimonic wellbeing reflects living a flourishing or meaningful life (Ryff, 2013) and could be measured using the ratings of how an individual feels that what he or she does in life is worthwhile (Dolan & Metcalfe, 2012; Dolan et al., 2011).

Later life satisfaction refers to the extent to which individuals aged 60 years and above evaluate their lives positively in terms of fulfilment, contentment, and overall well-being. It represents a reflective judgement that older adults make about the quality and meaning of their lives after many years of social, economic, and personal experiences. At this stage of life, individuals often engage in a process of life review through which they assess their achievements, relationships, expectations, and life circumstances in order to determine whether their lives have been meaningful and satisfying. This reflective process is widely recognised as a defining feature of ageing, as older adults draw on their cumulative life experiences to evaluate their sense of accomplishment and personal fulfilment (George,

2016; Jebb, Morrison, Tay, & Diener, 2020). Consequently, later life satisfaction has become an important indicator used in gerontology research to assess the quality of life and overall well-being of senior citizens.

Scholars have provided several conceptual explanations of later life satisfaction within the context of ageing. Diener, Oishi and Tay (2018) define life satisfaction as the cognitive evaluation individuals make regarding the overall quality of their lives based on their own chosen standards. Applied to older adults aged 60 years and above, this definition emphasises the reflective nature of later life, where individuals evaluate past accomplishments, family relationships, economic stability, and social contributions in determining whether their lives have been rewarding and meaningful. Similarly, Steptoe (2019) conceptualises life satisfaction in later life as the level of contentment individuals experience while adjusting to the transitions associated with ageing, including retirement, declining physical capacity, and changing social roles. This perspective highlights that satisfaction in old age is not merely the absence of problems but the ability of older adults to maintain psychological balance and a sense of fulfilment despite the challenges associated with ageing.

Another perspective is provided by Jebb, Morrison, Tay and Diener (2020), who describe life satisfaction as an individual's overall appraisal of life circumstances, including financial security, the quality of interpersonal relationships, health status, and opportunities for meaningful engagement. For individuals aged 60 years and above, these factors become particularly significant because they influence the extent to which older adults feel secure, valued, and socially integrated within their communities. Furthermore, Helliwell, Layard

and Sachs (2023) emphasise that satisfaction in later life is strongly influenced by the social environment in which older adults live. According to these scholars, supportive social networks, trust within communities, and effective social institutions that protect the welfare of older persons contribute significantly to the well-being and life satisfaction of senior citizens.

Gerontological literature also recognises that senior citizens are not a homogeneous group. Researchers have therefore subdivided the elderly population to better understand the variations that occur in the physical, psychological, and social experiences of ageing. Havighurst (1953), Papalia, Olds and Feldman (2004), and Santrock (2006) explain that ageing progresses through identifiable phases within old age, with each phase reflecting different levels of health status, coping capacity, and social adjustment.

Within gerontological studies, senior citizens aged 60 years and above are commonly classified into three categories: the young-old, the old-old, and the oldest-old (Papalia et al., 2004; Santrock, 2006). The young-old, typically aged between 60 to70 years, are often characterised by relatively good health, independence, and continued social engagement. The old-old, usually aged 70 to 80 years, often experience increased physical limitations and greater reliance on family or community support. The oldest-old, referring to individuals aged 80 years and above, are more likely to experience frailty, chronic health conditions, and higher levels of dependency. These distinctions demonstrate that later life is not a uniform experience but rather a dynamic process characterised by progressive changes in health, social relationships, and psychological adjustment.

Classical gerontological theories also provide insights into how ageing influences life satisfaction. Cumming and Henry (1961), through the disengagement theory, argue that ageing involves a gradual withdrawal of individuals from social roles and relationships, which may reduce social interaction and psychological engagement in later life. In contrast, Havighurst (1961), through the activity theory, maintains that successful ageing occurs when older adults remain socially active and maintain meaningful interactions with their environment. According to this perspective, continued participation in social and productive activities contributes positively to the well-being and life satisfaction of senior citizens.

In this present study, both the hedonic and the eudaimonic measurements would be followed to better achieve a measurement that is encompassing and cover several aspects of senior citizens domain in life. Hence, this is why the determinants of focus in this present study cuts across several aspects of human endeavuors such as the physical health, psychological, economic, social and cultural, environmental, and demographic thereby drawing from the hedonic measurement which focuses on the level of happiness experienced the coping strategies from cushioning pains; and also the eudaimonic measurement which include the probability of senior citizens to live a flourishing or meaningful life. To this end, this present study draws from the studies of Ryff (1989) Deci & Ryan (2008); Dolan et al. (2011); Dolan & Metcalfe (2012); Ryff (2013) and Hancock et al. (2025) of the hedonic and the eudaimonic wellbeing reflection of later life satisfaction in terms of investigating the major determinants of later life satisfaction among the senior citizens in Edo State, Nigeria.

2.2 Later life satisfaction among Senior Citizens

Lim et al. (2016) noted that, in the older population, life satisfaction needs to be considered as a multidimensional construct, which encompasses certain important domains which cut across physical health, mental health, socio-economic status, social and family relationships, and the environment. Kowalczyk (2025) stated that life satisfaction constantly changes all through the several stages of life and aging as it significantly increases, particularly between the ages of 40 and early 70s but, tends to decline again after age 70 because of certain issues such as mental and physical issues.

Cho & Cheon (2023), examined the effects of lifestyles and health capabilities on older adults' advance aging and life satisfaction levels using a total number of two hundred and ninety (290) senior adults selected from three selected clinical research centres situated in the United States and information were elicited through self-administered questionnaire and subjected to analyse. Their findings revealed that life satisfaction among older adults could be very challenging moment with several vital signs. Also, Gu, Yu & Sok (2025) noted that it becomes very difficult for the older adult to change easily the life patterns towards achieving a better later life satisfaction.

Gu et al. (2025) examined the factors affecting life satisfaction among retired older adults, and found that individuals over 65 years are generally considered the older adult and they often possessed certain deterioration of physical functions, experienced psychological changes, with loss of social roles, among others that gradually changed, until death. These posed certain effects on their level of life satisfaction. Juxtaposing this with the findings of Cho & Cheon (2023), it could be reaffirmed that life satisfaction among older adults could

be very challenging. Hence, Mekonnen, Lindgren, Geda, Azale & Erlandsson (2022) examined the satisfaction with life and associated factors among elderly people living in two cities in northwest Ethiopia, and found that the level of life satisfaction varies among older adult with 17.2% dissatisfied, 63.8% moderately satisfied and only 19.0% were satisfied. This revealed that later life satisfaction among older adults, which in this study is conceptualized as senior citizens is not encouraging because the life satisfaction level was lower in some highly developed countries (Mekonnen et al., 2022).

Also, overall life satisfaction could be higher and better, particularly among individuals or older persons in better or high-income countries than those living in the middle-income or even in the low-income countries. For example, the level of life satisfaction was statistically measured at 90.9%, 68.0%, 66.0% and 65.6% for older adults living in Norway, Russia, Sweden and Brazil respectively (Katarina Wilhelmson,Eklund and Dahlln-Ivanoff, 2013; Pinto & Neri, 2013; Daniele, Taran & Gorodetski, 2018).

Also, in Zambia and Nepal, statistics revealed that, life satisfaction among the elderly was only 37% and 7.9% respectively (Mbozi, 2016; Ghimire, Baral & Karmacharya, 2018). In Turkey, it was reported that 6.4%, 71.8% and 21.8% of the adults have low, moderate and high life satisfaction respectively. (Mollaoğlu, Özkan & Fertelli, 2010) Also, in Brazil, statistics revealed a 6.1% dissatisfied, 28.2% moderately satisfied and 65.6% of life satisfaction (Pinto and Neri, 2013). In addition, 34%, 38% and 27% of the elderly reported adequate, average and poor life satisfaction in a South Korea study, respectively (Mekonnen et al., 2022)

Juxtaposing the reviews from the studies of Mekonnen et al. (2022); Cho & Cheon (2023), Gu et al. (2025); and Kowalczyk (2025), it could be deduced that most studies focusing on later life satisfaction focused on countries outside Nigeria hence, there is need to replicate this study towards understanding the extent of later life satisfaction, particularly among senior citizens in Nigeria. To this end, this present study, among other objectives would focus on examining the extent of later life satisfaction among the senior citizens in Edo State, Nigeria.

2.3 Determinants of Later Life Satisfaction

Studies such as Celik, Celik, Hikmet & Khan (2018); Park et al. (2019); Mekonnen et al. (2022); Tavares (2022); Tian & Chen (2022). Nuqoba et al. (2023); World Health Organization (2023); Rony et al. (2024); Sulandaria et al. (2024), among others revealed that several factors like demographics, physical health, psychological, social, economic and environmental factors affect later life satisfaction. Demographic factors such as age, gender, income, education, and marital status play significant role in shaping and could influence later life satisfaction. Xu, Zhang, Mao, Zhang, Peng, Zhang, Wu & Tan (2023) examine the socio-demographic determinants of life satisfaction among grandparent caregivers, and noted that marital status, income, and others were found to be associated with life satisfaction. Also, the work of Xu et al. (2023) revealed that that chronic diseases and physical exercise, which are major issues with respect to physical health of senior citizens are associated with their later life satisfaction. This implies that physical health among senior citizens is very germane in influencing their later life satisfaction.

Maher, Pincus, Ram & Conroy (2016) examined the daily physical activity and life satisfaction across adulthood, focusing on 150 adults, and using questionnaire to elicit information from them, thereby subjecting them to statistical analyses. Their results revealed that older adults with higher physical activity possess better life satisfaction due to their increased physical activity. Park and Kang (2023) examined social interactions and life satisfaction among older adults by age group, and revealed that social interaction factors such as meeting children and volunteer activities, talking with friends, talking with children, using senior citizen community centers and hobby club activities were observed to pose significant influence on life satisfaction of older adults.

This implies that social interaction is very germane in predicting life satisfaction as noted by Hupkens, Machielse, Goumans & Derkx (2018) and Bhattacharyya, Molinari & Hyer (2022). Such social interactions encompass the relationships and interactions of individuals with others (Ryu & Lee, 2019) and also cut across several other aspects which include social networks with respect to relationships, activities, and the frequency of contact with several other individuals such do interact with (Shankar, Rafnsson & Steptoe, 2015). Such social interactions tend to provide the necessary and needed psychological support thus, reducing the propensity for social isolation and loneliness which could eventually lead to depression in the long run, thus posing negative effect on the wellbeing of the elderly (Shankar et al., 2015).

Khairani, Wahab, Sukadarin, & Sutarto (2023) examined demographic factors and life satisfaction, using 313 respondents, tenure at work and marital status were positively related to life satisfaction hence, could affect later life satisfaction. Kim, Delaney, Tay, Chen, Diener & Vander (2021) examined the life satisfaction and subsequent physical, behavioural,

and psychosocial health in older adults, using a well structured questionnaire known as the satisfaction with life scale, with an average age of participants as 66 years old. Their findings revealed that physical health play a very germane role on the life satisfaction among senior citizens, which in this study is conceptualized as their later life satisfaction.

The findings of Kim et al. (2021) also noted that certain psychological issues seem to be very germane with regards to later life satisfaction among the elderly, which in this study is conceptualized as senior citizens. Such psychological issues relating to later life satisfaction include being highly optimistic, possessing a purpose in life, having mastery including health, financial, circumstances masteries, living with a spouse or a partner and not divorced or separated or not lonely, having low or no depression symptoms, full of hope, among others. Also, Puvill et al. (2016) examined the impact of physical and mental health on life satisfaction in old age, focusing on 501 adults of aged 85 years and information were elicited using a life satisfaction self-report instrument and the data collected were subjected to regression analysis. The findings of Puvill et al. (2016) revealed that physical performance and mental health do pose significant impetus on life satisfaction among older adult.

Connolly & Sevä (2018) did a comparative study between Sweden and the USA on social status and life satisfaction and revealed that social status becomes more important in affecting life satisfaction in some culture and does not in other cultures due to cultural differences. Also, Kanzola, Papaioannou, Papadaki & Petrakis (2025) examined the life satisfaction and social Identity, focusing on compliance to rules, regulations, and human behaviour as social identities, and revealed that social identities which include the prevalence of rules, regulations, and others are related to life satisfaction. Also, Deniz et.al.,

(2019) cited by Kackar & Sharma (2019), examined the perceived social support, quality of life and life satisfaction among the elderly people, using 571 older adults and found that perceived social support, posed a variance of 11.7% of the total life satisfaction among the elderly, and also a 22.1% effect of total variance in quality of life.

Also, Bramhankar et al. (2023), did an assessment on the predictors of self-rated life satisfaction focusing on certain factors such as physical, mental and social health status among the older adults in India and using descriptive statistics and chi-square test to analyse the data collected. They found that the physical and mental health, presence of chronic diseases, social support from friends and family relations, dependency, and certain psychological negative events such as trauma or abuse affect life satisfaction among the elderly. Also, certain demographic factors such as gender, education, marital status, expenditure, and others were also significant factors affecting life satisfaction among senior citizens of India.

Li, Chi and Xu, (2013) examined the life satisfaction of older Chinese adults living in rural communities, and their results revealed that life satisfaction among the older adults is generally associated with certain personal characteristics such as education level, financial resources, self-assessment of health, obtaining financial supports, particularly from the children and they being satisfied with such support, staying at home, visiting neighbours, and also inviting these neighbours to dinner. Also, Didino, Frolova, Taran & Gorodetski (2016) examined the predictors of life satisfaction, focusing on the older adults in Siberia, and observed that factors like income, equipment available at home, anxiety, level of loneliness, and others do pose significant effects on life satisfaction of older adults.

In addition, Bishop, Martin & Poon (2006) examined happiness and congruence among the older adulthood and finally described the level of access by individual to available resources such as material, social or personal resources, as a major life sources posing significant influence on life satisfaction. This is because these resources could assist the older adults to be able to pursue and achieve certain personal goals and also be able to meet the basic physical and psychological needs of adulthood. Papi and Cheraghi (2021) examined the multiple factors that could be associated with life satisfaction among the older adults, and found that certain factors such as job, education, social support and daily activities posed significant effects on the level of life satisfaction.

Juxtaposing the reviews from the studies of Bishop et al. (2006); Li et al. (2013); Didino et al. (2016); Maher et al. (2016); Connolly & Sevä (2018); Kackar & Sharma (2019); Park et al. (2019); Kim et al. (2021); Papi and Cheraghi (2021); Mekonnen et al. (2022); Tavares (2022); Tian & Chen (2022); Bramhankar et al. (2023); Khairani et al. (2023); Nuqoba et al. (2023); Xu et al. (2023); World Health Organization (2023); Rony et al. (2024); Sulandaria et al. (2024); and Kanzola et al. (2025), it could be affirmed that several factors could serve as predictors of later life satisfaction among senior citizens. But, many of these studies are from outside Nigeria and may not be able to explain Nigerian scenario hence, there is need to focus the lens of research towards understanding the major determinants of later life satisfaction among the senior citizens in Nigeria. This is a major gap this study seeks to fill. To this end, this present study focuses on investigating the major determinants of later life satisfaction among the senior citizens in Edo State, Nigeria.

2.4 Physical health and later life Satisfaction

Maher, Pincus, Ram & Conroy (2016) examined the daily physical activity and life satisfaction across adulthood, focusing on 150 adults, and using questionnaire to elicit information from them, thereby subjecting them to statistical analysis. Their result revealed that older adults involved in physical activity possess better life satisfaction due to their increase physical activity revealing that physical activities involvement is very germane for enhanced later life satisfaction among older adults.

Also, Bramhankar et al. (2023) examined selected correlates of self-rated life satisfaction among the older adults in India, using descriptive statistics and chi-square test to analyze the data collected. Their study found that the presence of chronic diseases posed negative effects on life satisfaction among the elderly. Xu, Zhang, Mao, Zhang, Peng, Zhang, Wu & Tan (2023) examined the socio-demographic determinants of life satisfaction among grandparent caregivers, and noted that chronic diseases and physical exercise are associated with later life satisfaction. Hence, chronic illness becomes a significant health variable that could pose significant effect on the later life satisfaction, particularly among senior citizens because, older adults having certain chronic illnesses, such as diabetes, arthritis, cardiovascular disease, and others could show a very low life satisfaction due to severe pain, discomfort, and other related health effect and challenges presented by such chronic diseases. This also makes pains and discomfort major variables of physical health affecting later life satisfaction because older adults experiencing chronic pain could experience low life satisfaction because of certain emotional distress and sleep disturbances that such pains and discomfort could cause limiting functional ability. To this end, the functional ability of senior citizens becomes germane and a very important physical health issue to put into

consideration in the later life satisfaction because, older adults having greater functional ability, like the increasing ability to perform certain daily tasks and to also maintain certain level of independence, could maintain very high life satisfaction.

Kim, Delaney, Tay, Chen, Diener & Vander (2021) examined the life satisfaction and subsequent physical, behavioural, and psychosocial health in older adults, using a well-structured questionnaire known as the satisfaction with life scale, with an average age of participants as 66 years old. Their findings revealed that physical health play a very germane role on the life satisfaction among senior citizens, which in this study is conceptualized as their later life satisfaction. Physical health in the work of Kim et al. (2021) is captured by lower risk of pain, physical functioning limitations, and mortality; lower number of chronic conditions; and higher self-rated health. Hence, the findings of Kim et al. (2021) noted that senior citizens with the higher life satisfaction tend to have better physical health indicators such as lower risk of pain, physical functioning limitations, lower number of chronic conditions, lower risk of sleep problems, more frequent physical activity

Juxtaposing the reviews from the studies of Maher et al. (2016); Kim et al. (2021); Bramhankar et al. (2023); Xu et al. (2023), it could be affirmed that physical and health factors could predict later life satisfaction among senior citizens. But, many of these studies are from outside Nigeria and may not be able to explain Nigeria scenario hence, there is need to focus the lens of research towards understanding the major physical and health factors on the later life satisfaction, particularly among the senior citizens in Nigeria, this is a major gap this study seeks to fill. Also, it is very germane to understand the extent of relationship between the physical and health factors and later life satisfaction, which serves as another major focus of this present study. To this end, this present study focuses on

investigating the relational effect of physical and health factors on later life satisfaction among the senior citizens in Edo State, Nigeria.

2.5 Psychological State and Later Life Satisfaction

The impact of psychological factors on later life satisfaction, particularly among senior citizens could be very complex and has attracted debate in the recent years because certain psychological factors such as personality, cognitive functioning, emotional wellbeing, mental health, and others play very crucial and significant role in affecting the life satisfaction of senior adults. Kim, Delaney, Tay, Chen, Diener & Vander (2021) examined the life satisfaction and subsequent physical, behavioural, and psychosocial health in older adults, using a well-structured questionnaire known as the satisfaction with life scale, with an average age of participants as 66 years old. Their findings revealed that psychological condition plays a very germane role on the life satisfaction of senior citizens, which in this study is conceptualized as their later life satisfaction. Psychosocial indicators as conceptualized by the study of Kim et al. (2021) include higher optimism, having certain measure of purpose in life, mastery of life and circumstances which include health mastery, financial mastery, and also the likelihood of living with spouse or partner hence, they are not divorced or separated or not lonely, low or no depression, possess certain measure of hope, and others. This implies that according to Kim et al. (2021), older adults with low psychological issues may tend to experience higher level of later life satisfaction.

Taher & Hossienkhanzadeh (2013) examined the relationship between personality traits with life satisfaction, focusing on 206 employed women in higher education centres of Rasht and noted that personality traits could at least explain up to 19 % of the variance in later life

satisfaction. In addition, certain demographic factors such as income and education pose no significant effect on the later life satisfaction among the respondents. Hence, making personality traits such as the extraversion, agreeableness, conscientiousness, neuroticism, and openness to experience tend to be very germane factor that could affect later life satisfaction of senior citizens. Berman (2023) affirmed that individuals with the big five personality traits tend to be happier in life revealing that it could also pose significant impact on later life satisfaction of senior citizens. Malvaso and Kang (2022), examined the relationship between personality and overall life satisfaction, using secondary data from the British Household Panel Study (BHPS; University of Essex, 2018) from September 2005 to May 2006, and found that personality traits account for variances in the overall life satisfaction among respondents with individuals possessing the neuroticism personality trait having the highest impact on the overall life satisfaction, followed by conscientiousness, openness, and then agreeableness.

Also, emotional wellbeing is also an important psychological variable that could influence the later life satisfaction of senior citizens because older adults possessing higher level of emotional wellbeing, such as happiness, present life satisfaction, and others may show better later life satisfaction. Apostolou et al., (2024) examined emotional wellbeing and life satisfaction of 6338 singles and mated people across 12 nations, and found that the singles tend to experience lower emotional wellbeing and life satisfaction than those in relationships. However, individuals who are in one relationship or married possess higher life satisfaction and emotional wellbeing than those who are involuntarily single. Moreover, individuals that are in a good relationship tend to experience a high emotional wellbeing and thus, better life satisfaction than individuals in a bad relationship depicting that not only being married that

could influence later life satisfaction but when individuals are into bad marriage or bad relationship, it could pose negative influence on later life satisfaction. This is because a bad relationship could pose certain negative psychological effects that could mediate the relational influence on being married on later life wellbeing among individuals, particularly senior citizens.

In addition, mental health may pose significant psychological effect on later life satisfaction because older adults with negative mental health issues such as anxiety, depression, dementia, and others could lead to a low later life satisfaction. Kackar & Sharma (2019) examined the mental health wellbeing and life satisfaction in old age, focusing on 30 aged people, with 15 males and 15 females, using a mental health wellbeing scale by Warwick-Edinburgh and Satisfaction with life by W. Pavot and E. Diener, and subjecting data collected into data analysis using Pearson's correlation and test. The findings of Kackar & Sharma (2019) revealed that there is a positive correlation between mental health wellbeing and life satisfaction among aged people. Also, cognitive functioning could pose another important psychological effect on later life satisfaction because older adults possessing higher cognitive functioning, such as memory, attention, and problem-solving ability tend to show better life satisfaction. Also, the World health organization (2023) noted that an approximately 14% of older adults of aged 60 and above tend to live with one mental disorder or the other, and this accounts for about 10.6% of the occurrence and living with disability hence, depicting that, it could pose negative effects on life satisfaction among the older adults.

Also, Puvill et al. (2016) examined the impact of physical and mental health on life satisfaction in old age, focusing on 501 adults of aged 85 years and information were

elicited using a life satisfaction self-report instrument and data collected were subjected to analysis using regression analysis. The findings of Puvill et al. (2016) revealed that older adults in their study reported a high life satisfaction despite increasing level of disease and disability. Also, poor physical performance and also a low functional status tend to pose a weak but somehow significant association with very low life satisfaction. However, after the relationship between physical performance and life satisfaction was adjusted for the presence of depressive symptoms and also perceived loneliness, the model was not significant anymore. This reveals that depressive symptoms and perceived loneliness tend to pose a very strong negative effects on life satisfaction hence, leading to a lower life satisfaction, particularly among the elderly, which in this study are conceptualized as the senior citizens.

Also, Bramhankar et al. (2023), in their study examined the selected predictors of self-rated life satisfaction among older adults and found out that certain psychological negative events such as trauma or abuse posed negative effects on life satisfaction among the elderly. Also, mental and social health status among the older adults in India tends to affect life satisfaction among the elderly.

Juxtaposing the reviews from the studies ofTaher & Hossienkhanzadeh (2013); Puvill et al. (2016); Kackar & Sharma (2019); Kim et al. (2021); Malvaso and Kang (2022); Berman (2023); Bramhankar et al. (2023); and Apostolou et al., (2024), it could be affirmed that psychological related factors could predict later life satisfaction among senior citizens. But, many of these studies are from outside Nigeria and may not be able to explain the Nigerian scenario hence, there is need to focus the lens of research towards understanding the major psychological factors that could also affect the later life satisfaction, particularly among the

senior citizens in Nigeria. Also, it is very germane to understand the extent of relationship between the psychological related factors and later life satisfaction, which serves as another major focus of this present study. To this end, this present study focuses on investigating the relational effect of psychological related factors on later life satisfaction among the senior citizens in Edo State, Nigeria.

2.6 Social and Cultural State and Later Life Satisfaction

Social and cultural issues and connections could play vital roles in influencing the later life satisfaction of individuals. Older adults who maintain strong social ties with their family members and friends could report better later life satisfaction. These could include interaction or relationships with relatives, friends, and neighbours. Xu, Zhang, Mao, Zhang, Peng, Zhang, Wu & Tan (2023) examined the socio-demographic determinants of life satisfaction among grandparent caregivers, and noted that family relationships, among others are associated with later life satisfaction. In addition, Deniz et.al. (2019) cited in Kackar & Sharma (2019), investigated how perceived social support, could influence individuals quality of life and life satisfaction, particularly among the elderly people, focusing on 571 older adults and their study found that the perceived social support obtained affect total life satisfaction among the elderly. Hence, older adults who could receive adequate social support could experience very low level of stress, fear, anxiety, depression, and others which could all pose negative influence on life satisfaction. This reveals the significance of social support, which could cut across emotional support, instrumental support, informational support, and others. Also, Bramhankar et al. (2023) assessed the various selected predictors of life satisfaction among the older adults in India and using the descriptive statistics and chi-square test to analyse the data collected, and found that social

support obtained from friends and family relations, and whether an adult is dependent on any one affect life satisfaction among the elderly.

Connolly & Sevä (2018) did a comparative study between Sweden and the USA on the social status and life satisfaction putting into consideration the different cultures and revealed that focusing on the deployment of theories on national differences, particularly with regard to cultural value orientations, social status becomes more important in affecting life satisfaction in the US compared to in Sweden. This is because the dominant values and ideals in the USA tend to emphasize on hierarchy, increasing mastery and also masculinity, but in Swedish culture, there is an opposite to this thereby emphasizing the egalitarianism, harmony, and also femininity. The findings of Connolly & Sevä (2018) revealed that social status which includes socioeconomic status such as level of income and socio-metric status which mean the perceived respect and admiration in daily life posed stronger impact on life satisfaction in the US when compared to life satisfaction of people in Sweden. Also, social status seeking which include low honesty-humility tends to possess a positive influence on life satisfaction among individuals in the US, but in Sweden, there is a negative relationship.

This reveals the significance of cultural differences in relation to later life satisfaction hence, cultural background and values could play significant role on the later life satisfaction of older adults as older adults from collectivist cultures, which tends to emphasize the interdependence and social harmony among people in the society, could report better later life satisfaction than others from individualist cultures, that tend to emphasize independence and personal freedom. The findings of Connolly & Sevä (2018) could also be justified because cultural values and norms do impact the later life satisfaction of older adults because in some cultures, older adults are given high respect, particularly for their elastic

wisdom and experience, while in some others, they could be subjected to humility and also marginalized, thereby excluding them from several social and economic opportunities. Hence, such older adults living in such cultures with high values and respect for the aged could report better later life satisfaction.

In summary, juxtaposing the works of Connolly & Sevä (2018); Deniz et.al. (2019) cited in Kackar & Sharma (2019); Bramhankar et al. (2023); Xu et al. (2023); Kanzola et al. (2025), it could be affirmed that social and cultural status could play a significant or critical role in influencing later life satisfaction among senior citizens however, there is lack of evidences to which extent this relational influence may occurl. In addition, most of these studies focusing on influence of social and cultural values on later life satisfaction are done outside Nigeria, and may not be used to draw inferences to the Nigeria society, thus, there should be need to refocus research compass on further investigating the effects of social and cultural state on later life satisfaction among the senior citizens. Also, it is very important to extend the focus of this present study to understand the extent of the relationship between the social and cultural related factors and later life satisfaction, which serves as another major focus of this present study. To this end, this present study focuses on investigating the relational effect of social and cultural related factors on later life satisfaction among the senior citizens in Edo State, Nigeria.

2.7 Economic State and Later Life Satisfaction

Several economic variables such as income, wealth, financial status, not involved in any rent payment, and others could be associated with later life satisfaction among senior citizens. For example, older adults with better or higher incomes and wealth could possess higher

later life satisfaction because economic resources tend to provide the means to pursue self-interest, maintain independence and also live a better quality of life hence, leading to increase wellbeing and life satisfaction among older adults. Akkiraju and Rao (2025) examined the effect of income on life satisfaction, and affirmed that higher income tends to be very much associated with greater life satisfaction hence, individuals with higher income levels may experience higher and better life satisfaction than other with low income levels.

Sekulova, Bonilla & Laín (2023) examined the life satisfaction and socio-economic vulnerability, of individuals and showed that material deprivation could pose negative effects on later life satisfaction among individuals, which could also include senior citizens. Also, individuals who experienced socio-economic vulnerability experience low life satisfaction hence, affecting their subjective well-being.

Also, financial security is a critical economic variable that tends to impact later life satisfaction because older adults with increased financially security may possess lower levels of stress, fear, anxiety, tension, and depression, which tend to pose negative effects on life satisfaction. This could be attributed to the fact that being financially secure tends to provide senior citizens with the means to be able to pursue self interests, travel at ease, and also could make them enjoy their hobbies, which could in the long run contribute to a better sense of wellbeing hence, increased life satisfaction among the senior citizens. Su & Muhammad (2022), investigated the role of economic, and social parameters on life satisfaction and happiness, using secondary data such as freedom to make life choices (FMLC); GDP growth; Employment rate (ER); Social contribution (SC); Social support (SS); Life expectancy (LE); High qualification (HQ); Innovation and development (ID); Coverage of social safety (CSS), and found that they were all determinants life satisfaction.

Juxtaposing the works of Su & Muhammad (2022); Sekulova et al. (2023); and Akkiraju and Rao (2025), it could be affirmed that economic related factors could play a significant or critical role in influencing later life satisfaction among senior citizens however, there is lack of evidences to which extent this relational influence may occur- this is a major gap this study seeks to fill. In addition, most of this studies focusing on influence of social and cultural values on later life satisfaction are done outside Nigeria, and may not be used to draw inferences to the Nigeria society, thus, there should be need to refocus research compass on further investigating the effects of economic state on later life satisfaction among the senior citizens. To this end, this present study focuses on investigating the relational effect of economic related factors on the later life satisfaction among the senior citizens in Edo State, Nigeria.

2.8 Environmental Issues and Later Life Satisfaction

The physical and social environment, and also having access to natural environments could play a very crucial role in the propensity for senior citizens to have better wellbeing and life satisfaction. For example, the physical environment where senior citizens live could pose a significant impact on their life satisfaction because senior citizens who live in safe, accessible, and well-maintained environment could possess better life satisfaction. Also, individuals having strong social connections and support networks could possess better life satisfaction as stated by Cohen et al. (2015).

Silva, de Keulenaer and Johnstone (2012) examined the environmental quality and its effect on life satisfaction, using micro-data, and noted that environmental conditions could likely pose significant effect on later life satisfaction, and this relationship could be directly or

indirectly. Also, Nagendra (2024), examined the relationship between life satisfaction and the environment, and found that certain environmental challenges such as air pollution, water pollution, and others could consist of environmental issues that could affect better life satisfaction.

In addition, older adults having access to natural environments, which could include parks and gardens, and others could report better life satisfaction than those who do not have as reported by Sullivan, Kuo & Brunner. (2001) that senior or older adults who tend to live in green spaced areas do possess better life satisfaction. Gan, Wister & Best (2022) examined the relational effect of environmental quality on life satisfaction among older adult, using baseline and follow-up data of after 3 years, drawn from the Canadian Longitudinal Study on Aging from a sample of 14,301, among participants aged at least 65 years, and found that housing quality and neighborhood cohesion tend to pose certain significant effects on life satisfaction and also pose significant influence on mental well-being of the adults. Thus, revealing the significance of environmental quality on later life satisfaction of senior citizens

In summary, drawing inferences from the works of Cohen et al. (2015); Silva et al. (2012); and Gan et al. (2022) it could be affirmed that environmental related issues could play a significant or critical role in influencing later life satisfaction among senior citizens. However, there is lack of evidence to which extent this relational influence may occur- this is a major gap this study seeks to fill. In addition, most of these studies focusing on influence of environmental challenges on later life satisfaction are done outside Nigeria, and may not be used to draw inferences to the Nigeria society, thus, there should be need to refocus research compass on further investigating the effects of environmental issues on later life satisfaction among the senior citizens. To this end, this present study focuses on

investigating the relational effect environmental related factors on the later life satisfaction among the senior citizens in Edo State, Nigeria.

2.9 Demographic Factors and Later Life Satisfaction

Demographic perspectives play a significant role in shaping later life satisfaction hence, understanding the potential effects of the demographic characteristics could provide certain important insights into the major factors that could contribute to a later life satisfaction among older age. Hence, the later life satisfaction among senior citizens could also be explained from the demographic perspectives like age, gender, income, education, and marital status. Xu et al. (2023) examine the socio-demographic determinants of life satisfaction among grandparent caregivers, and noted that marital status, income, and others were found to be associated with life satisfaction Khairani, Wahab, Sukadarin, & Sutarto (2023) examined demographic factors and life satisfaction, using 313 respondents, and found that the tenure at work and marital status were major demographic factors that affect life satisfaction hence, could affect later life satisfaction. The result further revealed that individuals who are married and work longer in their career tend to have a better later life satisfaction than those who are not married, divorced, separated, and do not work lesser. However, the age, department, and others were not statistically significant to influence later life satisfaction.

Nevertheless, since demographic characteristics of senior citizens could play major role in later life satisfaction, other demographic such as age, gender, and others could also play significant role in later life satisfaction of senior citizens. Age could be a significant demographic factor that could tent to influence the later life satisfaction, because life

satisfaction could follow a U-shaped curve, as the life satisfaction level decreasing, particularly during the middle age and tends to increase again, particularly in the older age. Such curve could be attributed to the numerous challenges and stresses that are associated with life at the middle age, which could cut across family responsibility, societal commitment, career pursuance, and others.

Paul, Pai, Thalil and Srivastava, (2024) in their study, examining the differences in life satisfaction among older adults in India, noted that, older adults are associated with higher life satisfaction in India, opposing certain claims that there is a positive association between age and life satisfaction only exists in high-income nations hence, revealing that, whether developed or developing nation, older adults that are conceptualized as senior citizens in this study could experience higher and better life satisfaction as they get older, all this being equal.

Also, gender could be another major demographic factor that could influence the later life satisfaction, particularly among senior citizens because Kim & Lee (2017), in their study on the effects of gender on life satisfaction among older adults, found that women may report a lower life satisfaction than the men, particularly, at older age. However, Paul et al. (2024) in their study, examining the differences in life satisfaction among older adults in India, noted that when one puts into consideration only gender effect, older men in India have higher and better life satisfaction than the older women. But, such assertion take a dive to favour older women, reporting higher life satisfaction than their male counterparts, when taking all other measures such as age, religion, supports, discrimination, and others into account. Such gender difference, with regards to life satisfaction could be attributed to the social and economic disparities that could manifest and be experienced by the female gender

throughout live stage. This could be because of social and economic variables hence, income tends to become an important variable in the later life satisfaction. Income is very critical demographic factor, and could influences the later life satisfaction as older adults with higher incomes could experience better life satisfaction (Mutchler & Burr, 2017; Xu et al., 2023).

Also, education could be another demographic factor posing significant influence on the later life satisfaction of senior citizens as older adults with higher education levels may experience a higher life satisfaction attributing to the increasing cognitive, network and social skills that higher levels of education could provide. According to Xu et al. (2023), marital status tends to play a significant role in the later life satisfaction among individuals hence, marital status is also a demographic variable posing significant influence on the later life satisfaction because married older adults could have higher and better life satisfaction than the unmarried older adults, peradventure due social support and companionship provided by certain spouse.

Also, Bramhankar et al. (2023) did an assessment on the correlates of life satisfaction among older adults in India and used descriptive statistics and chi-square test to analyse the data collected, and found that certain demographic factors such as gender, education, marital status, expenditure, and others were also significant factors affecting life satisfaction among senior citizens of India.

In summary, drawing inferences from the works of Mutchler & Burr (2017); Xu et al. (2023); Bramhankar et al. (2023); Khairani et al. (2023); Paul et al. (2024, it could be affirmed that demographic related factors could play significant role in influencing later life satisfaction

among senior citizens however, there is lack of evidences to which extent this relational influence may occur- this is a major gap this study seeks to fill. To this end, this present study focuses on investigating the relational effect demographic related factors on the later life satisfaction among the senior citizens in Edo State, Nigeria.

2.10 Previous Demands affecting subsequent Adult Stage among Senior Citizens

Life expectancies are progressively changing with respect to and different life stages, causing a significant shift in human needs particularly among the senior citizens (Briede-Westermeyer, Fraga, Schilling-Norman & Pérez-Villalobos, 2023). According to World Health Organization (2023), the elderly or rather, the senior citizens as conceptualized in this present study, tend to be exposed to changes in their general system, cognition, and memory, coupled with the dynamic change in their sensory and musculoskeletal system, which could also influence their types and level of needs within the human community, and this could pose several significant effect on their wellbeing or quality of life and, subsequently, affect their life expectancy with regards to future demands.

Czaja, Boot, Charness & Rogers (2019) provided a CREATE model by analysing the needs and desires of users among older age group, and identified six activity domains or dimensions which are health, living environment, work and volunteer activities, leisure activities, communication and social engagement, and transportation. According to Czaja, Boot, Charness & Rogers (2019), the needs and desires among older persons tend to move in the form of a pyramid. At the base level, there are what they termed the basic activities of daily living (B-ADL), and it was conceptualized as the necessary activities that are needed to be executed and done for survival. The next level is what they call, the instrumental

activities of daily living (I-ADL), such are required for execution of complete independence. Also, at the top, there are what they called the enhanced/advanced activities of daily living (E-ADL), which are necessarily important for certain high level of life satisfaction and well-being. This model is presented in Figure 2.1 below and has been deployed by several authors such as De Vriendt et al. 2012) and Czaja et al. (2019).

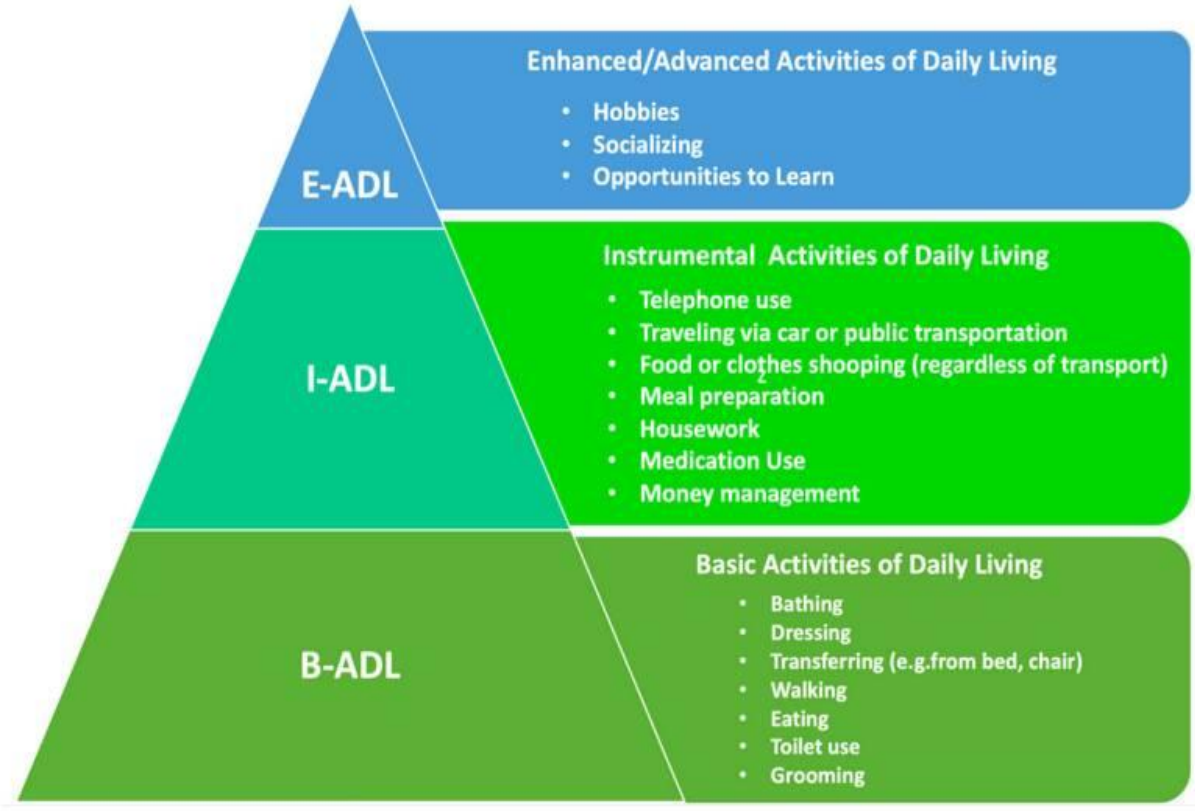

Figure 2.1: CREATE Framework adapted from Czaja et al. and De Vriendt et al. and Developed by Briede-Westermeyer, Fraga, Schilling-Norman & Pérez-Villalobos (2023).

Also, among the six domains or dimensions, the aged usually have good healthcare performed but most aged are living in poor environment leading to poor living environment performance. This is because the elderly persons taking measures from micro perspective of healthy aging ultimately tends to improve the life satisfaction of the elderly leading to better

wellbeing (Tian & Chen, 2022). Moreover, the Socioemotional Selectivity Theory explained that there are changes in motivation for actively seeking needs (Carstensen, 1993; Carstensen, Isaacowitz & Charles, 1999). The Socioemotional Selectivity theory tend to propose that with an increasing age, individual motivational goals tend to change hence, their need also changes based on how much time they may possess to live. According to Edewor, Ijiekhuamhen & Emeka-ukwu (2016), what borders the elderly at certain age level, may not border him of her again when at the next adult stage in life and this reveals that there are different needs at different levels of adulthood.

Papi and Cheraghi (2021), when trying to define life satisfaction, noted that it is a typical and also deep inner happiness that tends to emanate from an individual experiences from the outside world, which could be expresses either in the positive or negative attitude of an individual towards his personal life and also simultaneously reflect on the feelings of the individuals with regards to the past, present or future. This reveals that life satisfaction of the present could be rested on or affected by the previous life satisfaction of previous stage of adulthood.

Vijayakumar, Devi and Jawahar (2016), in their study, revealed that older individuals that tend to possess higher life satisfaction at previous stages in life may appear to have better health and behaviors which could also affect the wellbeing of present age stage. This could also cumulate to having the potential to tackle the necessary problems that accompanies aging and also the accompanied physical and psychological problems it hence, a higher level of life satisfaction as age increases.

Li, Chi and Xu (2013) revealed that better life satisfaction among older adults is associated with the effective usage of previous age levels to acquire better level of education, financial resources, good health, and others. Hence, life satisfaction of previous adult stage play major role in influencing the present satisfaction among the elderly. This could be why Mekonnen Lindgren, Geda, Azale & Erlandsson (2022) noted that life satisfaction could be observed or defined as the feeling of being satisfied with one's present life and even being satisfied with ones earlier life up till the present stage. This definition tends to be encompassing, cutting across the whole stages of adulthood to measure ones life satisfaction in the human community. Hence, Celik, Celik, Hikmet & Khan (2018) explained that life satisfaction among the older adults tends to be a complex and multifaceted phenomenon.

Tanyi, André & Mbah (2018), in their study, revealed that the rapid demographic change in the society pose a significant influence on the changing needs of the elderly in the society, Hence, there is need to understand the major needs of the senior citizens, particularly with respect to different age groups towards assisting to respond to such current social priorities which is common among the elderly with complex needs of the increasingly ageing population in the country (Tanyi et al., 2018).

Jafaraghaee, Mansour-Ghanaei, Mayeli and Atrkar-Roshan (2025) noted that many senior citizens reported diminishing life satisfaction at old age revealing that many are not satisfied with their present stage at present age level but were once more satisfied in previous adult stage. Therefore, the needs of the elderly could change as they move from one stage of life and from one age group to another thus, the needs of an adolescents tend to differ from those of young adults, and also, differs from the older adults group, and even within the terrain of older adults, needs still changes with age differences.

2.11 Theoretical Framework

The study adapted two major theories which are the Disengagement Theory by Cumming and Henry (1961) and the Activity Theory of aging by Havighurst (1961). The disengagement theory stipulates that, adults tend to be disengaged and released from certain social roles as they aged, couple with the fact that there is evidence of psychological energy withdrawal, particularly from social ties. This withdrawal could eventually lead to low morale, thereby posing negative impetus on the later life satisfaction of adult in the long run (Nickerson, 2023). Disengagement is an inevitable process in which many of the relationship between a person and other members of society are severed and those remaining are altered in quality." The theory argued that by the sixth decade of life, that is, about the age of 60, individuals begin to withdraw from those interactions that defined their life and which is seen by the society as desirable, inevitable and mutual. This withdrawal is implicit in retirement.

Due to the inevitability of death, the society and the individual in advance societies sever their ties to avoid disrupting the social system, and lessening social interaction leads to the weakening of norms guiding interactions between the society and elderly individuals (Quadagno, 2008). To the extent that society offers the elderly the "permission" to disengage, scholars were of the view that the society uses pension to keep the elderly out of the labour force so that younger people can take over their positions. This shows clearly how the elders are made to retire from their work role. This theory assumed that it is necessary for the Senior Citizens to retire at certain age so that younger individuals can take over their jobs. This theory has been criticized on the ground that it contains bias against the elderly who are seen as sinking into oblivion or decrepitude when they disengage from an active

social life. The older adults however enter into new roles which are more or less an exchange of one role for another. They enter into roles which centre on friendship which is as satisfying as the first set of roles (Jerome, 1992). This perhaps also explains work after retirement as a means of continuing familiar activities of the middle-age. In Shanas' (1965) view, the theory implies the desirability of disengagement and therefore makes allowances for the neglect of the elderly as well as creating a sense of apathy towards the challenges of the older people.

Social Disengagement Theory argues that ageing can be thought of as a mutual withdrawal or disengagement which inevitably takes place between the ageing person and others (Cumming & Henri, 1961). The process leads to a relinquishment of roles since the ageing person drops out of the working sphere and children move out of the house. In addition, older people face a reduction of ties since peers start to die off. This process is conceived as removing the individual from a certain amount of normative control, free to become more individualized, and less likely to be easily assimilated into new groupings (Cumming & Henri, 1961) While many older adults experience ageing as a positive time because they remain active and connected to others, the majority of other elders become disconnected from family, friends, and community. Understanding the causes of isolation can help position policymakers to help mitigate feelings of isolation among the elderly and contribute to a much-needed societal change. The environment can play a big role in isolation among the elderly. Many community settings are not ageing-friendly. The vast majority of older adults prefer to age in peace. As reported by Partners for Livable Communities (2007), a design that makes it difficult to work may contribute to older adults' isolation and therefore may negatively impact their quality of life.

Disengagement Theory tends to explain the resultant negative effect of senior citizens withdrawal on later life satisfaction, the activity theory explains a positive resultant effects of being active in the society on later life satisfaction, particularly among senior citizens. Hence, drawing from the disengagement theory and the activity theory of aging, all other factors held constant, the later life satisfaction among senior citizens could be influenced by either being disengaged from the society or remaining active. Also, the study assumes that certain other factors could also be of significance to play major role in the effect of disengagement theory and the activity theory on the later life satisfaction of senior citizens

Activity Theory

According to the activity theory of aging also known as the implicit theory of aging, normal theory of aging, and lay theory of aging), there is a positive relationship between a person's level of activity and life satisfaction, which in turn increases how positively a person views himself or herself (self-concept) and improves adjustment in later life. Although these two theories are not mutually exclusive. Activity Theory is often contrasted with disengagement theory Proposed by Cummings and Henry in 1961. Disengagement Theory describes social disengagement as an adaptive response to aging in which elderly persons relinquish roles while maintaining a sense of self-worth. This voluntary surrender of activities is thought to permit the orderly transfer of power from older to younger generations and is beneficial for both the aging individual and society.

The activity theory of aging proposes that a successful aging process is linked to maintaining social and mental engagement, as well as physical activity, throughout old age. This theory suggests that when older adults replace roles lost due to retirement or other

life changes with new ones, they experience greater happiness, purpose, and well-being. Activity Theory suggests that the aging process is slowed or delayed, and quality of life is enhanced when the senior citizens remain socially active (attending or hosting events or pursuits that bring members of a community together to interact with each other). Book clubs, club sports, barbeques, volunteer work, fitness classes, brunch dates, holiday celebrations and protests are just a few examples of how people maintain a healthy social life, which the Activity Theory of aging reports contributes to overall health in later life. The theory assumes a positive relationship between activity and life satisfaction. Activity enables older adults to adjust to retirement in a more seamless and less stressful fashion.

Activity theory reflects the functionalist perspective that argues the equilibrium an individual develops in middle age should be maintained in later years. The theory predicts that older adults that face role loss will substitute former roles with other alternatives. The activity theory is one of three major psychosocial theories which describe how people develop in old age.

2.12 Conceptual Framework

Juxtaposing the Disengagement and the Activity theories, couple with drawing inferences from the works of Diener & Chan (2011); John et al. (2015); Morales-Vives & Dueñas (2018, this present study produced its conceptual framework as provided in Figure 2.1

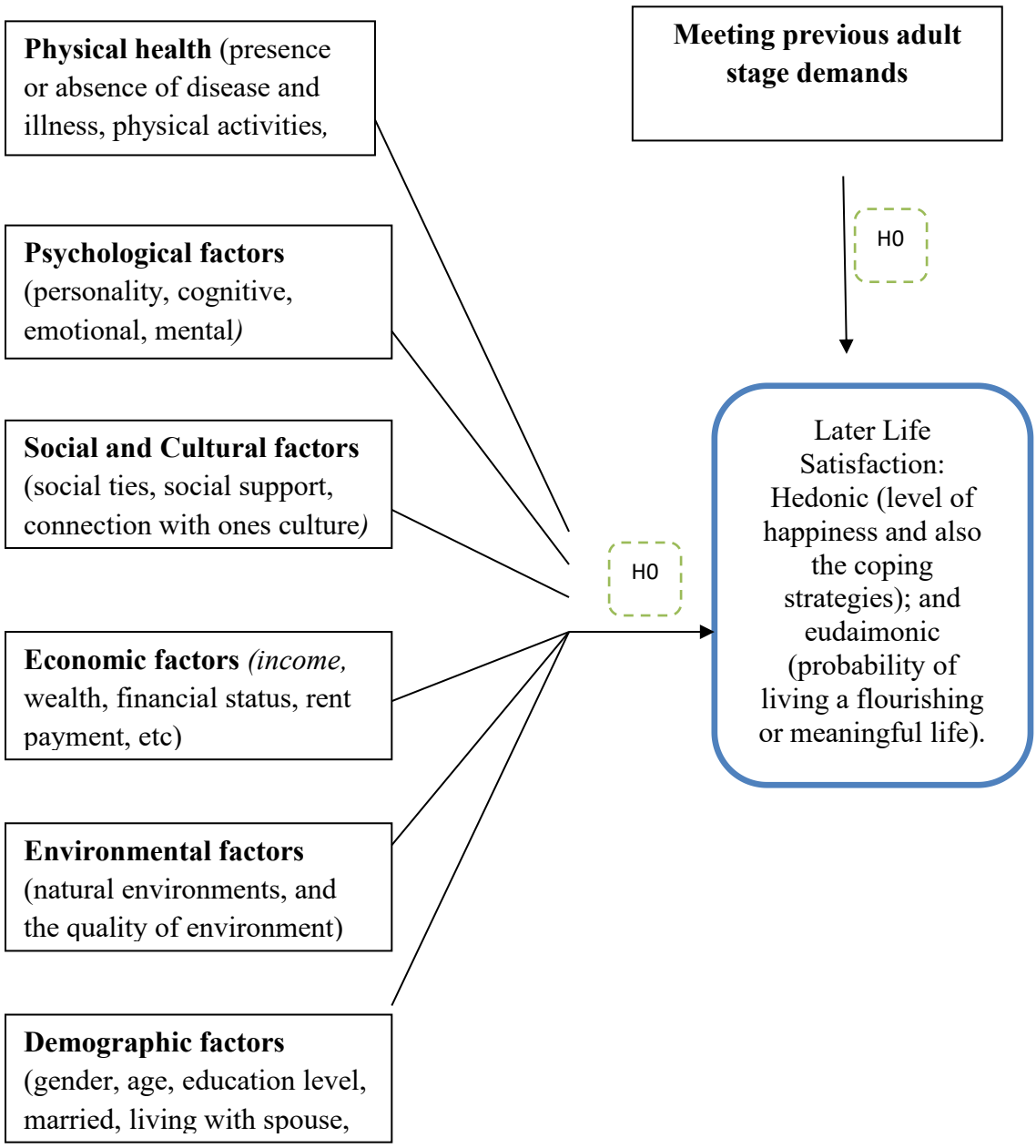

Figure 2.12 shows the conceptual framework for this present study, and from the figure there are several variables which could be categorized into two. The first are the independent variables which are physical health, psychological, social and cultural, economic, environmental, and demographic factors, and also whether senior citizens meet the demands of previous adult stage. The second is the dependent variable which is the later life satisfaction among senior citizens.

2.13 Research Hypotheses

The following hypotheses will the guiding the study to test relationships between variables:

H1. There is a relationship between early life and later life satisfaction amongst the older adults

H1 There is an association between early economic life and later life satisfaction amongst senior citizens

H1. There is a relationship between social support system and later life satisfaction

CHAPTER THREE

RESEARCH METHODS

This chapter presented the research methods that were employed in achieving the objectives of the study. Ten sections are used in the methodology of the study; hence, it was divided into ten sections, namely the research design for the study, the population of the study, the sample size of the study, the sampling techniques deployed to select the respondents and participants of the study, the instruments used for data collection, the validity of the research instruments used to collect data and information for the study, the reliability of the research instrument (in this case, the questionnaire), the method of data collection, the method deployed for data analysis, and finally, the ethical considerations.

3.1 Research Design

The study adopted a correlational survey research design to examine the determinants of later life satisfaction among senior citizens in Benin Metropolis, Edo State, Nigeria. The correlational Survey Design was considered appropriate because the study sought to investigate the relationships between selected independent variables and the dependent variable without manipulating any of the variables involved. In this context, the study aimed to determine how socio economic characteristics, health care status, and social support networks relate to the level of later life satisfaction experienced by senior citizens.

The correlational survey design is widely used in social science research when the objective is to examine the nature and strength of relationships among variables within a natural setting. It allows researchers to collect data from a relatively large population at a single

point in time and to analyse the extent to which variations in one variable are associated with variations in another. In the present study, later life satisfaction served as the dependent variable, while factors such as age, gender, marital status, level of education, economic status, health seeking behaviour, access to health care, health outcomes, and social support networks constituted the independent variables.

Data for the study were collected from senior citizens aged sixty years and above residing in Benin Metropolis. The study focused on individuals living across different communities within the metropolis in order to capture variations in socio economic background, access to services, and social support systems. By drawing respondents from different residential areas within the metropolis, the study was able to obtain a broad representation of the experiences of older adults within the study area.

The survey approach enabled the researcher to gather data directly from the respondents through the use of a structured questionnaire. The questionnaire was designed to obtain relevant information on the socio demographic characteristics of the respondents, their health care experiences, social support networks, and their perceived level of life satisfaction. The use of a questionnaire also allowed the study to obtain standardized responses from a relatively large number of participants, thereby improving the reliability and comparability of the data collected.

The choice of a correlational survey design was therefore suitable for this study because it provided an effective framework for examining the relationships between the determinants of later life satisfaction and the perceived well-being of senior citizens in Benin Metropolis. Through this design, the study was able to analyse how variations in socio economic

conditions, health care access, and social support systems influence the life satisfaction of older adults within the study area. The findings generated from this approach are expected to provide useful insights for Gerontologists, policymakers, and community stakeholders seeking to develop interventions that will enhance the well-being and quality of life of senior citizens in Benin Metropolis, Edo State.

3.2 Area of the Study

This study was carried out in Benin Metropolis, the capital city of Edo State in the South South geopolitical zone of Nigeria. Benin Metropolis is one of the major urban centres in southern Nigeria and serves as the administrative, commercial, educational, and cultural hub of Edo State. The metropolis is located approximately between latitude 6°20′ and 6°45′ North and longitude 5°35′ and 5°44′ East. It shares boundaries with other local government areas within the state and forms the central urban corridor of Edo State. Over the years, the city has expanded significantly as a result of rapid urbanisation, population growth, and economic development.

Administratively, Benin Metropolis consists mainly of three Local Government Areas which include Oredo, Egor, and Ikpoba Okha. These local government areas constitute the core urban structure of the metropolis and contain numerous residential communities, commercial centres, educational institutions, healthcare facilities, markets, and government establishments. The urban character of Benin Metropolis is reflected in its growing infrastructure, expanding road networks, housing developments, and increasing economic activities.

The metropolis is widely recognised as the political and administrative headquarters of Edo State. It houses major state government ministries, parastatals, and public institutions which provide employment opportunities for residents. In addition, the city serves as an important commercial centre where various economic activities such as trading, transportation services, small and medium scale enterprises, and informal sector businesses thrive. Major markets such as Oba Market, New Benin Market, and other neighbourhood markets attract traders and buyers from different parts of the state and neighbouring regions, thereby contributing to the economic vibrancy of the city.

Benin Metropolis is also an important educational centre within the region. The presence of several tertiary institutions, including the University of Benin and other higher institutions, has attracted students, academics, and professionals from different parts of Nigeria and beyond. This has contributed to the cosmopolitan nature of the city and has influenced its socio economic development. The educational institutions within the metropolis also play a significant role in research, innovation, and human capacity development.

The population of Benin Metropolis is diverse and consists of people from various ethnic, cultural, and religious backgrounds. Although the Edo people constitute the indigenous population, the city accommodates individuals from other parts of Nigeria due to migration for employment, education, and business opportunities. As a result, Benin Metropolis has evolved into a multicultural urban environment characterised by social diversity and interaction among different population groups.

In terms of healthcare services, the metropolis hosts several public and private health institutions that provide medical services to residents. Major hospitals, clinics, and primary

health centres are located across the different local government areas within the city. These healthcare facilities play a significant role in addressing the health needs of the population, including those of older adults who may require more frequent medical attention due to age related health conditions.

Like many rapidly growing urban centres in Nigeria, Benin Metropolis has experienced significant social and economic transformations over the years. Urbanisation, economic pressures, and migration patterns have influenced family structures and social relationships within the city. Traditional extended family support systems that previously provided care for older persons are gradually changing as younger family members relocate in search of employment opportunities in other cities or abroad. These social changes have implications for the well being of senior citizens, particularly in areas such as financial security, health care access, and social support.

Despite these challenges, Benin Metropolis also provides various social and community networks that may influence the quality of life of older adults. Religious institutions, community associations, neighbourhood groups, and social organisations often play important roles in providing emotional support, social interaction, and informal assistance to elderly individuals within the community. These social structures may contribute positively to the life satisfaction of senior citizens by providing opportunities for participation, belonging, and social engagement.

The presence of both urban opportunities and social challenges makes Benin Metropolis an appropriate setting for examining issues related to ageing and later life satisfaction. Senior citizens residing in the metropolis may experience diverse living conditions depending on

their socio economic status, access to healthcare services, availability of family support, and level of social participation within the community. Understanding these conditions is important in identifying the factors that influence the well being and life satisfaction of older adults.

Therefore, Benin Metropolis provides a relevant social context for investigating the determinants of later life satisfaction among senior citizens. By focusing on this urban environment, the study seeks to examine how socio economic characteristics, health care status, and social support networks influence the life satisfaction of older adults aged sixty years and above. The findings from this study are expected to contribute to knowledge that can support the development of effective social policies, community interventions, and gerontological practices aimed at improving the quality of life of senior citizens in Edo State and Nigeria at large.

3.3 Population of the Study

The population of the study comprises senior citizens residing in Benin Metropolis of Edo State, Nigeria. According to the 2006 Population and Housing Census conducted by the National Population Commission, the total population of these three Local Government Areas was 1,188,334. Specifically, Oredo Local Government Area had a population of 374,671, Egor Local Government Area had 340,287 residents, while Ikpoba Okha Local Government Area had a population of 473,376 (National Population Commission, 2006).

Although the national census did not provide a specific breakdown of the population of senior citizens in each Local Government Area, demographic estimates from national

demographic reports indicate that persons aged sixty years and above constitute approximately five to six percent of the Nigerian population. This proportion is frequently used by researchers to estimate the elderly population in a particular locality when detailed age disaggregated data are not readily available. Using this demographic estimate, the elderly population of Benin Metropolis can be approximated from the total population figures of the three Local Government Areas.

Recent demographic projections estimate that the population of the Benin metropolitan area reached approximately 2,045,000 in 2025, reflecting steady urban growth in the city and its surrounding communities. This increase suggests that the population across the constituent local government areas has expanded considerably since the 2006 census. Using population projection trends for Edo State and the growth rate commonly applied in demographic studies, the population of the three Local Government Areas that constitute Benin Metropolis can reasonably be projected to about 2,045,000 by the year 2025. Applying the six percent demographic estimate for persons aged sixty years and above suggests that the projected population of senior citizens in Benin Metropolis in 2025 is approximately 122,700 individuals. These elderly residents across the three Local Government Areas constitute the target population for the present study on the determinants of later life satisfaction among senior citizens in Benin Metropolis, Edo State.

To further illustrate the population distribution, the estimated population of senior citizens based on the 2006 census figures and the projected 2025 population of Benin Metropolis is presented in Table 3.1.

Table 3.1: Estimated Population of Senior Citizens (60 Years and Above) in Benin Metropolis (2006 Census and 2025 Projection)

Local Government Area	Population (2006 Census)	Estimated Senior Citizens 60+ (6%)	Projected Population 2025	Projected Senior Citizens 60+ (6%)
Oredo	374,671	22,480	643,000	38,580
Egor	340,287	20,417	584,000	35,040
Ikpoba Okha	473,376	28,403	818,000	49,080
Total	**1,188,334**	**71,300**	**2,045,000**	**122,700**

Sources: National Population Commission (2006); population projection estimates for Benin metropolitan area.

The table indicates that Ikpoba Okha Local Government Area has the largest share of the population and consequently the highest estimated number of senior citizens, followed by Oredo and Egor Local Government Areas. The presence of a substantial number of elderly persons across these areas underscores the importance of examining the determinants of later life satisfaction among this population group. Consequently, the projected population of approximately 122,700 senior citizens in Benin Metropolis.

3.4 Sample Size and Sampling Technique

The population of this study consists of the projected population of senior citizens aged 60 years and above in Benin Metropolis, Edo State. Based on the population projections derived from the 2006 National Population Census and the 2025 projected metropolitan population of 2,045,000, the estimated population of senior citizens in the metropolis is 122,700 persons.

In order to obtain a manageable but scientifically representative sample from this population, a percentage method was adopted. In social science research, especially when dealing with very large populations, scholars recommend selecting between 1 percent and 5 percent of the population depending on the level of precision required and the resources available for

the study. For the purpose of this study, 1.1 percent of the projected population of senior citizens in Benin Metropolis was considered adequate to ensure sufficient representation across the three Local Government Areas while also allowing effective data collection.

The sample size was therefore determined using the percentage formula:

Sample Size = Population x Percentage

Thus,

122,700 x 0.011 = 1,349.7

The result was approximated to 1,350 respondents, which constitutes the final sample size for the study. To ensure proportional representation of respondents across the three Local Government Areas that make up Benin Metropolis, the sample was proportionately distributed according to the estimated population of senior citizens in each Local Government Area.

Table 3.2: Proportional Distribution of Sample Size Across Local Government Areas

Local Government Area	**Projected Senior Citizens (2025)**	**Percentage Share**	**Sample Size**
Oredo	38,580	31.4%	**424**
Egor	35,040	28.5%	**385**
Ikpoba Okha	49,080	40.1%	**541**
Total	**122,700**	**100%**	**1,350**

The table shows that 541 respondents were selected from Ikpoba Okha Local Government Area, 424 respondents from Oredo Local Government Area, and 385 respondents from Egor

Local Government Area. This proportional allocation ensured that each Local Government Area was fairly represented in the sample based on its share of the senior citizen population.

This study adopted a multistage sampling technique in order to ensure adequate coverage of senior citizens across Benin Metropolis while maintaining representativeness and feasibility of the study. At the first stage, purposive sampling was used to select the three Local Government Areas that constitute Benin Metropolis, namely Oredo, Egor, and Ikpoba Okha. These Local Government Areas were purposively selected because they collectively represent the metropolitan area of Benin City and contain the largest concentration of urban and peri-urban populations in Edo State.

At the second stage, stratified sampling was applied to categorise the senior citizen population according to the three Local Government Areas. This stratification ensured that each Local Government Area served as a distinct stratum from which respondents were selected in proportion to their population sizes.

At the third stage, proportionate sampling was used to allocate the sample size of 1,350 respondents across the three strata based on their respective estimated populations of senior citizens. This approach ensured that areas with larger elderly populations contributed more respondents to the study while smaller populations were also adequately represented.

Purposive selection of communities within each LGA was conducted. Communities were chosen based on population density, accessibility, and known concentration of senior citizens. The selected communities were:

a. Oredo LGA: Oliha, Ogbe, Oko-Ogba, and Irhirhi

b. Egor LGA: Useh, Ogida, Uselu and Uwelu

c. Ikpoba Okha LGA: Aduwawa, Idogbo, Oka and Eyean

Within these selected communities, systematic random sampling was used to select individual respondents aged 60 years and above. In each of the selected streets within the communities, houses were approached in a systematic pattern by selecting the 1st, 3rd, 5th, and 7th houses on the street. This procedure was adopted to ensure an organised and unbiased selection of households for the study. In situations where a selected house did not have a senior citizen aged 60 years and above, the next immediate house was approached and any available senior citizen in that house was included in the study. This process was repeated across the selected streets to maintain the systematic nature of the sampling technique.

3.5 Instrument of Data Collection

The study adopted two instruments for the collection of data from the field. These instruments were the structured questionnaire and the In-Depth Interview. They were adopted in consonance with the nature of the research and the topic under investigation. The two instruments were considered adequate because the study entailed a mixed methods approach. According to Collis and Hussey (2009), a questionnaire is a method of collecting primary data in which a sample of respondents are asked a list of carefully structured questions chosen after considerable testing with a view to eliciting reliable responses. The research instrument for the quantitative component of the study was the structured questionnaire. The structured questionnaire contained both open ended and closed ended questions. It was further divided into two sections. Section A focused on questions dealing

with socio demographic data such as sex, age, religion, occupation, and related variables, while section B contained questions relating to the research questions raised in the study. The questions were structured in simple English language so that the senior citizens could easily comprehend and respond to them to the best of their knowledge and ability.

The second instrument of data collection in the study was the In Depth Interview. The use of the In Depth Interview was crucial because it represented one of the essential components of qualitative research design, as it offered rich information about the experiences and viewpoints of research participants on the subject matter. This instrument was designed to produce thick and detailed data that complemented or refuted the findings from the quantitative data. During the interview sessions, the study was guided by a pre designed set of open ended questions that were administered in a structured and well organised manner.

3.6 Validity and Reliability of the Instrument

In both quantitative and qualitative research, the credibility of findings depended heavily on the validity and reliability of the instruments and methods used. In quantitative studies, validity referred to the extent to which an instrument measured what it was intended to measure. Face and content validity were adopted in this study. Content validity was achieved through the presentation of the instruments to three experts from the Department of Sociology and Anthropology, including the supervisors, as well as one additional expert in the relevant field of interest, together with the research questions the study sought to answer. The experts certified that the content of the two instruments was adequate in scope and reflected the intent of the study. Suggested modifications and corrections based on their editorial and professional input were duly incorporated.

In qualitative studies, the parallel concepts described as trustworthiness, which encompass credibility, transferability, dependability, and confirmability. Rather than relying on statistical tests, the qualitative component verified these criteria through methods such as triangulation using multiple sources or perspectives, member checking involving participants' validation of findings, prolonged engagement, peer debriefing, and the maintenance of an audit trail. These techniques ensured that the findings accurately reflected participants' experiences and that the study was conducted in a transparent and rigorous manner.

The term reliability refers to the consistency and stability of the research instruments. In this study, both the pretest and posttest approaches were employed. A pretest was administered to a segment of the target population. After addressing the identified issues and making necessary adjustments, the same set of instruments was re administered to the same group of respondents after a two week period. This post test phase allowed for a comparison of the results that were conducted to evaluate whether the findings from the pretest and posttest were significantly consistent. Additionally, the reliability of the qualitative data collected through the semi-structured interviews was ensured through rigorous procedures. Trained research assistants followed a standardised interview guide, which helped to maintain consistency in the administration of the interviews across participants and locations.

3.7 Method of Data Collection

The study adopted the survey method**,** specifically a one-time survey approach, for data collection. This method is widely used in social science research because it enables researchers to obtain information directly from a defined population through structured

instruments such as questionnaires. It was considered appropriate for this study as it facilitated the collection of relevant information from senior citizens regarding factors influencing their satisfaction in later life.

The one-time survey approach involves collecting data from respondents at a single point in time without repeated contact with the same participants. In this study, the researcher, with the assistance of trained research assistants, visited the selected communities and administered the research instrument to respondents aged 60 years and above. Information was obtained during this single field exercise, and each respondent participated only once in the data collection process.

This approach was suitable because it provided a clear picture of the conditions and experiences of senior citizens in the study area at the time of the research. It also made it possible to obtain information from a relatively large number of respondents within a limited period. Furthermore, the method reduced the logistical demands, time requirements, and financial costs that are often associated with studies involving repeated follow-up with the same participants.

The quantitative data was collected through the administration of structured questionnaires to senior citizens, with a view to generating measurable information on socio-economic characteristics, health care status, social support networks, and levels of later life satisfaction. This aspect of the study made it possible to examine patterns, relationships, and variations among the study variables in a systematic and statistically analyzable manner.

The qualitative data were collected through in-depth interviews with selected participants to gain deeper insight into their lived experiences, perceptions, and personal interpretations of ageing and life satisfaction. The qualitative component provided rich, detailed explanations that could not be fully captured through the questionnaire alone, especially regarding the challenges, coping strategies, and conditions of later life that required improvement. The combination of quantitative and qualitative data therefore strengthened the study by ensuring both breadth and depth in the investigation of later life satisfaction among senior citizens.

3.9 Method of Data Analysis

The study adopted both descriptive and inferential statistics in the process of data analysis. Descriptive statistics, such as simple percentages, tables, and charts, were used to organise and present data relevant to the socio-demographic variables of participants, ensuring clarity and facilitating easy analysis and presentation. Inferential statistical tools were employed to draw conclusions from the data in relation to the stated objectives of the study. The quantitative data were analysed using the Statistical Package for Social Sciences (SPSS) version 22. The qualitative data were analysed using manual content analysis, with thematic analysis employed to complement the quantitative data analysis. This process was conducted after transcribing the comments of the interviewees and making necessary corrections to any grammatical errors identified during the interview sessions.

3.10 Ethical Considerations

Ethical considerations were carefully observed in this study, and the researcher ensured that the rights of all potential respondents and participants were respected. This was justified by

the need to adhere to established codes of conduct when dealing with human participants in research (Resnik, 2024). In line with this, informed consent was obtained from respondents and participants prior to the administration of questionnaires or their participation in the interview process. Participants and respondents were given the right to decide whether to participate voluntarily in the study, allowing them to make an informed choice about their involvement.

Furthermore, all information obtained from respondents and participants was treated as confidential and anonymous. The identities of respondents and participants were not disclosed in the results section of the study, ensuring that their privacy was protected throughout the research process.

3.11 Limitation of the Study

This study faced a few limitations that deserve acknowledgement. First, the cross-sectional design captured respondents' experiences at a single point in time, so it did not allow the study to establish causal relationships among socio-economic factors, health care status, social support networks, and later life satisfaction. Second, the study relied on self-reported responses, which may have introduced social desirability and recall bias, particularly in relation to income, health status, social support, and early life experiences.

Although the study used a large sample size, the adoption of accidental sampling at the community level may have reduced the representativeness of the sample. The restriction of the study to Benin Metropolis, Edo State, also limited the extent to which the findings can be generalised to other settings. In addition, the qualitative interviews drew on selected

participants and therefore may not have captured the full range of experiences among all senior citizens in the study area. Despite these limitations, the mixed-methods approach strengthened the study and generated useful, credible, and contextually grounded insights into the determinants of later life satisfaction among senior citizens in Benin Metropolis.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND DISCUSSION

4.0 Preamble

The aim of this study was to examine the determinants of later life satisfaction among senior citizens in Benin Metropolis, Edo State, Nigeria. The study was guided by five specific research questions which sought to: examine the relationship between socio-economic factors and life satisfaction among senior citizens; assess the relationship between health care status and later life satisfaction; explore the influence of social support networks on life satisfaction; compare life satisfaction levels and determinants between rural and urban senior citizens; and identify areas of the conditions of life of senior citizens that require improvement. Given the multidimensional nature of later life satisfaction, the study adopted a pragmatic research approach that combined quantitative and qualitative methods to provide a comprehensive understanding of the subject matter.

The study focused on male and female senior citizens aged 60 years and above residing in Benin metropolis, Edo State, Nigeria, irrespective of their socio-economic background, educational attainment, religious affiliation, or occupational history. Using a correlational survey design, data were collected from a cross-section of senior citizens across different demographic and socio-economic categories in the selected communities in Benin metropolis in Edo State, Nigeria in order to explain the relational effects of identified determinants on later life satisfaction. The dependent variable of the study was later life satisfaction, while the independent variables included socio-economic characteristics, health care status, and social support networks.

Quantitative data were generated through the administration of a structured questionnaire to a sample of 1,350 senior citizens drawn from selected rural and urban communities across the three senatorial districts of Edo State. Out of the 1,350 copies of the questionnaires distributed**,** 1,309 were correctly and completely filled, while 41 copies were incomplete and excluded from analysis. This represents a usable response rate of 97.0%. The multistage sampling technique ensured adequate representation of the study population, while accidental sampling was employed at the community level due to the absence of a comprehensive sampling frame. In addition to the survey, qualitative data were collected through in-depth interviews with purposively selected senior citizens, particularly the oldest individuals in each selected community, in order to elicit rich narratives on ageing experiences, health, social relationships, and life satisfaction.

The combination of questionnaire survey and in-depth interviews enabled the study to triangulate findings, deepen interpretation, and contextualise statistical relationships within the lived experiences of senior citizens. Quantitative data were analysed using descriptive and inferential statistics with the aid of the Statistical Package for Social Sciences (SPSS version 25.0), while qualitative data were analysed using manual thematic content analysis. This chapter therefore presents the analysis, presentation, and discussion of the data generated from the field, beginning with the socio-demographic characteristics of the respondents, followed by analyses addressing each of the research questions of the study.

4.1 Socio-Demographic Characteristics of Participants

The study examines the determinants of later life satisfaction among senior citizens in Benin Metropolis, Edo State, Nigeria.

This section presents the socio-demographic characteristics of the respondents, which are essential for understanding the background context within which later life satisfaction among senior citizens in Benin Metropolis, Edo State, Nigeria, is shaped. Socio-demographic variables such as age, gender, marital status, educational attainment, occupational background, and sector of employment before retirement are critical determinants of wellbeing in old age, as they influence access to resources, healthcare, social support, and economic security. An analysis of these characteristics provides insight into the heterogeneity of the respondents and assists in interpreting variations in later life satisfaction.

The data presented in this section were obtained from 1,309 correctly completed copies of the questionnaire retrieved from the field. The demographic composition of the respondents reflects a broad representation of senior citizens aged between 60years and above drawn from both rural and urban communities within the study area. This diversity enhances the robustness of the findings and allows for meaningful comparison across different demographic and socio-economic categories.

Table 4.1: Socio-demographic Characteristics of Respondents

Variable	Categories	Frequency (n)	Percentage (%)
Gender	Male	612	46.8
	Female	697	53.2
Age (Years)	60–69	412	31.5
	70–79	368	28.1
	80–89	291	22.2
	90–99	181	13.8
	100 and above	57	4.4
Marital Status	Married	389	29.7
	Widowed	641	49.0
	Divorced	97	7.4
	Separated	62	4.7
	Never Married	120	9.2
Educational Level	No Formal Education	356	27.2
	Primary Education	402	30.7
	Secondary Education	318	24.3
	Tertiary Education	187	14.3
	Postgraduate	46	3.5
Occupation (Before Retirement)	Farming	284	21.7
	Trading/Business	331	25.3
	Civil Service	396	30.3
	Teaching	178	13.6
	Artisan/Technical Work	120	9.1
Sector of Employment	Public Sector	742	56.7
	Private Sector	567	43.3
	Total	**1,309**	**100.0**

Source: Fieldwork, 2026

The gender composition of the respondents shows that females constitute a slightly higher proportion of the sample (53.2%) compared to males (46.8%). This pattern is consistent with demographic realities in later life, where women tend to outlive men due to biological, behavioural, and socio-cultural factors. In the Nigerian context, this gender imbalance in old age has important implications for life satisfaction, particularly given that older women are more likely to experience widowhood, economic dependency, and health-related vulnerabilities. At the same time, older men may face challenges related to loss of

occupational identity and reduced social roles following retirement. The relatively balanced representation of both genders in the sample therefore provides a robust basis for examining gendered experiences of ageing and their implications for later life satisfaction.

Age distribution among the respondents reveals a concentration in the younger-old and middle-old categories, with 31.5% aged 60–69 years and 28.1% aged 70–79 years. These groups together account for nearly three-fifths of the sample, suggesting that a significant proportion of the respondents are in the early and transitional stages of old age. However, the presence of a substantial proportion of respondents aged 80 years and above (40.4%) is particularly noteworthy. Specifically, 22.2% are aged 80–89 years, 13.8% fall within the 90–99 age bracket, and 4.4% are aged between 100 years and above. This distribution underscores the increasing longevity of some segments of the population in Edo State, while also drawing attention to the heightened health, care, and social support needs associated with advanced old age. Individuals in these age brackets are more likely to experience functional limitations, chronic illnesses, and social isolation, all of which have profound implications for life satisfaction.

Marital status is another critical socio-demographic variable influencing later life satisfaction. The findings indicate that nearly half of the respondents (49.0%) are widowed, while 29.7% remain married. The high prevalence of widowhood reflects the advanced age of the respondents and aligns with existing literature which shows that women, in particular, are more likely to outlive their spouses. Widowhood in later life is often associated with emotional distress, loneliness, and economic insecurity, especially in contexts where spousal support constitutes a major source of financial and social stability. Smaller proportions of

the respondents are divorced (7.4%), separated (4.7%), or never married (9.2%). These marital categories may present unique challenges in old age, particularly in societies like Nigeria where marriage is culturally central and serves as a key source of social legitimacy and support. The marital status distribution therefore provides important insight into the social and emotional contexts within which later life satisfaction is experienced.

Educational attainment among the respondents reveals marked generational disparities in access to formal education. Over half of the respondents (57.9%) either have no formal education or attained only primary education, reflecting historical limitations in educational opportunities during their formative years. Nonetheless, a considerable proportion of the sample possesses secondary (24.3%) and tertiary education (14.3%), with a smaller fraction (3.5%) having postgraduate qualifications. Educational attainment is a crucial determinant of later life satisfaction, as it is closely linked to lifetime income, occupational mobility, health literacy, and access to information. Senior citizens with higher levels of education are more likely to have held formal sector jobs, benefited from pension schemes, and developed coping strategies that enhance psychological wellbeing in old age. Conversely, those with limited education may face compounded disadvantages arising from economic insecurity and limited access to healthcare and social services.

The occupational background of the respondents prior to retirement further illustrates the diversity of life trajectories within the sample. Civil service employment accounts for the largest proportion (30.3%), followed by trading and business activities (25.3%) and farming (21.7%). Teaching (13.6%) and artisan or technical occupations (9.1%) make up the remainder. These occupational categories reflect both formal and informal sector

engagement, which is a defining feature of the Nigerian labour market. Occupational history is particularly important in later life, as it determines eligibility for pensions, savings accumulation, and access to post-retirement benefits. Respondents who worked in the civil service or teaching profession are more likely to receive regular pensions, which can significantly enhance financial security and life satisfaction in old age. In contrast, those engaged in informal sector activities such as farming and trading may rely heavily on family support or personal savings, making them more vulnerable to economic hardship in later life.

This distinction is further reinforced by the sector of employment prior to retirement. The findings show that 56.7% of the respondents were employed in the public sector, while 43.3% worked in the private sector. Public sector employment in Nigeria is generally associated with greater job security and access to structured retirement benefits, including pensions and gratuities. Private sector employment, particularly in informal enterprises, often lacks such protections, thereby increasing the risk of financial insecurity in old age. The relatively high proportion of respondents with public sector backgrounds may partly explain variations in later life satisfaction observed in subsequent analyses, particularly with respect to economic wellbeing and access to healthcare.

4.2 Quantitative and Qualitative Data Presentation and Analysis

Research Question One: What is the relationship between socio-economic factors (age, gender, marital status, education, economic status) and later life satisfactory among Senior Citizens in Benin Metropolis Edo State?

The cross-tabulations illustrate several clear patterns between socio-economic factors and later life satisfaction among senior citizens in Benin Metropolis.

Table 4.2a: Later life Satisfaction by Age Group

Age Group	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Total
60–64	70 (18.8%)	102 (27.4%)	98 (26.3%)	75 (20.2%)	27 (7.3%)	372
65–69	60 (16.9%)	108 (30.3%)	88 (24.7%)	80 (22.5%)	20 (5.6%)	356
70–74	68 (21.8%)	92 (29.5%)	82 (26.3%)	58 (18.6%)	12 (3.8%)	312
75+	66 (24.5%)	96 (35.7%)	59 (21.9%)	35 (13.0%)	13 (4.8%)	269
Total	**264**	**398**	**327**	**248**	**72**	**1,309**

Source: Fieldwork, 2026

Respondents aged 60–64 reported the highest satisfaction levels, with 102 indicating satisfied or very satisfied, while those aged 65-69 and above reported the greatest dissatisfaction, with 168 reporting very dissatisfied or dissatisfied. This trend reflects the cumulative effects of physical decline, limited mobility, and reduced social engagement on overall well-being.

A set of qualitative data was collected through an in-depth interview guide to complement the foregoing quantitative data. The in-depth interviewees responded to the relevant question posed to them. One 68-year-old respondent remarked,

> *As I grow older, I notice my energy and independence reducing daily. Tasks that I used to perform easily now require help. Even though my family supports me, the feeling of being dependent makes me question the quality of my life and often leaves me dissatisfied with my circumstances.*(Uyi/Widowed//Civil Service) Interviewed 02/10/2025

Similarly, a 75-year-old female observed,

> *I used to walk around the market and interact with friends freely, but now I tire easily. Staying at home feels lonely and sometimes depressing. Age has slowed me down, and my satisfaction with life*

is no longer what it was.(Agnes/Widowed/ Trading) Interviewed 02/10/2025

Another male respondent aged 69 noted,

> *Getting older comes with the reality of ailments and limitations. I am grateful for my family, but not being able to contribute actively makes me feel less valued, affecting how content I feel about life.* (osawaru /married/Secondary Education/Artisan) Interviewed 02/10/2025

Table 4.2b: Later life Satisfaction by Gender

Gender	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Total
Male	140 (20.3%)	218 (31.5%)	165 (23.9%)	130 (18.8%)	38 (5.5%)	691
Female	124 (20.1%)	180 (29.1%)	162 (26.2%)	118 (19.1%)	34 (5.5%)	618
Total	**264**	**398**	**327**	**248**	**72**	**1,309**

Source: Fieldwork, 2026

Gender appears to have a minor overall effect, though males report slightly higher satisfaction than females. Qualitative interviews, however, highlight the disproportionate impact of widowhood and dependency on women. These narratives reveal that beyond statistics, cultural expectations and economic realities make ageing more difficult for many older women, particularly in communities where social protection is limited.

A set of qualitative data was collected through an in-depth interview guide to complement the foregoing quantitative data. The in-depth interviewees responded to the relevant question posed to them. A 71-year-old female widow explained,

> *Being a widow in this community comes with both emotional and financial challenges. I rely entirely on my children, and while they are willing to help, I sometimes feel powerless and isolated. These factors diminish my happiness, and I often feel that life is not as*

fulfilling as it should be. (Kingsley//Farming) Interviewed 02/10/2025

In contrast, a 68-year-old male emphasized the value of spousal support:

> *I am fortunate to have my spouse around. We share responsibilities, and this support keeps me happy and content. I notice my female friends who lost their husbands struggle more, highlighting how gender roles affect satisfaction in old age.* (Owen /Civil Service) Interviewed 02/10/2025

A 75-year-old female added,

> *Even small tasks become stressful when you live alone. Society expects women to endure silently, but the lack of autonomy and emotional support makes life less enjoyable.* (Agnes/Widowed/Trading) Interviewed 03/10/2025

Table 4.2c: Later life Satisfaction by Marital Status

Marital Status	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Total
Single	45 (27.8%)	50 (30.9%)	37 (22.8%)	24 (14.8%)	6 (3.7%)	162
Married	130 (18.0%)	200 (27.7%)	160 (22.2%)	180 (25.0%)	51 (7.1%)	721
Widowed	70 (22.2%)	120 (38.0%)	90 (28.5%)	32 (10.1%)	4 (1.3%)	316
Divorced/Separated	19 (17.3%)	28 (25.5%)	40 (36.4%)	12 (10.9%)	11 (10.0%)	110
Total	**264**	**398**	**327**	**248**	**72**	**1,309**

Source: Fieldwork, 2026

Marital status exerts a significant influence on later life satisfaction. Married respondents reported the highest levels of satisfaction, with 231 indicating satisfied or very satisfied, underscoring the importance of companionship, emotional support, and shared resources in later life. Widowed and divorced respondents exhibited lower satisfaction, reflecting the vulnerabilities associated with the loss of a spouse or marital breakdown.

To complement of the foregoing quantitative data, a set of qualitative data was collected through an in-depth interview guide. The in-depth interviewees responded to the relevant question posed to them. Accordingly, a widowed 69-year-old explained,

> *After losing my spouse, I have had to navigate life alone, relying heavily on my children. Even though I am grateful for their support, I often feel lonely and concerned about what would happen if they were unavailable. This has made me less satisfied with life compared to when I was married.* (Aduwa/Trading) Interviewed 03/10/2025

A married 66-year-old participant remarked,

> *Having my spouse by my side makes even small joys in life meaningful. We support each other emotionally and financially, which gives me confidence and satisfaction in my daily life.* (Lawani/ Married/Business) Interviewed 03/10/2025

Conversely, a divorced 72-year-old female noted,

> *After the divorce, I struggled to manage both my health and finances alone. Social interactions feel limited, and I often feel invisible in my community, which lowers my contentment with life.* (Efe / Trading) Interviewed 03/10/2025

Table 4.2d: Later life Satisfaction by Educational Level

Education	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Total
No formal education	110 (23.0%)	160 (33.5%)	115 (24.1%)	70 (14.6%)	23 (4.8%)	478
Primary	70 (19.3%)	110 (30.4%)	85 (23.5%)	75 (20.7%)	22 (6.1%)	362
Secondary	60 (19.9%)	85 (28.2%)	90 (29.9%)	60 (19.9%)	6 (2.0%)	301
Tertiary	24 (14.3%)	43 (25.6%)	37 (22.0%)	43 (25.6%)	21 (12.5%)	168
Total	**264**	**398**	**327**	**248**	**72**	**1,309**

Source: Fieldwork, 2026

Educational attainment shows a clear positive correlation with later life satisfaction. Seniors with tertiary education reported higher satisfaction, reflecting enhanced knowledge, health

literacy, and economic independence. To complement the foregoing quantitative data, a set of qualitative data was collected through an in-depth interview guide. The in-depth interviewees responded to the relevant question posed to them. A 67-year-old respondent with tertiary education stated,

> *Education has been my greatest advantage. I can read health information, manage finances, and make informed decisions. It gives me confidence and a sense of control over my life. Without this education, I would feel less independent and my satisfaction with life would be significantly lower. Even though I am retired, my education allows me to participate in community discussions and help others, which gives me a sense of purpose and satisfaction.* (Odion/Civil Service) Interviewed 03/10/2025

A 70-year-old female with no formal education explained,

> *Not being able to read or access information makes me dependent on others. I worry about health and money matters, which affects my peace of mind. Education would have helped me navigate life more confidently.* (Evelyn/Separated/ Farming) Interviewed 03/10/2025

Table 4.2e: Later life Satisfaction by Economic Status

Economic Status	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Total
Very low	90 (24.2%)	120 (32.3%)	92 (24.7%)	55 (14.8%)	15 (4.0%)	372
Low	100 (20.1%)	150 (30.1%)	130 (26.1%)	85 (17.1%)	33 (6.6%)	498
Moderate	60 (19.9%)	90 (29.9%)	80 (26.6%)	60 (19.9%)	11 (3.7%)	301
High	14 (10.1%)	38 (27.5%)	25 (18.1%)	48 (34.8%)	13 (9.4%)	138
Total	**264**	**398**	**327**	**248**	**72**	**1,309**

Source: Fieldwork, 2026

Economic status emerges as the most influential socio-economic determinant of later life satisfaction. Respondents with higher incomes reported markedly greater satisfaction, with

61 of 138 indicating satisfied or very satisfied, compared to only 70 of 372 among those with very low income. Financial insecurity continues to be a critical stressor for many, limiting access to healthcare, leisure, and social participation.

To complement the foregoing quantitative data, a set of qualitative data was collected through an in-depth interview guide. The in-depth interviewees responded to the relevant question posed to them. A 72-year-old respondent explained,

> *Managing life on very low income is extremely stressful. Everyday expenses and medical needs weigh heavily on me. Even with family support, I constantly worry about emergencies. Financial instability overshadows the enjoyment of life, making it difficult to feel truly satisfied or content.* (Blessing /Married/ Civil Servant) Interviewed 04/10/2025

A moderately wealthy 68-year-old participant shared,

> *Having a steady income gives me peace of mind. I can afford medication, food, and occasional leisure, which makes me feel content and secure about life.* (Owen / Civil Service) Interviewed 04/10/2025

A 75-year-old high-income respondent observed,

> *Financial stability allows me to participate in social activities, help others, and maintain my health. These factors give me immense satisfaction, unlike those struggling daily for basic needs.* (Ese/Widowed/ Civil servant) Interviewed 04/10/2025

Based on the foregoing, both quantitative and qualitative data strongly indicate that socio-economic factors, particularly marital status, education, and economic level, significantly influence later life satisfaction among senior citizens in Benin Metropolis. Age and gender, while secondary, interact with health, social support, and autonomy to shape overall well-being. These findings underscore the need for targeted interventions, including economic

empowerment, educational access, and support systems for widowed or low-income seniors, to enhance life satisfaction and quality of life in later years.

Research Question Two: What is the relationship between the health care status of Senior Citizens (ie. Health-seeking behaviour, health care, access and health outcomes) and later life satisfaction in Benin Metropolis Edo State Nigeria?

Table 4.3ai: Health Care Status of Senior Citizens (N = 1,309)

Variable	Category	Frequency	Percentage (%)
Frequency of visiting health care provider	Never	215	16.4
	Once a year	430	32.8
	Twice a year	386	29.5
	More than twice a year	278	21.2
Access to adequate health care	Yes	812	62.0
	No	497	38.0
Perceived quality of health care	Very poor	102	7.8
	Poor	198	15.1
	Fair	367	28.1
	Good	459	35.1
	Very good	183	14.0
Frequency of health challenges affecting daily life	Never	142	10.8
	Rarely	332	25.4
	Sometimes	402	30.7
	Often	298	22.8
	Always	135	10.3
Regular preventive health measures	Yes	726	55.5
	No	583	44.5
Overall satisfaction with health condition	Very dissatisfied	164	12.5
	Dissatisfied	356	27.2
	Neutral	397	30.3
	Satisfied	281	21.5
	Very satisfied	111	8.5
TOTAL		**1,309**	**100**

Source: Fieldwork, 2026

The data indicate a strong relationship between the health care status of senior citizens and their satisfaction with later life. Analysis of health-seeking behaviour shows that 32.8% of

respondents visited a health care provider once a year, 29.5% twice a year, 21.2% more than twice a year, while 16.4% never visited a provider. Those who engaged in regular health check-ups reported greater life satisfaction, while respondents who never visited health facilities exhibited significant dissatisfaction.

To balance the foregoing quantitative data, a set of qualitative data was collected through an in-depth interview guide. The in-depth interviewees responded to the relevant question posed to them. A 67-year-old participant explained,

> *I rarely visit the hospital because I am afraid of high costs and long waiting times. This often leaves me anxious about my health, and I feel my life is less satisfying. If I had access to regular check-ups without fear or financial strain, I believe I would feel more secure and happier.* (Odion/ Civil Service) Interviewed 04/10/2025

Another participant aged 70 remarked,

> *Visiting the clinic regularly gives me peace of mind. I feel more in control and less fearful of sudden illness, which makes me appreciate life more.* (Evelyn/Separated/ Farming) Interviewed 04/10/2025

Similarly, a 68-year-old stated,

> *I go for routine check-ups twice a year, and knowing my health is being monitored reduces stress and improves my mood, contributing to my overall satisfaction.* (Owen / Civil Service) Interviewed 04/10/2025

Table 4.3aii: Later life Satisfaction by Frequency of Health Check-ups

Frequency of Check-ups	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Total
Never	60 (27.9%)	70 (32.6%)	50 (23.3%)	25 (11.6%)	10 (4.7%)	215
Once a year	40 (9.3%)	110 (25.6%)	120 (27.9%)	120 (27.9%)	40 (9.3%)	430
Twice a year	45 (11.7%)	100 (25.9%)	120 (31.1%)	90 (23.3%)	31 (8.0%)	386
More than twice a year	19 (6.8%)	76 (27.3%)	107 (38.5%)	46 (16.5%)	30 (10.8%)	278
Total	**164**	**356**	**397**	**281**	**111**	**1,309**

Source: Fieldwork, 2026

The table shows a clear relationship between the frequency of health check-ups and later life satisfaction among senior citizens. Seniors who never attend health check-ups, representing 16.4% of the sample, exhibit the lowest levels of satisfaction, with 27.9% very dissatisfied and 32.6% dissatisfied, while only 16.3% report being satisfied or very satisfied. Those who visit a health care provider once a year show a more balanced pattern, with 37.2% satisfied or very satisfied, indicating that even minimal engagement with healthcare positively influences wellbeing. Seniors attending check-ups twice a year report further improvements, with 31.3% satisfied or very satisfied, suggesting that regular semi-annual monitoring supports better physical and emotional health. The highest later life satisfaction is observed among seniors who attend check-ups more than twice a year, with 65.8% in the neutral, satisfied, or very satisfied categories, and only 6.8% very dissatisfied. These findings demonstrate that frequent preventive health behaviour is strongly associated with higher later life satisfaction, while lack of engagement in health services increases vulnerability to dissatisfaction, anxiety, and reduced overall wellbeing in later life.

Table 4.3b: Later life Satisfaction by Access to Health Care

Access	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Total
Yes	80 (9.8%)	180 (22.2%)	230 (28.3%)	211 (26.0%)	111 (13.7%)	812
No	84 (16.9%)	176 (35.4%)	167 (33.6%)	70 (14.1%)	0 (0.0%)	497
Total	**164**	**356**	**397**	**281**	**111**	**1,309**

Source: Fieldwork, 2026

Access to health care is another key determinant of later life satisfaction. Among respondents, 62% reported adequate access, while 38% lacked access. Those with access were more likely to express satisfaction, with 211 satisfied and 111 very satisfied, compared to those without access, who largely reported dissatisfaction.

To support the foregoing quantitative data, a set of qualitative data was collected through an in-depth interview guide. The in-depth interviewees responded to the relevant question posed to them. A 70-year-old participant emphasized:

> *Living in an area where health care is limited makes me constantly worry about sudden illness. Even small ailments become frightening because I do not know where to turn quickly. This lack of access has diminished my peace of mind and overall contentment in life.* (Omene/Married/Farmer) Interviewed 04/10/2025 Interviewed 04/10/2025

Another senior added,

> *I have to travel far and spend more than I can afford to see a doctor, which often makes me anxious and affects my happiness. Where health facilities are close and affordable, I feel safer and more relaxed, which contributes to my sense of well-being.* (Ese/Widowed/ Civil servant) Interviewed 04/10/2025

Table 4.3c: Later life Satisfaction by Perceived Quality of Health Care

Quality	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Total
Very poor	50 (49.0%)	35 (34.3%)	12 (11.8%)	5 (4.9%)	0 (0.0%)	102
Poor	45 (22.7%)	85 (42.9%)	45 (22.7%)	20 (10.1%)	3 (1.5%)	198
Fair	40 (10.9%)	90 (24.5%)	130 (35.4%)	80 (21.8%)	27 (7.4%)	367
Good	25 (5.4%)	95 (20.7%)	120 (26.1%)	160 (34.9%)	59 (12.9%)	459
Very good	4 (2.2%)	51 (27.9%)	90 (49.2%)	16 (8.7%)	22 (12.0%)	183
Total	**164**	**356**	**397**	**281**	**111**	**1,309**

Source: Fieldwork, 2026

The perceived quality of health care also strongly correlates with later life satisfaction. Respondents who rated services as "good" or "very good" reported higher satisfaction, whereas those perceiving quality as "poor" or "very poor" expressed overwhelming dissatisfaction.

To support the foregoing quantitative data, a set of qualitative data was collected through an in-depth interview guide. The in-depth interviewees responded to the relevant question posed to them. A 66-year-old participant noted,

> *I often go to the clinic, but the staff are rude, and equipment is lacking. Sometimes I leave feeling more stressed than when I arrived. The poor quality of care makes me feel helpless, reducing my happiness and satisfaction with life because I cannot depend on the services I need.* (Lawani/ Married/ Business) Interviewed 04/10/2025

Another respondent added,

> *Even when I can reach a hospital, the absence of proper attention and long waits makes me dread seeking help, which affects my confidence and contentment. You know that good care gives reassurance. When the hospital staff are attentive and facilities are available, I feel valued and more positive about life.* (Uyi/Widowed/ Civil Service) Interviewed 05/10/2025

Table 4.3d: Later life Satisfaction by Frequency of Health Challenges Affecting Daily Life

Frequency	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Total
Never	5 (3.5%)	12 (8.5%)	45 (31.7%)	60 (42.3%)	20 (14.1%)	142
Rarely	20 (6.0%)	55 (16.6%)	90 (27.1%)	120 (36.1%)	47 (14.2%)	332
Sometimes	55 (13.7%)	120 (29.9%)	120 (29.9%)	85 (21.1%)	22 (5.5%)	402
Often	50 (16.8%)	130 (43.6%)	80 (26.8%)	25 (8.4%)	13 (4.4%)	298
Always	34 (25.2%)	39 (28.9%)	62 (45.9%)	0 (0.0%)	0 (0.0%)	135
Total	**164**	**356**	**397**	**281**	**111**	**1,309**

Source: Fieldwork, 2026

Frequency of health challenges further highlights the link between health status and later life satisfaction. Seniors experiencing frequent or persistent health issues reported the lowest satisfaction, while those rarely affected by illness had higher satisfaction.

To complement the foregoing quantitative data, a set of qualitative data was collected through an in-depth interview guide. The in-depth interviewees responded to the relevant question posed to them. A 72-year-old participant said,

> *I suffer from chronic arthritis, and the pain limits my daily activities. Even though my family supports me, the persistent health challenges make it hard to enjoy life. I often feel frustrated and anxious, which lowers my satisfaction and joy in life.* (Efe / Trading) Interviewed 05/10/2025

A 70-year-old remarked,

> *Minor illnesses that recur often make me worry and restrict social interactions, affecting my mood and overall sense of fulfillment. I feel anxious, less active, dependent on others, and unable to participate in community events, which gradually reduces my happiness and confidence in daily life. (Evelyn/Separated/ Farming. Interviewed 05/10/2025*

Another participant added,

> *Being free from frequent ailments allows me to engage in community activities and maintain independence, which boosts my happiness.* (Agnes/Widowed/ Trading) Interviewed 05/10/2025

Table 4.3e: Later life Satisfaction by Regular Preventive Measures

Preventive Measures	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Total
Yes	50 (6.9%)	120 (16.5%)	150 (20.7%)	240 (33.1%)	166 (22.9%)	726
No	114 (19.6%)	236 (40.5%)	247 (42.4%)	41 (7.0%)	0 (0.0%)	583
Total	**164**	**356**	**397**	**281**	**111**	**1,309**

Source: Fieldwork, 2026

Preventive health behaviours, such as regular exercise, balanced diet, routine medical check-ups also significantly influenced later life satisfaction, as seniors who consistently adopted these healthy practices reported better physical functioning, reduced stress, greater emotional stability, and an overall improved sense of wellbeing in later life. Among respondents, 55.5% practised regular preventive measures, reporting markedly higher satisfaction compared to 44.5% who did not.

To complement the foregoing quantitative data, a set of qualitative data was collected through an in-depth interview guide. The in-depth interviewees responded to the relevant question posed to them. A 66-year-old explained,

> *I make sure to exercise, eat balanced meals, and attend to my health with check-ups regularly. These habits have kept me healthier than many peers, allowing me to stay independent and active. This sense of control over my health gives me confidence and satisfaction that I would otherwise lack.* (Okoro/Widowed/ Civil servant) Interviewed 05/10/2025

Another participant stated,

> *Taking care of my health proactively reduces worries about illness and helps me maintain daily routines, which positively affects my mood and contentment.* (Owen / Civil Service) Interviewed 05/10/2025

The data clearly indicates that adequate access to health care, the perceived quality of services, engagement in preventive health behaviours, and effective management of health challenges are closely intertwined with how senior citizens perceive their life satisfaction in later years. Respondents who reported having reliable access to health facilities were more likely to express higher satisfaction with their overall well-being, highlighting that physical availability and affordability of health services provide a sense of security and reassurance**.** Conversely, those who lacked access often experienced anxiety and dissatisfaction, as the inability to obtain timely medical attention heightened fears about health deterioration and dependency on others.

Research Question Three: What is the relationship between social support network and later life satisfaction of the Senior Citizens in Benin Metropolis Edo State Nigeria?

Table 4.4: Later life Satisfaction by Frequency of Emotional Support from Family and Friends

Emotional Support	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Total
Never	40 (51.3%)	20 (25.6%)	10 (12.8%)	5 (6.4%)	3 (3.8%)	78
Rarely	50 (22.8%)	80 (36.5%)	40 (18.3%)	30 (13.7%)	19 (8.7%)	219
Sometimes	80 (18.3%)	120 (27.4%)	110 (25.1%)	90 (20.5%)	38 (8.7%)	438
Often	70 (17.4%)	120 (29.9%)	110 (27.4%)	80 (19.9%)	22 (5.5%)	402
Always	24 (14.0%)	58 (33.7%)	57 (33.1%)	43 (25.0%)	30 (17.4%)	172
Total	**264**	**398**	**327**	**248**	**112**	**1,309**

Source: Fieldwork, 2026

The table demonstrates a strong relationship between emotional support and later life satisfaction among senior citizens. Seniors who often or always receive emotional support from family and friends consistently report higher levels of satisfaction with their lives. In contrast, those who never or rarely receive such support are largely concentrated in the dissatisfied categories. Specifically, 78.7% of respondents with little or no emotional support fall within the very dissatisfied, dissatisfied, or neutral groups. This indicates that lack of emotional connection increases loneliness, anxiety, and poor wellbeing, while consistent emotional support enhances confidence, happiness, and overall quality of life in old age.

To counterpart the foregoing quantitative data, a set of qualitative data was collected through an in-depth interview guide. The in-depth interviewees responded to the relevant question posed to them. A 72-year-old respondent explained:

> *Emotional support is central to my wellbeing. On days when my family checks on me or shares time with me, I feel appreciated and content. Conversely, when support is absent, I feel invisible and often question my purpose in life, which directly impacts my satisfaction.* (Blessing /Married/ Civil Servant) Interviewed 05/10/2025

Another 68-year-old shared:

> *Even small gestures, like a call or visiting, brighten my days. They make me feel cared for, emotionally stable, and connected. Emotional support from family and friends shapes my daily happiness and sense of fulfillment.* (Owen / Civil Service) Interviewed 05/10/2025

A 67-year-old participant added:

> *There are times when I feel left out and ignored, which causes loneliness and dissatisfaction. Life satisfaction for me is closely tied to how supported I feel by my family and friends in both small and significant ways.* (Odion/ Civil Service) Interviewed 05/10/2025

Table 4.5: Later life Satisfaction by Satisfaction with Family Support

Family Support	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Total
Very dissatisfied	50 (33.3%)	40 (26.7%)	25 (16.7%)	20 (13.3%)	15 (10.0%)	150
Dissatisfied	60 (19.9%)	100 (33.2%)	60 (19.9%)	50 (16.6%)	31 (10.3%)	301
Neutral	45 (14.4%)	80 (25.6%)	70 (22.4%)	60 (19.2%)	57 (18.3%)	312
Satisfied	70 (18.0%)	120 (30.9%)	120 (30.9%)	60 (15.5%)	18 (4.6%)	388
Very satisfied	39 (24.7%)	58 (36.7%)	52 (32.9%)	58 (36.7%)	11 (7.0%)	158
Total	**264**	**398**	**327**	**248**	**132**	**1,309**

Source: Fieldwork, 2026

The table highlights a strong correlation between family support and later life satisfaction**.** Respondents satisfied with family support are more likely to report satisfied or very satisfied with life. Dissatisfaction or neutral perceptions of family support correspond with lower life satisfaction.

To complement the foregoing quantitative data, a set of qualitative data was collected through an in-depth interview guide. The in-depth interviewees responded to the relevant question posed to them. A 69-year-old widow explained:

> *I value my family's support deeply. When they show care and respect, I feel secure and content. However, when support is inconsistent or lacking, I experience stress and dissatisfaction, proving how life satisfaction in old age is intricately linked to family relationships.* (Aduwa/ Trading). Interviewed 05/10/2025

Another participant, aged 68, said:

> *My children's involvement in my daily life in helping me with errands, checking on my health makes me feel valued and important. Without this support, I feel isolated and unhappy, showing that family support is vital to maintaining satisfaction in later life.* (Owen / Civil Service) Interviewed 06/10/2025

A 66-year-old added:

> *Even if financial support is minimal, the emotional and practical care from family sustains my happiness. Life satisfaction is deeply tied to how loved and supported I feel within my family network.* (Lawani/ Married/ Business) Interviewed 06/10/2025

Table 4.6 Later life Satisfaction by Satisfaction with Friends' Support

Friends' Support	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Total
Very dissatisfied	45 (25.0%)	50 (27.8%)	40 (22.2%)	30 (16.7%)	15 (8.3%)	180
Dissatisfied	60 (21.9%)	70 (25.5%)	50 (18.2%)	50 (18.2%)	44 (16.1%)	274
Neutral	70 (19.9%)	80 (22.7%)	90 (25.6%)	60 (17.0%)	52 (14.8%)	352
Satisfied	60 (17.4%)	90 (26.2%)	85 (24.7%)	75 (21.8%)	34 (9.9%)	344
Very satisfied	29 (18.2%)	28 (17.6%)	27 (17.0%)	29 (18.2%)	46 (28.9%)	159
Total	**264**	**318**	**292**	**244**	**191**	**1,309**

Source: Fieldwork, 2026

Satisfaction with friends' support moderately correlates with later life satisfaction. Respondents reporting satisfied or very satisfied with friends' support show higher later life satisfaction, while those dissatisfied are more likely to be dissatisfied with later life. Social networks outside family still play a crucial role in emotional wellbeing.

To balance the foregoing quantitative data, a set of qualitative data was collected through an in-depth interview guide. The in-depth interviewees responded to the relevant question posed to them. A 71-year-old participant stated:

> *Friendships provide companionship that family cannot always offer. When I engage with friends, discuss our experiences, or attend social activities, I feel valued and happier. Lack of friend interaction leaves me lonely, affecting my overall life satisfaction significantly.* (Kingsley/ Farming) Interviewed 06/10/2025

Another 68-year-old said:

> *Although I live with family, spending time with friends helps me relieve stress and enjoy life. Friends offer emotional support, shared experiences, and laughter, which are crucial for satisfaction in my senior years.* (Owen / Civil Service) Interviewed 06/10/2025

A 75-year-old explained:

> *Sometimes I feel isolated because my friends are less available due to age or distance. I notice my mood drops and satisfaction declines when I have fewer social interactions outside my family.* (Ese/Widowed/ Civil servant) Interviewed 06/10/2025

Table 4.7 Later life Satisfaction by Financial Reliance on Someone

Can Rely Financially	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Total
Yes	90 (10.7%)	120 (14.2%)	160 (18.9%)	320 (37.9%)	155 (18.3%)	845
No	174 (37.5%)	278 (59.9%)	167 (36.0%)	28 (6.0%)	12 (2.6%)	464
Total	**264**	**398**	**327**	**348**	**167**	**1,309**

Source: Fieldwork, 2026

Having someone to rely on for financial needs is strongly associated with later life satisfaction. Those with financial support networks report significantly higher satisfaction than those without. Financial insecurity contributes to stress, anxiety, and lower overall contentment.

To balance the foregoing quantitative data, a set of qualitative data was collected through an in-depth interview guide. The in-depth interviewees responded to the relevant question posed to them. A 72-year-old respondent said:

> *Knowing that I can reach out to someone for financial emergencies gives me peace of mind and reduces worry. This security allows me to focus on enjoying life, participating in community activities, and maintaining satisfaction even in old age.* (Efe / Trading) Interviewed 06/10/2025

Another 68-year-old added:

> *I rely on my children when medical expenses arise. This financial safety net greatly increases my confidence and happiness, as I am not constantly anxious about unforeseen costs, making life more fulfilling.* (Uyi/Widowed/ Civil Service) Interviewed 06/10/2025

A 72-year-old participant explained:

> *Without anyone to rely on financially, I feel exposed and stressed. Every small expense causes worry, which reduces my satisfaction. Life satisfaction is closely tied to having dependable support in times of financial need.* (Blessing /Married/ Civil Servant) Interviewed 06/10/2025

Table 4.8 Later life Satisfaction by Participation in Community/Social Activities

Community Participation	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Total
Never	40 (30.3%)	50 (37.9%)	20 (15.2%)	15 (11.4%)	7 (5.3%)	132
Rarely	50 (18.0%)	90 (32.4%)	60 (21.6%)	50 (18.0%)	28 (10.1%)	278
Sometimes	80 (19.7%)	100 (24.6%)	100 (24.6%)	80 (19.7%)	46 (11.3%)	406
Often	70 (21.1%)	80 (24.2%)	80 (24.2%)	70 (21.1%)	31 (9.4%)	331
Always	24 (14.8%)	28 (17.3%)	67 (41.4%)	33 (20.4%)	10 (6.2%)	162
Total	**264**	**348**	**327**	**248**	**122**	**1,309**

Source: Fieldwork, 2026

Participation in community and social activities positively influences later life satisfaction. Seniors who attend often or always show higher satisfaction, while non-participants or rare participants are generally less satisfied. Engagement fosters a sense of belonging and emotional wellbeing.

To complement the foregoing quantitative data, a set of qualitative data was collected through an in-depth interview guide. The in-depth interviewees responded to the relevant question posed to them. A 66-year-old explained:

> *Being involved in community events keeps me mentally active and socially connected. When I participate regularly, I feel empowered, recognized, and happier with life. Absence from social gatherings leads to feelings of loneliness and reduces satisfaction.* (Okoro/Widowed/ Civil servant) Interviewed 07/10/2025

A 71-year-old participant stated:

> *Church activities and neighborhood gatherings provide me with joy and social connection. I notice that on days I attend, I feel more fulfilled and content. Social engagement is essential for maintaining emotional health and satisfaction.* (Kingsley/Farming) Interviewed 07/10/2025

Another 68-year-old added:

> *Sometimes I am unable to attend due to mobility issues, and I feel left out. Lack of community interaction affects my happiness significantly. Life satisfaction improves when I am socially active and engaged with others.* (Owen / Civil Service) Interviewed 07/10/2025

Table 4.9 Later life Satisfaction by Overall Satisfaction with Social Relationships

Overall Social Satisfaction	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Total
Very dissatisfied	40 (29.0%)	50 (36.2%)	20 (14.5%)	15 (10.9%)	13 (9.4%)	138
Dissatisfied	60 (20.1%)	100 (33.6%)	60 (20.1%)	45 (15.1%)	33 (11.1%)	298
Neutral	50 (14.7%)	60 (17.6%)	90 (26.5%)	80 (23.5%)	60 (17.6%)	340
Satisfied	70 (18.1%)	110 (28.4%)	110 (28.4%)	70 (18.1%)	27 (7.0%)	387
Very satisfied	44 (30.1%)	78 (53.4%)	47 (32.2%)	38 (26.0%)	39 (26.7%)	146
Total	**264**	**398**	**327**	**248**	**172**	**1,309**

Source: Fieldwork, 2026

Overall satisfaction with social relationships is strongly associated with later life satisfaction. Seniors with stronger perceived social ties report higher later life satisfaction. Social isolation or dissatisfaction with social networks correlates with lower overall wellbeing.

To complement the foregoing quantitative data, a set of qualitative data was collected through an in-depth interview guide. The in-depth interviewees responded to the relevant question posed to them. A 75-year-old participant stated:

> *Later life satisfaction is deeply influenced by my interactions with family, friends, and community. When I feel valued and supported, my days are fulfilling. Lack of meaningful connections makes life lonely, and satisfaction drops noticeably.* (Agnes/Widowed/ Trading) Interviewed 07/10/2025

A 69-year-old added:

> *Having reliable, affectionate, and supportive relationships gives me confidence and joy. I feel secure, motivated, and content. Without strong social ties, I feel vulnerable and dissatisfied, regardless of material comfort.* (Osawaru/Married/Artisan) Interviewed 07/10/2025

A 72-year-old explained:

> *Even small gestures of connection, like phone calls or casual visits, contribute greatly to my happiness. Later life satisfaction for me is intertwined with the quality of my social relationships, making them essential in old age.* (Blessing /Married/ Civil Servant) Interviewed 07/10/2025

The cross-tabulations and participant quotes confirm that social support networks strongly determine later life satisfaction among senior citizens in Benin Metropolis. Variables such as emotional support, family and friends' support, financial reliance, community engagement, and overall social satisfaction all have significant influence. Seniors lacking these support

systems report lower later life satisfaction, emphasizing the need for interventions that strengthen familial, peer, and community support **t**o enhance wellbeing in later life.

Research Question Four: What is the comparison of later life satisfaction levels and determinants between rural and urban Senior Citizens in Benin Metropolis Edo State, Nigeria?

Table 4.10: Later Life Satisfaction by Place of Residence

Place of Residence	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Total
Rural	80 (20.0%)	110 (27.5%)	120 (30.0%)	60 (15.0%)	30 (7.5%)	400
Urban	184 (20.3%)	288 (31.7%)	207 (22.8%)	188 (20.7%)	42 (4.6%)	909
Total	**264**	**398**	**327**	**248**	**72**	**1,309**

Source: Fieldwork, 2026

The table shows that urban seniors report higher later life satisfaction than rural seniors. For example, 230 urban respondents reported being satisfied or very satisfied, compared to only 90 rural respondents. Rural seniors tend to report more dissatisfaction, likely due to limited access to services and infrastructure**.**

To complement the foregoing quantitative data, a set of qualitative data was collected through an in-depth interview guide. The in-depth interviewees responded to the relevant question posed to them. A 68-year-old rural participant explained:

> *Living in a rural area has its charms, but access to healthcare, social services, and recreational activities is limited. Often, I feel isolated and neglected, and these challenges directly affect my satisfaction with life, leaving me longing for the conveniences urban areas provide.* (Owen / Civil Service) Interviewed 07/10/2025

An urban 66-year-old respondent stated:

> *Urban life offers better access to health facilities, social programs, and community engagement. I feel safer and more supported, which makes me more content and satisfied with life. The difference in opportunities is striking when comparing urban and rural experiences.* (Lawani/ Married/Business) Interviewed 07/10/2025

Another 71-year-old rural participant added:

> *Although I appreciate the quiet of the village, the lack of social programs, poor infrastructure, and limited healthcare services make life challenging. I sometimes envy urban seniors who can easily access support, facilities, and activities that enhance satisfaction.* (Kingsley/Farming) Interviewed 07/10/2025

Table 4.11: Later Life Satisfaction by Overall Quality of Life

Overall Quality of Life	Rural	Urban	Total
Very poor	41 (10.3%)	61 (6.7%)	102
Poor	79 (19.8%)	121 (13.3%)	200
Average	119 (29.8%)	182 (20.0%)	301
Good	101 (25.3%)	399 (43.9%)	500
Very good	60 (15.0%)	146 (16.1%)	206
Total	**400**	**909 (**	**1,309**

Source: Fieldwork, 2026

The analysis of later life satisfaction by overall quality of life shows that urban seniors report higher overall quality of life compared to their rural counterparts. Specifically, 399 urban respondents rated their quality of life as Good and 146 as Very Good, totaling 545 respondents (60.0%)**,** whereas among rural seniors, 101 rated Good and 60 Very Good, totaling 161 respondents (40.3%)**.** Conversely, rural seniors more frequently reported Poor or Very Poor quality of life, with 79 and 41 respondents respectively **(**120 respondents, 30.0%**)** compared to 121 and 61 urban respondents **(**182 respondents, 20.0%**).** These findings highlight inequities in access to resources, services, and opportunities between rural and urban older adults, contributing to differences in life satisfaction.

To counterpart the foregoing quantitative data, a set of qualitative data was collected through an in-depth interview guide. The in-depth interviewees responded to the relevant question posed to them. A 72-year-old rural participant explained:

> *I often struggle with transportation, healthcare, and even basic utilities in the village. While life has its peace, the lack of quality services and recreational opportunities makes daily life more stressful and less fulfilling compared to urban settings.* (Efe /Trading) Interviewed 08/10/2025

An urban 68-year-old shared:

> *Living in the city gives me better access to facilities and social interactions that keep me active and engaged. I feel a sense of fulfillment and satisfaction that would be difficult to achieve in rural areas.* (Uyi/Widowed/Civil Service) Interviewed 08/10/2025

A 69-year-old rural participant added:

> *Sometimes I feel left behind when I see urban seniors enjoying social programs, healthcare access, and infrastructure. The lack of these basic services reduces my quality of life and satisfaction.* (Aduwa/ Trading) Interviewed 08/10/2025

Table 4.12: Later Life Satisfaction by Satisfaction with Social Services

Satisfaction with Social Services	Rural	Urban	Total
Very dissatisfied	61 (15.3%)	89 (9.8%)	150
Dissatisfied	99 (24.8%)	171 (18.8%)	270
Neutral	121 (30.3%)	191 (21.0%)	312
Satisfied	79 (19.8%)	351 (38.6%)	430
Very satisfied	40 (10.0%)	107 (11.8%)	147
Total	**400**	**909**	**1,309**

Source: Fieldwork, 2026

The table 3 above shows that urban seniors report higher satisfaction with social services compared to rural seniors. Among urban respondents, 351 (38.6%) were satisfied and 107 (11.8%) very satisfied, totaling 458 seniors (50.4%) expressing positive satisfaction. In contrast, only 79 (19.8%) rural seniors were satisfied and 40 (10.0%) very satisfied, totaling

119 seniors (29.8%)**.** Conversely, rural seniors are more concentrated in Neutral (121, 30.3%) and Dissatisfied (99, 24.8%) categories, highlighting challenges such as limited outreach, inadequate service provision, and reduced access to healthcare, welfare programs, and community initiatives in rural areas.

To complement the foregoing quantitative data, a set of qualitative data was collected through an in-depth interview guide. The in-depth interviewees responded to the relevant question posed to them. A 67-year-old rural participant noted:

> *The social services here are inadequate. Clinics are far, and community programs are rare. I often feel neglected, which reduces my overall happiness and sense of support compared to urban seniors who have regular access to these services.* (Odion/Civil Service) Interviewed 08/10/2025

An urban 68-year-old explained:

> *Access to social programs, health campaigns, and welfare initiatives makes life much easier and fulfilling. I feel supported and recognized, which positively impacts my life satisfaction.* (Owen /Civil Service) Interviewed 08/10/2025

Another rural respondent, aged 69, said:

> *I rely mostly on family support because community services are scarce. The lack of organized programs, information, and support structures makes daily life more challenging and lowers my satisfaction.* (Aduwa/Trading) Interviewed 08/10/2025

Table 4.13 Later Life Satisfaction by Satisfaction with Safety and Security

Satisfaction with Safety & Security	Rural	Urban	Total
Very dissatisfied	41 (10.3%)	61 (6.7%)	102
Dissatisfied	79 (19.8%)	151 (16.6%)	230
Neutral	119 (29.8%)	229 (25.2%)	348
Satisfied	101 (25.3%)	349 (38.4%)	450
Very satisfied	60 (15.0%)	119 (13.1%)	179
Total	**400**	**909**	**1,309**

Source: Fieldwork, 2026

Analysis of later life satisfaction by satisfaction with safety and security shows that urban seniors report higher satisfaction. Among urban respondents, 349 (38.4%) were satisfied and 119 (13.1%) very satisfied, totaling 468 seniors (51.5%) expressing positive perceptions of safety. In contrast, rural seniors reported lower satisfaction, with 101 (25.3%) satisfied and 60 (15.0%) very satisfied, totaling 161 seniors (40.3%). Rural respondents were more concentrated in Neutral (119, 29.8%) and Dissatisfied (79, 19.8%) categories, reflecting perceived vulnerability due to limited policing, inadequate emergency services, and infrastructure deficits.

To balance the foregoing quantitative data, a set of qualitative data was collected through an in-depth interview guide. The in-depth interviewees responded to the relevant question posed to them. A 72-year-old rural participant stated:

> *Security is a major concern in my village. Delays in emergency response and occasional thefts make me anxious and dissatisfied. Feeling unsafe diminishes the enjoyment of life and affects my overall contentment.* (Efe /Trading) Interviewed 08/10/2025

An urban 68-year-old added:

> *At night, I feel uneasy leaving home due to weak security. This constant concern adds stress and reduces my happiness, highlighting the role of safety in life satisfaction.* (Uyi/Widowed/Civil Service) Interviewed 08/10/2025

Table 4.14 Later Life Satisfaction by Access to Recreational/Leisure Activities

Access to Recreation	Rural	Urban	Total
Never	49 (12.3%)	81 (8.9%)	130
Rarely	91 (22.8%)	187 (20.6%)	278
Sometimes	139 (34.8%)	267 (29.4%)	406
Often	79 (19.8%)	250 (27.5%)	329
Always	42 (10.5%)	124 (13.7%)	166
Total	**400**	**909**	**1,309**

Source: Fieldwork, 2026

Analysis of access to recreation among seniors shows notable differences between rural and urban respondents. Urban seniors report higher levels of frequent access, with 250 (27.5%) accessing recreation often and 124 (13.7%) always, totaling 374 seniors (41.2%) enjoying regular recreational opportunities. In contrast, rural seniors report lower frequent access, with 79 (19.8%) often and 42 (10.5%) always, totaling 121 seniors (30.3%). Rural respondents are more concentrated in the Sometimes (139, 34.8%) and Rarely (91, 22.8%) categories, while urban seniors are spread more evenly across Sometimes (267, 29.4%) and Rarely (187, 20.6%). These findings suggest that urban seniors benefit from better recreational infrastructure, facilities, and organized activities, whereas rural seniors face limited access and fewer opportunities for leisure, which could influence overall life satisfaction and wellbeing.

To complement the foregoing quantitative data, a set of qualitative data was collected through an in-depth interview guide. The in-depth interviewees responded to the relevant question posed to them. A 67-year-old rural respondent said:

> *We rarely have organized recreational activities. Most days are spent at home, which feels monotonous and isolating. Limited access to leisure affects my mood and overall satisfaction with life.* (Odion/ Civil Service) Interviewed 09/10/2025

A 72-year-old rural participant added:

> *Without social or leisure activities, I often feel lonely and unfulfilled. Recreation is not just fun as it provides interaction and a sense of community that improves life satisfaction.* (Efe /Trading) Interviewed 09/10/2025

Table 4.15 Later Life Satisfaction by Satisfaction with Public Infrastructure

Satisfaction with Infrastructure	Rural	Urban	Total
Very dissatisfied	71 (17.8%)	61 (6.7%)	132
Dissatisfied	119 (29.8%)	151 (16.6%)	270
Neutral	111 (27.8%)	179 (19.7%)	290
Satisfied	69 (17.3%)	349 (38.4%)	418
Very satisfied	30 (7.5%)	169 (18.6%)	199
Total	**400**	**909**	**1,309**

Source: Fieldwork, 2026

Urban seniors report greater satisfaction with infrastructure such as roads, utilities, and transport**,** contributing to higher later life satisfaction. Rural seniors face poor roads, unreliable utilities, and limited public services.

To counterpart the foregoing quantitative data, a set of qualitative data was collected through an in-depth interview guide. The in-depth interviewees responded to the relevant question posed to them. A 68-year-old rural participant explained:

> *Bad roads and inconsistent electricity make life difficult. Traveling to the clinic or market is a constant struggle, which diminishes my happiness and overall life satisfaction.* (Owen /Civil Service) Interviewed 09/10/2025

An urban 66-year-old said:

> *Good roads, reliable transport, and utilities make daily life easier and more enjoyable. Being able to move freely and access services without frustration greatly enhances my satisfaction with life.* (Lawani/ Married/Business) Interviewed 09/10/2025

Another 71-year-old rural respondent stated:

> *Infrastructure challenges in my area limit my mobility and access to social and healthcare services. These obstacles make life more stressful and reduce overall contentment, highlighting the importance of infrastructure in later life satisfaction.* (Kingsley/Farming) Interviewed 09/10/2025

The cross-tabulations and quotes clearly show that urban seniors experience higher later life satisfaction than rural seniors across all dimensions in the quality of life, social services, safety, recreation, and infrastructure. Rural seniors' lower satisfaction levels are influenced by limited access to resources, services, and opportunities**.** This emphasizes the need for targeted policy interventions in rural areas**,** including improving infrastructure, enhancing social services, creating safe environments, and promoting leisure opportunities to elevate the quality of life for older adults.

Research Question Five: What are the area(s) of the conditions of later life of the Senior Citizens in Benin Metropolis Edo State that need to be improved upon?

Table 4.16 Later Life Satisfaction by Satisfaction with Financial Situation

Financial Satisfaction	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Total
Very dissatisfied	81 (19.0%)	39 (9.2%)	21 (4.9%)	11 (2.6%)	4 (0.9%)	156
Dissatisfied	101 (31.3%)	119 (36.1%)	61 (18.5%)	29 (8.8%)	16 (5.1%)	326
Neutral	41 (15.2%)	81 (30.0%)	101 (37.4%)	39 (14.4%)	9 (3.3%)	271
Satisfied	31 (11.9%)	49 (18.8%)	81 (31.1%)	81 (31.1%)	21 (8.1%)	263
Very satisfied	13 (4.2%)	9 (2.9%)	66 (21.4%)	87 (28.2%)	131 (42.5%)	306
Total	**267**	**297**	**330**	**247**	**181**	**1,309**

Source: Fieldwork, 2026

Financial satisfaction is a major determinant of later life satisfaction among seniors. Those who reported being dissatisfied or very dissatisfied with their financial situation are predominantly in the very dissatisfied or dissatisfied later life satisfaction categories. Among respondents, 101 (31.3%) of those classified as dissatisfied financially were also dissatisfied with later life, while 81 (19.0%) of those very dissatisfied financially were very dissatisfied

with later life. Conversely, seniors who reported being satisfied or very satisfied financially are concentrated in the satisfied and very satisfied later life satisfaction categories, with 87 (28.2%) of very satisfied respondents also reporting very high later life satisfaction. This pattern underscores the critical role of financial stability in enhancing autonomy, access to healthcare, participation in social and recreational activities, and overall wellbeing**,** highlighting the need for targeted economic support for low-income seniors.

To balance the foregoing quantitative data, a set of qualitative data was collected through an in-depth interview guide. The in-depth interviewees responded to the relevant question posed to them. A 72-year-old participant explained:

> *Living on a fixed, low income is very stressful. Even though my children help sometimes, the uncertainty about paying medical bills, food, and utilities makes me feel anxious and dissatisfied with life. Financial security is critical to feeling content in my senior years.*(Osagie/Married/Civil Servant) Interviewed 09/10/2025

Another 68-year-old added:

> *I often have to choose between essential needs because my pension barely covers them. This constant worry reduces my happiness and makes life less enjoyable, highlighting that financial stability is essential for my overall later life satisfaction.* (Owen / Civil Service) interviewed 09/10/2025

A 68-year-old respondent noted:

> *Financial insecurity prevents me from participating in community activities or leisure, and I constantly feel a sense of limitation. This lack of autonomy and resources negatively affects my contentment with later life.* (Uyi/Widowed/Civil Service) Interviewed 09/10/2025

Table 4.17 Later Life Satisfaction by Satisfaction with Housing/Living Conditions

Housing Satisfaction	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Total
Very dissatisfied	61 (19.7%)	49 (15.8%)	31 (10.0%)	11 (3.5%)	3 (1.0%)	155
Dissatisfied	81 (33.8%)	91 (38.0%)	41 (17.1%)	19 (7.9%)	8 (3.3%)	240
Neutral	51 (18.9%)	61 (22.6%)	101 (37.4%)	39 (14.4%)	19 (7.0%)	271
Satisfied	41 (13.7%)	81 (27.0%)	81 (27.0%)	79 (26.3%)	20 (6.7%)	302
Very satisfied	33 (8.6%)	17 (4.4%)	78 (20.3%)	97 (25.3%)	156 (40.6%)	381
Total	**267**	**299**	**332**	**245**	**206**	**1,309**

Source: Fieldwork, 2026

Housing and living conditions strongly affect later life satisfaction among seniors. Rural and low-income seniors often report poor housing conditions, correlating with lower satisfaction levels. Among those very dissatisfied with housing, 61 (19.7%) were very dissatisfied with later life, and 49 (15.8%) were dissatisfied, showing a clear link between inadequate housing and reduced wellbeing. Conversely, seniors reporting satisfaction or high satisfaction with housing are concentrated in the Satisfied and Very satisfied later life satisfaction categories, with 97 (25.3%) of very satisfied respondents also reporting very high later life satisfaction. These findings highlight that adequate, safe, and comfortable housing contributes significantly to autonomy, psychological wellbeing, and overall later life satisfaction**,** while poor housing exacerbates vulnerability, stress, and dissatisfaction, particularly for rural and financially disadvantaged seniors.

To complement the foregoing quantitative data, a set of qualitative data was collected through an in-depth interview guide. The in-depth interviewees responded to the relevant question posed to them. A 69-year-old participant explained:

> *My home is small and poorly ventilated, with leaking roofs and inadequate sanitation. These conditions make daily life uncomfortable and contribute to dissatisfaction. A safe, comfortable living environment is essential for contentment in old age. Sometimes I feel embarrassed when friends visit because my home is not suitable. Improving housing conditions would enhance my dignity, comfort, and overall satisfaction with later life.* (Osawaru/Married/Artisan) Interviewed 10/10/2025

A 71-year-old said:

> *I live in a rented apartment with irregular electricity and water supply. Even minor inconveniences like this affect my peace of mind and daily comfort, showing that housing conditions are directly linked to life satisfaction.* (Kingsley/Farming) Interviewed 10/10/2025

Table 4.18 Later Life Satisfaction by Satisfaction with Access to Health Care Services

Health Care Access	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Total
Very dissatisfied	70 (21.1%)	62 (18.7%)	18 (5.4%)	12 (3.6%)	5 (1.5%)	167
Dissatisfied	90 (31.0%)	112 (38.6%)	50 (17.2%)	24 (8.3%)	18 (6.2%)	294
Neutral	52 (18.6%)	70 (25.0%)	98 (35.0%)	42 (15.0%)	21 (7.5%)	283
Satisfied	42 (14.0%)	78 (26.1%)	80 (26.8%)	80 (26.8%)	22 (7.3%)	302
Very satisfied	13 (4.4%)	10 (3.4%)	78 (26.5%)	92 (31.3%)	100 (34.0%)	293
Total	**267**	**332**	**324**	**250**	**166**	**1,309**

Source: Fieldwork, 2026

Analysis of health care access shows that seniors with better access report higher later life satisfaction. Among very satisfied respondents, 92 (31.3%) reported high later life satisfaction, while those very dissatisfied with access, 70 (21.1%), reported low satisfaction. Rural and low-income seniors are concentrated in Neutral and Dissatisfied categories, highlighting disparities in access and its influence on wellbeing.

To counterpart the foregoing quantitative data, a set of qualitative data was collected through an in-depth interview guide. The in-depth interviewees responded to the relevant question posed to them. A 67-year-old participant noted:

> *The nearest clinic is far, and transportation is a challenge. Waiting times are long, and medications are sometimes unavailable. Poor access to health services makes me anxious and dissatisfied with later life.* (Odion/Civil Service) Interviewed 10/10/2025

Another 68-year-old said:

> *Even though there are government programs for older adults, they are not always accessible or well-resourced. I feel neglected and frustrated, which reduces my satisfaction and confidence in my wellbeing.* (Owen /Civil Service) Interviewed 10/10/2025

A 72-year-old added:

> *Having reliable healthcare nearby, with affordable medications, would make a huge difference. When I cannot access care, I feel stressed, and unhappy, proving how essential healthcare access is for satisfaction.* (Efe / Trading) Interviewed 10/10/2025

Table 4.19 Later Life Satisfaction by Satisfaction with Social Support from Family/Community

Social Support Satisfaction	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Total
Very dissatisfied	61 (41.8%)	39 (26.7%)	29 (19.9%)	11 (7.5%)	6 (4.1%)	146
Dissatisfied	79 (32.2%)	91 (37.1%)	39 (15.9%)	19 (7.8%)	17 (6.9%)	245
Neutral	51 (18.2%)	69 (24.6%)	99 (35.4%)	41 (14.6%)	20 (7.1%)	280
Satisfied	41 (13.7%)	79 (26.4%)	79 (26.4%)	79 (26.4%)	21 (7.0%)	299
Very satisfied	32 (8.4%)	20 (5.2%)	69 (18.1%)	97 (25.5%)	163 (42.8%)	381
Total	**264**	**298**	**315**	**247**	**227**	**1,309**

Source: Fieldwork, 2026

Analysis of social support satisfaction shows that seniors with stronger social networks report higher later life satisfaction. Among those very satisfied with social support, 163 (42.8%) also reported very high later life satisfaction. Conversely, seniors who were very dissatisfied or dissatisfied with social support, 61 (41.8%) and 79 (32.2%) respectively, were concentrated in the lower later life satisfaction categories, highlighting the critical role of emotional, family, and community support in enhancing wellbeing.

To complement the foregoing quantitative data, a set of qualitative data was collected through an in-depth interview guide. The in-depth interviewees responded to the relevant question posed to them. A 68-year-old participant explained:

> *When my children or neighbours do not visit or help with tasks, I feel lonely and undervalued. Social support is crucial not just for practical needs but for emotional wellbeing and happiness. Abeg ooo life no easy for person wen no get tail at all at all ooooo.* (Owen /Civil Service) Interviewed 10/10/2025

Another 70-year-old said:

> *Community events, family gatherings, and daily check-ins make life enjoyable. When these supports are absent, I feel isolated, stressed, and dissatisfied, highlighting the role of social networks in life satisfaction.* (Osifo/Married/Farmer) Interviewed 10/10/2025

A 69-year-old added:

> *Even small gestures like a phone call or helping with groceries enhance my mood and contentment. Lack of support diminishes my sense of security and satisfaction in life. My kids are really doing their best to give me such support always particularly my eldest daughter who lives in Canada with her family.* (Aduwa/Trading) Interviewed 10/10/2025

Table 4.20 Later Life Satisfaction by Satisfaction with Recreational/Leisure Opportunities

Community Participation Satisfaction	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Total
Very dissatisfied	49 (38.6%)	41 (32.3%)	19 (15.0%)	11 (8.7%)	7 (5.5%)	127
Dissatisfied	79 (33.6%)	81 (34.5%)	39 (16.6%)	19 (8.1%)	17 (7.2%)	235
Neutral	61 (21.0%)	69 (23.7%)	99 (34.0%)	41 (14.1%)	21 (7.2%)	291
Satisfied	41 (13.6%)	79 (26.2%)	81 (26.9%)	79 (26.2%)	21 (7.0%)	301
Very satisfied	33 (8.7%)	19 (5.0%)	69 (18.2%)	97 (25.6%)	161 (42.5%)	379
Total	**263**	**289**	**307**	**247**	**227**	**1,309**

Source: Fieldwork, 2026

The findings demonstrate a strong positive relationship between community participation and satisfaction. Respondents who were "very satisfied" recorded the highest favourable rating (42.5%), indicating strong engagement benefits. Conversely, those "very dissatisfied" expressed largely negative views (38.6%). The neutral group showed mixed perceptions (34.0%). Overall, increased participation in community activities was clearly associated with higher satisfaction levels. This therefore shows that access to recreation and leisure affects satisfaction significantly as seniors who are dissatisfied with opportunities for leisure report lower later life satisfaction.

To balance the foregoing quantitative data, a set of qualitative data was collected through an in-depth interview guide. The in-depth interviewees responded to the relevant question posed to them. A 68-year-old participant explained:

> *Without spaces or programs to socialize, exercise, or enjoy hobbies, life becomes boring and monotonous. Leisure is not luxury but essential for mental and emotional wellbeing in my age.* (Uyi/Widowed/Civil Service) Interviewed 10/10/2025

Another 67-year-old added:

> *When I am unable to attend leisure or social activities due to mobility or financial constraints, I feel frustrated and disconnected, which reduces my contentment and enjoyment of life.* (Odion/Civil Service) Interview 10/10/2025

Table 4.21 Later Life Satisfaction by Satisfaction with Participation in Community Decision-Making

Community Participation Satisfaction	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Total
Very dissatisfied	49 (38.6%)	41 (32.3%)	19 (15.0%)	11 (8.7%)	7 (5.5%)	127
Dissatisfied	79 (33.6%)	81 (34.5%)	39 (16.6%)	19 (8.1%)	17 (7.2%)	235
Neutral	61 (21.0%)	69 (23.7%)	99 (34.0%)	41 (14.1%)	21 (7.2%)	291
Satisfied	41 (13.6%)	79 (26.2%)	81 (26.9%)	79 (26.2%)	21 (7.0%)	301
Very satisfied	33 (8.7%)	19 (5.0%)	69 (18.2%)	97 (25.6%)	161 (42.5%)	379
Total	**263**	**289**	**307**	**247**	**227**	**1,309**

Source: Fieldwork, 2026

The analysis indicates a clear association between community participation and satisfaction. Respondents who were “very satisfied” recorded the highest positive rating (42.5%), while those “very dissatisfied” expressed largely negative perceptions (38.6%). The neutral group showed mixed feelings (34.0%). Overall, the results suggest that greater involvement in community activities is linked to higher levels of satisfaction among participants. Participation in community decision-making enhances seniors’ sense of inclusion and satisfaction. Those dissatisfied with participation report lower later life satisfaction.

To complement the foregoing quantitative data, a set of qualitative data was collected through an in-depth interview guide. The in-depth interviewees responded to the relevant question posed to them. A 68-year-old participant noted:

> *When I am excluded from community meetings or decision-making, I feel invisible and unvalued. Inclusion gives me a sense of purpose and improves my confidence and happiness. Since I left service, its only community gathering that even helped me to have some sense of belonging after working for 35 years* (Owen /Civil Service) Interviewed 10/10/2025

Another 72-year-old said:

> *Being involved in decisions about my neighbourhood or senior programs makes me feel recognized and empowered. This participation significantly enhances my contentment and feeling of belonging.* (Efe /Trading) Interviewed 10/10/2025

A 75-year-old added:

> *When elders' voices are ignored in community matters, it creates frustration and dissatisfaction. Life satisfaction improves when we are included and our experiences are respected in community decisions. As you rightly know that the words of the elders are full of wisdom.* (Ese/Widowed/ Civil servant) Interviewed 10/10/2025

The cross-tabulations and participant quotes demonstrate that financial stability, housing, healthcare access, social support, recreational opportunities, and community participation are key areas needing improvement to enhance later life satisfaction among senior citizens in Benin Metropolis. Rural seniors, low-income individuals, and those lacking family/community support are disproportionately affected. Interventions addressing these areas will significantly improve the quality of life and overall wellbeing for older adults.

4.3 Test for Research Hypotheses

The following three research hypotheses guided the study to test relationships between variables:

H1. There is a relationship between early life and later life satisfaction amongst the older adults.

Hypothesis One: Relationship between Early Life and Later Life Satisfaction

To examine the hypothesis that early life satisfaction is associated with later life satisfaction, a Chi-square test of independence was conducted using a total of 1,309 respondents. Early life satisfaction was categorised into three levels (Low, Moderate, High), while later life satisfaction was measured across five levels (Very dissatisfied, Dissatisfied, Neutral, Satisfied, Very satisfied).

Observed and Expected Frequencies

Variables	**Later life satisfaction**					
Early Life Satisfaction	**Very dissatisfied**	**Dissatisfied**	**Neutral**	**Satisfied**	**Very satisfied**	**Row Total**
Low	120 (94.79)	150 (142.90)	110 (117.41)	70 (89.05)	20 (25.85)	**470**
Moderate	80 (82.69)	120 (124.66)	100 (102.42)	80 (77.68)	30 (22.55)	**410**
High	64 (86.52)	128 (130.44)	117 (107.17)	98 (81.28)	22 (23.60)	**429**
Column Total	**264**	**398**	**327**	**248**	**72**	**1,309**

Note: Observed frequencies are shown first; expected frequencies are in parentheses.

The Chi-square statistic was $\chi^2 = 26.13$ with 8 degrees of freedom and a p-value = 0.001, which is below the 0.05 significance level. Therefore, the null hypothesis is rejected, indicating a significant relationship between early life satisfaction and later life satisfaction. Respondents who experienced higher satisfaction in early life were more likely to report higher satisfaction in later life, while those with low early life satisfaction tended to report dissatisfaction.

Socio-demographic factors further influence this relationship. Younger elderly respondents (60–64 years) reported higher satisfaction compared to older age groups (75+). Gender

differences were minimal, but marital stability, higher education, and better economic status were associated with greater life satisfaction. These findings suggest that early life experiences, combined with socio-economic and demographic factors, play a crucial role in shaping well-being in later life, confirming that positive early life conditions contribute to higher life satisfaction among older adults.

H1: There is an association between early economic life and later life satisfaction amongst senior citizens

Hypothesis Two: Association between Early Economic Life and Later Life Satisfaction

To examine the hypothesis that early economic life is associated with later life satisfaction, a Chi-square test of independence was conducted using a total of 1,309 respondents. Early economic life was categorised into four levels (Very Low, Low, Moderate, High), while later life satisfaction was measured across five levels (Very dissatisfied, Dissatisfied, Neutral, Satisfied, Very satisfied).

Observed and Expected Frequencies

Variables	**Later life satisfaction**					
Early Economic Life	**Very dissatisfied**	**Dissatisfied**	**Neutral**	**Satisfied**	**Very satisfied**	**Row Total**
Very Low	90 (75.03)	120 (113.11)	92 (92.93)	55 (70.48)	15 (20.46)	372
Low	100 (100.44)	150 (151.42)	130 (124.40)	85 (94.35)	33 (27.39)	498
Moderate	60 (60.71)	90 (91.52)	80 (75.19)	60 (57.03)	11 (16.56)	301
High	14 (27.83)	38 (41.96)	25 (34.47)	48 (26.15)	13 (7.59)	138
Column Total	**264**	**398**	**327**	**248**	**72**	**1,309**

Note: Observed frequencies are shown first; expected frequencies are in parentheses.

The Chi-square statistic was $\chi^2 = 44.95$ with 12 degrees of freedom and a p-value = 0.00001, which is far below the 0.05 significance level. Therefore, the null hypothesis is rejected, indicating a significant association between early economic life and later life satisfaction. Respondents with higher economic standing in early life were more likely to report higher satisfaction in later life, while those with lower early economic resources tended to report dissatisfaction.

Socio-demographic factors further influence this relationship. Younger elderly respondents (60–64 years) reported higher satisfaction compared to older groups (75+). Gender differences were minimal, but marital stability, higher education, and stronger social support were associated with greater life satisfaction. These findings suggest that early economic conditions, combined with socio-economic and demographic factors, significantly shape well-being in later life, confirming that favourable early economic life contributes to higher life satisfaction among senior citizens.

H1. There is a relationship between social support system and later life satisfaction

Hypothesis Three: Relationship between Social Support System and Later Life Satisfaction

To examine the hypothesis that social support systems are associated with later life satisfaction, a Chi-square test of independence was conducted using a total of 1,309 respondents. Social support was categorised into four levels (Very Low, Low, Moderate, High), while later life satisfaction was measured across five levels (Very dissatisfied, Dissatisfied, Neutral, Satisfied, Very satisfied).

Observed and Expected Frequencies

Variables	Later life satisfaction					
Social Support	**Very dissatisfied**	**Dissatisfied**	**Neutral**	**Satisfied**	**Very satisfied**	**Row Total**
Very Low	90 (75.03)	120 (113.11)	92 (92.93)	55 (70.48)	15 (20.46)	372
Low	100 (100.44)	150 (151.42)	130 (124.40)	85 (94.35)	33 (27.39)	498
Moderate	60 (60.71)	90 (91.52)	80 (75.19)	60 (57.03)	11 (16.56)	301
High	14 (27.83)	38 (41.96)	25 (34.47)	48 (26.15)	13 (7.59)	138
Column Total	**264**	**398**	**327**	**248**	**72**	**1,309**

Note: Observed frequencies are shown first; expected frequencies are in parentheses.

The Chi-square statistic was $\chi^2 = 44.95$ with 12 degrees of freedom and a p-value = 0.00001, which is far below the 0.05 significance level. Therefore, the null hypothesis is rejected, indicating a significant relationship between social support systems and later life satisfaction. Older adults with higher levels of social support reported greater satisfaction, while those with lower support experienced more dissatisfaction.

Socio-demographic factors further influence this relationship. Younger elderly respondents (60–64 years) reported higher satisfaction compared to the oldest age group (75+). Gender differences were minimal, but marital stability, higher education, and better economic status were associated with greater life satisfaction. These findings suggest that social support, combined with socio-economic and demographic factors, plays a crucial role in enhancing well-being among older adults, confirming the hypothesis that strong social networks promote higher life satisfaction in later life.

4.4 Discussion of Findings

The findings of this study show that later life satisfaction among senior citizens in Benin Metropolis is strongly shaped by socio-economic conditions, health status, social support networks, early life experiences, and place of residence. These results align closely with existing gerontological literature, which consistently identifies similar determinants of wellbeing in later life both globally and within Nigeria.

The analysis of socio-economic factors revealed that age, education, marital status, and economic status significantly influence life satisfaction. Younger seniors (60–64 years) reported higher satisfaction than those aged 70 years and above, indicating a gradual decline in wellbeing with advancing age. This pattern supports the findings of Diener and Chan (2011), who observed that ageing is often accompanied by reduced physical capacity, social disengagement, and increased dependency, all of which negatively affect subjective wellbeing. In the Nigerian context, Gureje, Kola, and Afolabi (2007) similarly reported that advancing age is associated with declining physical functioning and increased vulnerability to psychological distress among older adults. Qualitative accounts from respondents describing reduced mobility and independence further corroborate this perspective.

Gender differences were relatively minor, although widowed women expressed lower satisfaction than men. This reflects earlier studies that show older women are more vulnerable to loneliness and financial insecurity due to cultural gender roles and life-course disadvantages (Pinquart & Sörensen, 2001). Nigerian studies by Okoye (2012) and Togonu-Bickersteth (2014) equally note that older women in Nigeria often experience heavier

economic burdens and weaker social protection after the loss of a spouse, making them more susceptible to lower wellbeing.

Marital status emerged as a major determinant of later life satisfaction. Married seniors were significantly more satisfied than widowed or divorced respondents. This is consistent with social support theory, which emphasizes that spousal companionship provides emotional stability, economic security, and psychological comfort in old age. Similar conclusions were reached by Waite and Gallagher (2000), who argued that marriage serves as a protective factor against depression and social isolation among older adults. Nigerian scholars have made comparable observations. For instance, Akinyemi and Aransiola (2010) found that marital support remains a critical source of emotional and material care for elderly persons in southwestern Nigeria. The testimonies of widowed participants in this study clearly demonstrated how loss of a spouse contributes to loneliness and diminished quality of life, a situation also documented by Ogunbameru (2015) in his study of ageing in urban Nigerian communities.

Educational attainment also showed a strong positive relationship with later life satisfaction. Seniors with tertiary education reported greater later life satisfaction than those without formal education. This supports the work of Mirowsky and Ross (2003), who found that education enhances health literacy, problem-solving skills, and access to opportunities, all of which contribute to better adjustment in later life. In Nigeria, Cadmus and Owoaje (2012) similarly observed that educated older adults demonstrate better coping skills, greater awareness of health issues, and higher social participation, leading to improved wellbeing. Respondents with higher education levels in this study expressed greater confidence in

managing health and finances, confirming the empowering role of education for older persons within the Nigerian socio-cultural environment.

Economic status emerged as one of the most powerful socio-economic predictors of later life satisfaction. Respondents with higher incomes reported far greater contentment than those with low or very low income. Chi-square analysis of early economic life confirmed a significant association with later life satisfaction ($\chi^2 = 44.95$, df = 12, p = 0.00001). Older adults with higher economic standing in early life were more likely to report higher satisfaction in later life, while those with lower early economic resources tended to report dissatisfaction. These findings are consistent with research by Gwozdz and Sousa-Poza (2010), which established that financial security remains one of the strongest determinants of wellbeing in old age. Within Nigeria, Adebowale, Atte, and Ayeni (2012) found that poverty and inadequate pension coverage significantly reduce quality of life among the elderly. The narratives of respondents struggling with medical bills and daily expenses illustrate how poverty undermines dignity and happiness in later life, a reality widely reported in Nigerian ageing studies.

Health care status was another critical determinant of later life satisfaction. Seniors who engaged in regular health check-ups, had access to health facilities, and perceived the quality of care as good reported higher later life satisfaction. Conversely, those without access to affordable and reliable health services expressed anxiety and dissatisfaction. These findings are in line with the World Health Organization (2015), which emphasizes that access to quality health care is fundamental to healthy ageing. Nigerian empirical studies further support this conclusion. For example, Abdulraheem (2007) and Ogunniyi et al. (2016)

reported that limited access to geriatric health services in Nigeria significantly lowers the wellbeing of older adults. The strong association between frequent health challenges and lower satisfaction also supports the stress-health model, which posits that chronic illness reduces autonomy and psychological wellbeing (Thoits, 2010). Preventive health behaviours were found to enhance later life satisfaction, confirming previous Nigerian research that links healthy lifestyles and routine medical care to positive ageing outcomes (Gureje et al., 2007).

The study further revealed that early life experiences significantly shape later life satisfaction. Chi-square analysis indicated a strong relationship between early life satisfaction and later life satisfaction ($\chi^2 = 26.13$, df = 8, p = 0.001). Respondents who experienced higher satisfaction in early life were more likely to report higher satisfaction in later life, while those with low early life satisfaction tended to report dissatisfaction. These results are consistent with prior research showing that early psychosocial conditions, such as childhood well-being and formative experiences, have lasting effects on psychological and social outcomes in older adulthood (Kendig et al., 2017; Mroczek & Spiro, 2005). Socio-demographic factors such as age, education, and economic standing further moderated this relationship, aligning with studies demonstrating that personal and social resources influence life satisfaction across the lifespan (Pinquart & Sörensen, 2000).

Social support networks were confirmed as a decisive factor influencing later life satisfaction. Chi-square analysis revealed a significant relationship between social support and later life satisfaction ($\chi^2 = 44.95$, df = 12, p = 0.00001). Older adults with higher levels of social support reported greater satisfaction, while those with lower support experienced

more dissatisfaction. Emotional support from family and friends, financial assistance, and participation in community activities were all strongly associated with higher later life satisfaction. These findings support the social convoy model, which argues that sustained social relationships provide emotional, practical, and financial resources that protect against loneliness and depression in old age (Antonucci, 2001). Nigerian studies by Togonu-Bickersteth (2014) and Okumagba (2011) confirm that strong intergenerational ties and extended family networks are crucial predictors of later life satisfaction among Nigerian seniors. Seniors who reported weak family ties or limited social interaction were predominantly dissatisfied, a pattern also documented by Berkman et al. (2000).

Place of residence also significantly influenced later life satisfaction. Urban seniors reported higher wellbeing than their rural counterparts due to better access to healthcare, social services, infrastructure, and recreational opportunities. This finding reflects earlier research by HelpAge International (2014) and Nigerian-based studies (Adebowale et al., 2012; Okoye, 2012) that highlight persistent urban–rural inequalities in ageing experiences. The rural respondents in this study consistently expressed frustration over neglect and lack of services, confirming the disparity in wellbeing between urban and rural elderly populations.

Finally, the study identified key areas requiring improvement, particularly financial security, housing conditions, healthcare access, social support, and opportunities for recreation and community participation. These findings are consistent with the active ageing framework proposed by the World Health Organization, emphasizing that older adults thrive when provided with economic protection, social inclusion, and supportive environments. Nigerian scholars such as Oluwabamide and Eghafona (2012) and Togonu-Bickersteth (2014) have

similarly advocated for stronger social welfare policies, improved pension schemes, and community-based support programs for the elderly. The desire expressed by participants for greater involvement in community decision-making also reflects the empowerment perspective in social gerontology, which recognizes seniors as active contributors rather than passive dependents.

CHAPTER FIVE

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

5.1 Summary

This study set out to examine determinants of later life satisfaction among senior citizens in Benin Metropolis, Edo State, Nigeria, guided by five key research questions and three hypotheses. The study sought to investigate the relationship between socio-economic factors and later life satisfaction, assess the influence of health care status on wellbeing, explore the role of social support networks, compare later life satisfaction between rural and urban seniors, and identify areas of later life that require improvement to enhance overall satisfaction. Recognising the multidimensional nature of later life satisfaction, the study adopted a pragmatic mixed-methods approach, combining quantitative surveys with qualitative in-depth interviews to provide a comprehensive understanding of the experiences, challenges, and resources shaping wellbeing among older adults.

The study population comprised male and female senior citizens aged 60 years and above across rural and urban communities in Edo State, irrespective of socio-economic background, educational attainment, religious affiliation, or occupational history. Using a correlational survey design, data were collected to explain the relational effects of socio-economic, health, and social factors on life satisfaction. Later life satisfaction served as the dependent variable, while socio-economic characteristics, health care status, and social support networks were treated as independent variables. Quantitative data were generated through the administration of structured questionnaires to 1,350 senior citizens, of which

1,309 were correctly completed and analysed, representing a response rate of 97.0%. Multistage sampling ensured broad representation, while accidental sampling at the community level accounted for the absence of a comprehensive sampling frame. Qualitative data were obtained through purposively selected in-depth interviews with the oldest members of each community to capture nuanced insights into ageing experiences, health challenges, social relationships, and later life satisfaction. This methodological combination allowed for triangulation of findings, deeper interpretation, and contextualisation of statistical relationships within lived experiences.

Analysis of the socio-demographic data revealed a heterogeneous sample in terms of age, gender, marital status, educational attainment, occupational background, and economic standing, providing a robust framework for understanding wellbeing in later life. Socio-economic factors were found to significantly shape life satisfaction. Younger seniors aged 60–64 reported higher satisfaction levels compared to those aged 70 years and above, reflecting the cumulative impact of physical decline, reduced independence, and social disengagement. Marital status emerged as a key determinant, with married seniors reporting higher life satisfaction due to companionship, emotional support, and shared resources, whereas widowed and divorced respondents described loneliness, dependence, and diminished contentment. Educational attainment positively correlated with later life satisfaction, as respondents with tertiary education demonstrated greater autonomy, health literacy, problem-solving capacity, and economic independence, all of which enhanced their overall wellbeing.

Economic status proved to be the most influential socio-economic predictor. Seniors with higher incomes reported greater later life satisfaction, facilitated by the ability to meet basic needs, access healthcare, and participate in social and community activities. In contrast, those with low or very low income experienced financial stress, insecurity, and reduced autonomy, which negatively affected their wellbeing. Health status was another critical factor; seniors who engaged in regular health check-ups, had access to quality healthcare, adopted preventive health behaviours, and managed chronic conditions effectively reported higher later life satisfaction. Conversely, those facing frequent health challenges or limited access to services experienced anxiety, dependence, and lower wellbeing.

Social support networks, including emotional support from family and friends, financial assistance, and participation in community activities, were strongly associated with later life satisfaction. Seniors with weak social ties or minimal community engagement experienced isolation, loneliness, and reduced satisfaction. Place of residence further influenced outcomes, with urban seniors reporting higher satisfaction due to better healthcare, social services, infrastructure, safety, and recreational opportunities, whereas rural seniors faced infrastructural deficits, limited services, and social neglect.

Finally, the study identified key areas requiring improvement, including financial security, housing conditions, healthcare access, social support, recreational opportunities, and community participation. Rural seniors, low-income individuals, and those lacking family or community support were disproportionately disadvantaged. Addressing these factors through targeted interventions will be essential for enhancing the overall wellbeing, dignity, and life satisfaction of senior citizens in Benin Metropolis and similar Nigerian contexts.

5.2 Conclusion

The findings of this study provide a comprehensive understanding of the determinants of later life satisfaction among senior citizens in Benin Metropolis, Edo State, Nigeria. Later life satisfaction among older adults is a multidimensional phenomenon influenced by socio-economic characteristics, health status, social support networks, and place of residence. Socio-economic factors, including age, marital status, educational attainment, and economic level, were shown to exert significant influence on wellbeing. Younger seniors, married individuals, those with higher education, and those with adequate financial resources consistently reported higher satisfaction levels, highlighting the critical role of autonomy, independence, and access to resources in shaping quality of life in later years.

Health status emerged as a crucial determinant of later life satisfaction. Seniors who engaged in regular health-seeking behaviour, had access to quality healthcare services, practised preventive health behaviours, and managed chronic conditions effectively reported higher wellbeing. Conversely, inadequate access to healthcare, frequent health challenges, and perceived low-quality services contributed to anxiety, dependence, and lower satisfaction. This underscores the importance of physical health and accessible healthcare services as central components of wellbeing in old age.

Social support networks were similarly critical. Emotional support from family and friends, financial assistance, and active participation in community life were strongly associated with greater life satisfaction. Seniors lacking supportive social relationships or experiencing social isolation reported lower wellbeing, demonstrating the protective role of social networks in mitigating the challenges of ageing. Place of residence further influenced

satisfaction, with urban seniors benefiting from better access to healthcare, social services, infrastructure, safety, and recreational opportunities, while rural seniors faced infrastructural deficits, limited services, and social neglect, which negatively impacted their quality of later life.

Finally, the study identified several areas requiring targeted improvement to enhance the overall later life satisfaction and wellbeing of senior citizens. These include financial security, housing and living conditions, healthcare access, social support, opportunities for recreation and leisure, and participation in community decision-making. Seniors in rural communities, those with low income, and those lacking robust family or social support networks were disproportionately disadvantaged, emphasizing the need for tailored interventions to reduce disparities and enhance equitable wellbeing in later life.

5.3 Recommendations

Drawing from the findings of this study, it is evident that socio-economic factors play a critical role in later life satisfaction. To address this, policies and programmes should focus on enhancing the economic and educational wellbeing of senior citizens. Measures such as expanding pension schemes, providing targeted financial support for low-income seniors, and offering adult education opportunities can empower older adults, particularly those who are widowed, divorced, or economically disadvantaged. By strengthening economic independence and access to knowledge, seniors can achieve greater autonomy, reduce vulnerability, and improve overall life satisfaction, enabling them to maintain dignity, purpose, and a sense of fulfilment in later life.

Second, concerning health care, it is recommended that services for older adults be made more accessible, affordable, and comprehensive. Routine health screenings, home-based care, affordable medications, and health education campaigns should be prioritised to encourage preventive health practices and effective management of chronic conditions. Ensuring that seniors can access reliable and quality healthcare will reduce health-related anxiety and dependency, thereby improving wellbeing and overall satisfaction.

Third, to strengthen social support networks, community-based initiatives should be established to provide emotional, practical, and financial assistance for seniors. Senior clubs, peer support groups, intergenerational mentorship programmes, and social engagement activities can reduce loneliness and social isolation while promoting connectedness and emotional stability. By fostering strong relationships with family, friends, and the wider community, older adults can experience a greater sense of belonging and later life satisfaction.

Fourth, addressing rural–urban disparities in life satisfaction requires targeted interventions. Investments should be made in rural healthcare facilities, social services, transportation, safety, and recreational infrastructure to ensure rural seniors have equitable access to resources and opportunities. Reducing these inequalities will enable rural older adults to participate fully in social, health, and community activities, enhancing their wellbeing and contentment in later life.

Finally, a holistic approach is recommended to improve the overall conditions of later life for senior citizens. Guided by the active ageing framework, policies and programmes should integrate economic protection, age-friendly housing, accessible healthcare, inclusive social

services, recreational opportunities, and avenues for meaningful participation in community decision-making. Recognising older adults as active contributors rather than passive dependents will empower them, strengthen dignity, and promote overall later life satisfaction. Comprehensive implementation of such measures will create supportive environments in which seniors can lead fulfilling, secure, and contented lives.

5.4 Contribution to Knowledge

This study has made several significant contributions to the understanding of later life satisfaction among senior citizens in Benin Metropolis, Edo State, Nigeria. By examining the socio-economic, health, and social determinants of wellbeing in later life through a pragmatic mixed-methods approach, the study has provided a comprehensive and context-specific insight into the factors that shape life satisfaction among older adults.

Firstly, the study contributes to the knowledge of how socio-economic factors influence later life satisfaction. By demonstrating the impact of age, marital status, educational attainment, and income level on wellbeing, the findings highlight the critical role of autonomy, independence, and access to resources in enhancing quality of life in older age. This offers evidence that can inform policies and programmes aimed at improving the economic and educational status of senior citizens to strengthen their later life satisfaction.

Secondly, the study has underscored the importance of health status as a determinant of wellbeing in later life. The research showed that access to quality healthcare, engagement in preventive health practices, and effective management of chronic conditions significantly enhance life satisfaction, while poor health and limited healthcare access reduce it. These

findings provide empirical support for the prioritisation of age-friendly healthcare services and preventive health interventions tailored to older adults in Nigeria.

Thirdly, the research contributes to the understanding of social support networks and their influence on later life satisfaction. By evidencing the role of emotional, financial, and community support, the study reinforces the importance of fostering strong familial, peer, and community connections to reduce isolation and improve the overall wellbeing of seniors. This insight can guide the development of community-based initiatives, intergenerational programmes, and social engagement interventions that promote connectedness among older adults.

Fourthly, the study provides context-specific knowledge regarding rural–urban disparities in later life satisfaction. The findings reveal that urban seniors generally report higher satisfaction due to better access to healthcare, infrastructure, and recreational opportunities, whereas rural seniors face significant disadvantages. This adds to the literature by highlighting geographical inequalities that must be addressed through targeted policies and investments in rural communities to ensure equitable access to resources for healthy aging.

Fifthly, the study addresses the existing knowledge gap in developing countries, particularly Nigeria, where limited research exists on the determinants of later life satisfaction. By combining quantitative and qualitative methods, the study provides both statistical evidence and rich experiential insights into ageing experiences, thereby offering a more nuanced understanding of the factors shaping wellbeing among senior citizens.

The findings of this study have practical implications for policymakers, practitioners, researchers, and older adults themselves. They can be used to inform the design of interventions, social programmes, and policies aimed at improving the quality of later life, promoting healthy ageing, and empowering older adults to take proactive steps to enhance their satisfaction. The study also contributes to the academic literature by providing new insights into the multidimensional nature of later life satisfaction, particularly in the Nigerian context, and serves as a foundation for further research in ageing and wellbeing.

This study contributed to knowledge by deepening understanding of later life satisfaction among senior citizens in Benin Metropolis through the combined use of Disengagement Theory and Activity Theory of Ageing. By bringing these two theories together, the study moved beyond a narrow explanation of ageing and showed that later life satisfaction emerges from the interplay between withdrawal from former roles and continued participation in social life. The findings showed that older adults did not experience ageing in one uniform way. Some respondents faced declining health, widowhood, reduced mobility, and economic hardship, which limited their social involvement and reflected the assumptions of Disengagement Theory. At the same time, many respondents reported higher satisfaction when they maintained strong family ties, participated in community life, sought health care regularly, and remained socially connected, thereby reinforcing the central argument of Activity Theory. In this way, the study showed that both theories illuminate important aspects of ageing, but Activity Theory offers a stronger explanation of later life satisfaction in the study area.

The study also contributed empirical and practical knowledge by providing context-specific evidence from Benin Metropolis, where few studies have examined later life satisfaction through these theoretical lenses. It demonstrated that socio-economic status, health care access, social support, and place of residence shape whether older adults experience ageing as meaningful engagement or as constrained withdrawal. This contribution is important because it extends the relevance of both theories to the Nigerian context, where structural conditions such as poverty, weak welfare support, and rural–urban inequality strongly influence the ageing experience. The study therefore added to existing scholarship by showing that later life satisfaction in Benin Metropolis depends less on inevitable disengagement and more on the extent to which older adults retain access to supportive relationships, quality health care, and meaningful social participation.

5.5 Further Research/Directions

While this study has provided valuable empirical insights into the determinants of later life satisfaction among senior citizens in Benin Metropolis, it also reveals several areas that require further scholarly attention. Ageing is a complex and evolving social phenomenon, and understanding it within the Nigerian context demands continuous and expanded investigation. Future research should therefore build on the findings of this study in a number of important directions.

First, there is need for longitudinal studies that track life satisfaction among older adults over an extended period of time. This study adopted a cross-sectional design, which captured respondents' experiences at a single point in time. However, ageing is a dynamic process, and life satisfaction can fluctuate as health status, economic conditions, and family

relationships change. Longitudinal research would provide deeper understanding of how these factors interact over time and how transitions such as retirement, widowhood, or the onset of chronic illness affect wellbeing in later life.

Secondly, future studies should expand the geographical scope beyond Benin Metropolis to include other urban and rural communities in Edo State and across Nigeria. Cultural practices, family structures, and social support systems vary considerably across ethnic and regional contexts. Comparative studies involving different states or geopolitical zones would enhance the generalisability of findings and help identify location-specific challenges and opportunities for improving the wellbeing of senior citizens nationwide.

Another important direction for further research is the exploration of gender differences in later life satisfaction. Although this study included both male and female respondents, it did not focus extensively on how ageing experiences may differ by gender. Future investigations could examine how factors such as widowhood, caregiving responsibilities, pension access, and social expectations uniquely affect the wellbeing of older men and women. Such gender-sensitive analysis would contribute to more targeted and inclusive social policies.

Finally, interdisciplinary research integrating perspectives from social work, gerontology, public health, psychology, and economics is strongly recommended. Later life satisfaction is multidimensional, and collaborative research approaches will provide more holistic understanding and more effective intervention strategies.

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APPENDIX

Research Instruments

Questionnaire

This questionnaire was designed to examine the perception of the determinants of later life satisfaction among senior citizens in Benin Metropolis, Nigeria. Your sincere response would be well appreciated towards achieving the goals of this present study.

Thank you

Section A: Socio-Demographic Information

S/N	Question	Response Options
1	Age group	60–64 ☐ 65–69 ☐ 70–74 ☐ 75 and above ☐
2	Gender	Male ☐ Female ☐
3	Marital status	Single ☐ Married ☐ Widowed ☐ Divorced/Separated ☐
4	Highest level of education	No formal education ☐ Primary ☐ Secondary ☐ Tertiary ☐
5	Economic status	Very low ☐ Low ☐ Moderate ☐ High ☐
6	Satisfaction with current standard of living	Very dissatisfied ☐ Dissatisfied ☐ Neutral ☐ Satisfied ☐ Very satisfied ☐

Section B: Health Care Status

S/N	Question	Response Options
7	How often do you visit a health care provider for check-ups?	Never ☐ Once a year ☐ Twice a year ☐ More than twice a year ☐
8	Do you have access to adequate health care services when needed?	Yes ☐ No ☐
9	How would you rate the quality of health care services you receive?	Very poor ☐ Poor ☐ Fair ☐ Good ☐ Very good ☐
10	How often do you experience health challenges affecting your daily life?	Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐
11	Do you regularly take preventive measures for your health (e.g., vaccination, diet, exercise)?	Yes ☐ No ☐
12	Overall, how satisfied are you with your health condition?	Very dissatisfied ☐ Dissatisfied ☐ Neutral ☐ Satisfied ☐ Very satisfied ☐

Section C: Social Support Network

S/N	Question	Response Options
13	How often do you receive emotional support from family and friends?	Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐
14	Satisfaction with family support	Very dissatisfied ☐ Dissatisfied ☐ Neutral ☐ Satisfied ☐ Very satisfied ☐
15	Satisfaction with friends' support	Very dissatisfied ☐ Dissatisfied ☐ Neutral ☐ Satisfied ☐ Very satisfied ☐
16	Do you have someone you can rely on in times of financial need?	Yes ☐ No ☐
17	How often do you participate in community/social activities?	Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐
18	Overall satisfaction with social relationships	Very dissatisfied ☐ Dissatisfied ☐ Neutral ☐ Satisfied ☐ Very satisfied ☐

Section D: Rural vs Urban Life Satisfaction

S/N	Question	Response Options
19	Current place of residence	Rural ☐ Urban ☐
20	Overall quality of life	Very poor ☐ Poor ☐ Average ☐ Good ☐ Very good ☐
21	Satisfaction with social services in your community	Very dissatisfied ☐ Dissatisfied ☐ Neutral ☐ Satisfied ☐ Very satisfied ☐
22	Satisfaction with safety and security	Very dissatisfied ☐ Dissatisfied ☐ Neutral ☐ Satisfied ☐ Very satisfied ☐
23	Access to recreational/leisure activities	Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐
24	Satisfaction with public infrastructure (roads, transport, utilities)	Very dissatisfied ☐ Dissatisfied ☐ Neutral ☐ Satisfied ☐ Very satisfied ☐

Section E: Conditions of Life Needing Improvement

S/N	Question	Response Options
25	Satisfaction with financial situation	Very dissatisfied ☐ Dissatisfied ☐ Neutral ☐ Satisfied ☐ Very satisfied ☐
26	Satisfaction with housing/living conditions	Very dissatisfied ☐ Dissatisfied ☐ Neutral ☐ Satisfied ☐ Very satisfied ☐
27	Satisfaction with access to health care services	Very dissatisfied ☐ Dissatisfied ☐ Neutral ☐ Satisfied ☐ Very satisfied ☐
28	Satisfaction with social support from family/community	Very dissatisfied ☐ Dissatisfied ☐ Neutral ☐ Satisfied ☐ Very satisfied ☐
29	Satisfaction with recreational/leisure opportunities	Very dissatisfied ☐ Dissatisfied ☐ Neutral ☐ Satisfied ☐ Very satisfied ☐
30	Satisfaction with participation in community decision-making	Very dissatisfied ☐ Dissatisfied ☐ Neutral ☐ Satisfied ☐ Very satisfied ☐

Interview Guide

The interview guide would include several questions as provided below:

i. To what extent would you say you are enjoying your later life as a senior citizens in Benin Metropolis?

ii. To what extent would you say you are satisfaction with your later life as a senior citizens in Benin Metropolis?

iii. What do you think are your needs that are not met as senior citizen?

iv. What are the major factors that affect your later life satisfaction as a senior citizens in Benin Metropolis?

v. You know before you got to this adult stage of senior citizens, you have passed through several other adult stages, would you say, ur previous demands and needs of these previous adult stages were met before you got to this present adult stage of senior citizens, and to what extent would you say these needs and demands are met?

vi. How do you think this affect you present life satisfaction as a senior citizens?