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RETIREES, VULNERABILITY, AND REPRODUCTIVE HEALTH: A NEGLECTED DIMENSION OF HEALTHY AGEING

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Abstract: *Population ageing has become a significant demographic phenomenon across the world, including Nigeria. While considerable attention has been devoted to chronic diseases, economic security, social care, and mental health among retirees, reproductive health remains a neglected component of healthy ageing. This paper critically examines the intersection between retirement, vulnerabNigeriaility, and reproductive health within the broader framework of healthy ageing. Drawing upon Life Course Theory, the paper argues that reproductive health concerns persist beyond the reproductive years and continue to influence the quality of life of older adults. Through a review of contemporary literature and empirical evidence, the paper identifies multiple vulnerabilities affecting retirees, including economic insecurity, declining physical health, social isolation, inadequate health services, ageist stereotypes, and poor reproductive healthcare access. Existing evidence suggests that sexual wellbeing, reproductive cancers, menopause-related challenges, and age-related sexual health concerns significantly influence the wellbeing of older adults but receive limited policy and professional attention. The paper further highlights the role of social work in promoting reproductive health awareness, advocacy, psychosocial support, and age-friendly healthcare services for retirees. It concludes that reproductive health should be integrated into healthy ageing policies, programmes, and social welfare interventions to enhance the wellbeing and dignity of older adults.*

Keywords: *Retirees, Vulnerability, Reproductive Health, Healthy Ageing*

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INTRODUCTION

Ageing is one of the most prominent demographic changes in the 21st century, which has been prompted by better healthcare, lower mortality rates, and longer life expectancies. This has brought about a change of focus from merely increasing lifespan to also increasing quality of life in old age. Functional ability is the key in the World Health Organization's (2023), definition of healthy ageing, which is the ability to do what a person has reason to value. It is the full breadth of physical,

psychological, social, autonomy and access to care related dimensions of health. With the global population aging, scholars and policy-makers are under increasing pressure to attend to neglected aspects of older age well-being.

Retirement is a life course event with implications for individuals' financial resources, identities, social networks, and health needs. Some retirees encounter a sense of liberation and life satisfaction, but others endure financial trouble, loneliness, poor health, and dependence, compounding their vulnerability. In countries like Nigeria, where weak pensions, inadequate geriatric care and minimal social protection systems prevail, these risks are much higher. Fatoye (2007), highlights the role of family support in maintaining psychological well-being in old age, and Adewole and Afolabi (2020), demonstrate that health status plays a significant determining factor in retirement experiences and life satisfaction, underscoring the social determinants of ageing outcomes.

While age-related issues are becoming more of a concern, reproductive health is still one of the most under-researched and under-funded areas in later life. Reproductive health systems have traditionally excluded older people – as has much of the work on maternal and adolescent health. Nevertheless, the embodied life course perspective now understands women's health as a life course issue that includes sexual wellbeing, hormonal fluctuations, reproductive cancers, menopause, andropause, and sexual performance. Grabovac and McDermott (2023), along with Cameron and Santos-Iglesias (2024), interrogate the misconception of the asexual older adult, advocating for a life course approach to sexuality which allows for persistence of sexual and relational desires in later life.

The underappreciated issue of reproductive health in the elderly has far-reaching consequences for both aging individuals and the healthcare system. Sexual dysfunction, hormonal changes, infections and reproductive cancers affect older adults but these are all concealed by barriers such as stigma and ageism and the discomfort of professionals. This invisibility diminishes the quality of life and emotional and social health. Psychosocial support's contribution to positive outcomes in at-risk populations is underscored by Afolabi (2022), whereas the interplay between social and psychological determinants of wellbeing is highlighted by Afolabi and Bakare (2023). In the same vein, Udeme, Afolabi and Pillay (2024), assert that appropriate ageing strategies require a holistic approach to physical and psychosocial needs care. These lessons point to the quantitative investigation of retirement, vulnerability and reproductive health as mutually constitutive aspects of healthy ageing.

Statement of the Problem

Although healthy ageing is gaining more attention, the discourse and interventions among retirees are largely centred on the management of chronic disease, financial security, and mental health, with reproductive health being overlooked. The neglect stems from the belief that reproductive and sexual health are no longer relevant in later life, which in turn results in limited policy attention, and weak heath care responses in this regard. Many retirees, therefore, are still left to deal with such issues as sexual well-being, reproductive cancers, menopause and andropause-related diseases, and inadequate access to suitable healthcare without sufficient assistance. These problems are compounded by more general vulnerabilities such as falling income, inadequate social support, and diminished access to health care services, with implications for their quality of life.

Objectives of the Study

The purpose of this study is to explore retirees, vulnerability, and reproductive health as an overlooked aspect of healthy ageing. The specific objectives are to:

i. Examine the reproductive health vulnerabilities experienced by retirees and their implications for healthy ageing;
ii. Assess the influence of menopause, andropause, and other age-related reproductive health challenges on the wellbeing of retirees;
iii. Explore the effects of limited access to sexual and reproductive healthcare services on healthy ageing among retirees

Theoretical Framework

Life Course Theory

The Life Course Theory (LCT), is a conceptual model used for ageing Elder Jr. as a lifelong process influenced by accumulated experiences, social structures and personal choices. Latter-life health is a consequence of education, work, family, and health behaviors, so that individuals retire with differential resources and risk (Elder and Giele, 2009; Settersten, 2023; Dannefer, 2024). It also brings to the fore life transitions (e.g., education, work, marriage, and retirement) that are potential sources of cumulative advantage/disadvantage. Hutchison (2024), calls for the centrality of full life histories, and Dannefer (2024) makes a connection between later-life inequality and lifelong accumulation of disadvantage.

The focus on 'linked lives and social supports theory spells out how family and community ties, or the lack thereof, have a significant impact on individual wellbeing. Fatoye (2007), Afolabi (2021), indicates that support from society has a positive impact on elderly well-being; however, agency continues to be influenced by wider socioeconomic factors (Elder, Johnson and Crosnoe, 2003). In reproductive health, it demonstrates that sexual and reproductive well-being later in life is influenced by lifelong behaviors and opportunities for access to care (WHO, 2023). Menopause, andropause, and sexual health therefore continue to be important issues as we age and are most usefully framed in a life course perspective. Life Course Theory thus enables a multifaceted understanding of how cumulative life experiences, social relationships, and structural conditions contribute to older adults' vulnerability in reproductive health and overall wellbeing.

Conceptual Review

Retirement

Retirement is considered a significant life transition at the end of the working life that culminates in exiting from the workforce and the beginning of later life. In addition to stopping work, retirement affects a person's social identity, mental health, health habits, and general quality of life. Modern views recognise that retirement is influenced by both voluntary and forced retirement and by personal choice, organisational policy and pension regulations. The World Health Organization (2023), reiterates the importance of considering retirement in the context of healthy ageing, which emphasizes the preservation of functional ability, well-being, and social engagement rather than

solely economic disengagement. Therefore, to be a good retiree they must continue to have access to good health care, have supportive relationships, and be able to pursue meaningful activities.

Experiences of retirement are diverse and are shaped by factors such as class and occupation, gender and availability of family and community support. In numerous developing nations, including Nigeria, retirees usually encounter financial insecurity, sporadic pension payments and poor access to healthcare, which compounds their susceptibility in old age. According to Adewole and Afolabi (2020), lifetime occupational experiences and post-retirement status both have significant implications on the health of retirees and Fatoye (2007), established that family support plays an important role in improving psychological well-being in elderly individuals. In the same vein, Afolabi (2021), stressed that social support networks play a crucial role in mitigating stress and enhancing psychosocial adjustment in at-risk groups. These results imply that retirement can be conceptualized as a multidimensional life-change process that necessitates an adequate level of economic, social, and health support in order to promote healthy aging and higher quality of life.

Vulnerability

Vulnerability is a term frequently employed in ageing research to capture the increased likelihood of harm and diminished ability to manage or mitigate negative social, economic, psychological, and health challenges in later life. Current views suggest that vulnerability is not inevitable in ageing, but rather is a malleable state influenced by health, social relations, environmental conditions and institution support. Simcock, Manthorpe and Tinker (2023), in a similar vein argue that vulnerability amongst older people is situational and subject to change depending on context, when in life it is considered and the social relations it is embedded in and as such it is not an attribute of older people. This is consistent with gerontological literature that conceptualizes vulnerability as comorbid life course experiences, versus aging biology alone. In line with this, Bolster Foucault, Vedel and Busa (2024), draw attention to how disparities in income, housing, access to healthcare and opportunities to engage in social activities greatly impact older adults' quality of life and risk of vulnerability.

New findings also demonstrate that among older adults, vulnerability is shaped at the intersection of physical frailty, psychosocial factors, and structural inequalities. Physiological frailty and lack of sufficient social support make one more susceptible and decreases one's ability to cope in old age, according to Hanlon and colleagues (2024). Similarly, Zhang, Wang and Peng (2024), point to socioeconomic deprivation, unhealthy behaviours, environmental stress and fragile welfare regimes as leading contributors to health vulnerability in ageing populations. Yet Simcock, Manthorpe and Tinker (2023), warn against conceptualising all older people as precariously placed, there is recognition that resilience, social capital and well-functioning institutional support can mediate risk to a significant degree. This view highlights the need to enhance health care services, social support, and community engagement to foster healthy aging and decrease vulnerability among retirees.

Reproductive Health

Reproductive health is defined as the state of complete physical, mental and social well-being related to the functioning of the reproductive system and not merely the absence of disease or infirmity. It is now understood that this includes aspects of sexual health, hormonal health, reproductive rights and the prevention and management of reproductive disorders and available of suitable care over the life span. The World Health Organisation (2023), underlines that reproductive health is important at

every stage and should be attended to not only in the reproductive years but also in the elderly years of life. This counters the traditional view that reproductive health ceased to be an issue "after menopause or the end of fertility" and establishes it as "a core component of healthy ageing."

There is growing recognition in the recent literature that reproductive health is a crucial component of quality of life in later life. Sexual wellbeing is considered to contribute to emotional intimacy, self-esteem, and psychosocial stability in later life (Hickson, Davis and Field 2024), and the sexual and reproductive health needs of older adults are frequently underestimated by healthcare systems due to pervasive ageist stereotypes (Bauer and Fennell 2023). Reproductive health has also been associated with mental health, relationship satisfaction, and social integration in recent gerontological literature, with diseases such as menopause, andropause, sexual dysfunction and reproductive cancers continuing to impact quality of life in later life. However, the marginalization of reproductive health in aging programs due to cultural taboos and insufficient policy focus has revealed the imperative for gender-sensitive health and social work practice that empowers older persons and enables them to live healthy sexual lives.

Healthy Ageing

Healthy ageing is the process of developing and maintaining the functional ability that allows wellbeing in older age. Traditional perspectives that defined successful ageing as non-existence of disease are challenged by contemporary perspectives focusing more on independence, social participation, and meaningful engagement in activities of older adults. According to the World Health Organization (2023), healthy ageing is the outcome of an individual's intrinsic capacity and the physical and social environments that support or hinder that capacity. This approach acknowledges that ageing is for a person their whole life, not a stage which begins at a certain age, and it is shaped by behaviors and decisions one makes in life, the healthcare systems one has access to, and the social experiences one has had.

Recent theories in gerontology also favour a comprehensive view of healthy ageing encompassing physical, psychological and social dimensions of wellbeing. Beard, Officer and Cassels (2023), highlight that environment should enable older people to sustain their independence and engagement in the community and Cesari and Vellas (2024), describe functional ability as the enabler and target for healthy ageing, particularly in older populations with a rising burden of chronic health conditions. Modern public health literature also draws attention to the role of wider social determinants such as education, income, housing, access to healthcare, and social participation in shaping ageing outcomes. These views imply that the venue for healthy ageing is both the individual health needs and the structural inequalities that determine wellbeing over the life course.

Empirical Review

Reproductive Health and Healthy Ageing

Reproductive health is an integral part of healthy ageing, but it is less studied, particularly in low- and middle-income countries. Sexual and reproductive health has been found to continue impacting aspects of quality of life, emotional health and social engagement in older age. Lukwa, Akinsolu,

Abodunrin & Okova (2026), indicated that the elderly is still sexually active but they are faced with cultural taboos, inadequate sexual health education, non-age-friendly services and that the ageing policies have nothing to do with reproductive health. Omotosho and Solanke (2020), also revealed that sexual satisfaction contributes significantly to the wellbeing of older Nigerians although it is constrained by deteriorating health and limited access to suitable care.

Additional analyses indicate that RH is associated with wider ageing outcomes, including mental wellbeing and life satisfaction. Adewole and Afolabi (2020), stated that "health in pre and post-retirement (such as sexual and reproductive health), has a significant impact on the physical health of retirees and their satisfaction with life and that retirement alters health needs toward long term care". Fatoye (2007), also showed that high level of family support is associated with better psychological health in elderly indicating that social context can buffer the effect of deterioration in health including reproductive health problems.

There is also recent evidence that the sexual and reproductive health needs of older people continue to exist but are largely unmet due to cultural and institutional barriers. Ede, Chepngeno Langat & Okoh (2023), discovered that older adults in Nigeria are still desirous of sexual relationships but are restricted by cultural and gender expectations, Lukwa et al. (2026), established that myths related to ageing and sexuality are barriers to service use among rural women. Global evidence suggests that discriminatory, ageist attitudes within health systems serve as barriers to older adults' access to care and contribute to an increased risk of untreated reproductive health conditions and poorer overall wellbeing.

Reproductive Health Vulnerabilities among Retirees

Retirees worldwide are at risk for their reproductive and sexual health being compromised as a result of ageing, weak health systems, and barriers related to socio-cultural norms. FindingsLukwa, Akinsolu, Abodunrin and Okova (2026), revealed that older Nigerians are still sexually active, however, they experience stigma, poor service integration, and provider ignorance about issue of elder sexuality, Ede, Chepngeno Langat and Okoh (2023), revealed that intimacy is achievable although limited by gender roles, cultural silence, and societal constraints. These reports indicate that precarity arises more from systemic disinvestment and cultural barriers than from sexual decline.

There is also evidence that inadequate health literacy, poor preventive behaviors, and limited access to age-appropriate services exacerbate risk. Omotosho and Solanke (2020), revealed that income, health status and access to healthcare were the main factors influencing sexual satisfaction of older adults, emphasizing on structural inequality while Egbewale and Adebimpe (2020), identified sexual activity amongst their participants (coexisting with low condom uptake and very limited STI testing), as a source of risk. Collectively, these evidences suggest that reproductive health risk in older age is a function of both behavioural deficits and sub-optimal health education and health services.

The results for retirees are made worse by the constraints in the healthcare system. Ononokpono, Peters and Usoro (2020), observed that care utilization among older adults is affected by cost, distance, and the absence of age-appropriate services, which result in late presentation and many reproductive conditions such as prostate, uterine and menopausal disorders go undiagnosed. Adeoti

also added that the sexual and reproductive needs of older adults are barely met by health services, making them even more vulnerable.

In the end, psychosocial, economic and institutional factors exacerbate the risk to reproductive health in retirement. Lukwa et al. (2026), noted discriminatory provision of services to older women, rural dwellers, and people with disabilities; while Hendricks & Afolabi (2025), identified stigma and shame as impediments to seeking care. Afolabi (2022), highlighted poor social support networks as a trigger for psychosocial vulnerability, and Fatoye (2024), as well as Fatoye (2023), pointed to inadequate geriatric services, and increasing costs of healthcare as further limitations. Taken together, these results suggest that cultural, systemic, and economic intersections create a unique vulnerability in retirees for reproductive health concerns that may be addressed through integrated policy, and social work-based intervention.

Menopause and Post-Menopausal Health Challenges

There is now evidence that menopause should be seen as a life stage associated with physical and psychosocial distress that can lead to poor quality of life in women. Menopausal experiences of olowokere, komolafe and olajubu (2020), abstract this study is an exploration of the perceptions and experiences of menopause among rural dwellers in southwestern Nigeria. In a similar vein, Omobowale and Adesina (2021), discovered that menopausal symptoms have a negative impact on perceived health and daily activities particularly in older and HIV positive women, such that comorbidities exacerbate post- menopausal struggles.

Other studies also emphasize the powerful cultural and psychosocial determinants of sexual health among post-menopausal women. Omobowale (2020), reported that sociocultural norms in urban Ibadan subjugate the sexuality of postmenopausal women based on stigmatization and myths about sex at old age. Agunbiade and Gilbert (2020), also revealed that sex for old Yoruba couples was frequently considered taboo, thereby limiting the possibility of sexual satisfaction and further putting relational strain. These results indicate that menopause is experienced as much through culture and interpersonal relationships as it is through biology.

Lifestyle and health status are known to affect menopausal symptoms and general health. Olowokere et al. (2020), found that diet, exercise, and stress management can mitigate symptom severity in rural women, and Omobowale and Adesina (2021), that women living with chronic conditions like HIV have more intense menopausal symptoms and poorer health outcomes. Taken together these data suggest that menopause is greatly diverse and affected by health, behaviour and environmental factors.

Furthermore, evidence indicates that knowledge about, delivery of, and support for menopause-related care within health services and policy in Nigeria is limited. Edenene (2024), revealed minimal knowledge of menopausal symptoms among women, which was informed by informal sources of information which resulted in late presentation and poor symptom management. Other evidence suggests that menopause features very poorly within reproductive health policy, notably in terms of long-term post-menopausal care. Taken together, these results suggest that challenges after menopause result from the convergence of biological, cultural, educational and systemic healthcare deficiencies.

Andropause And Male Reproductive Health

There has been a growing attention to andropause and male reproductive health in the study of ageing with focus on hypogonadism and sexual dysfunction in aged men. Fatusi, Ijadunola and Ojofeitimi (2020), reported very low knowledge of andropause among men in Southwestern Nigeria, many considered it a myth, but erectile disfunction was quite rampant and it increased with age. In the same vein, Takure and Adewumi (2023), also noted significant impairment in erectile function among male surgical patients, which was strongly associated with chronic conditions such as hypertension and metabolic diseases, thus suggesting that male reproductive health is intricately linked not only to overall ageing but also to general health.

Andropause and male fertility have become `topics of interest' in gerontology, particularly the issue of low testosterone and sexual dysfunction in older men. Fatusi, Ijadunola and ojofeitimi (2020), reported a very low level of awareness about andropause among men in Southwestern nigeria and many considered it a myth though erectile dysfunction was very common and it worsened with age. Likewise, Takure and Adewumi (2023), noted a high prevalence of erectile dysfunction in a cohort of male surgical patients, significantly associated with chronic illnesses, including hypertension and metabolic disorders, indicating that male reproductive health is intricately linked with systemic ageing and general health.

Psychosocial and cultural factors are also important in shaping the experience of andropause. Fatusi and Ijadunola (2020), noted that misconceptions about and normalization of symptoms act as barriers to treatment seeking, with many men perceiving sexual decline as an inherent part of getting older. Takure and Adewumi (2023), also observed that stigma associated with sexual dysfunction hinders talk openly about it with the doctors, exacerbating psychological distress and inhibiting help-seeking. These studies highlight that male reproductive health problems are compounded by silence, stigma, and misinformation in cultural settings.

Recent reviews highlight a need to integrate approaches to male reproductive health under the umbrella of healthy ageing. Gara, Mamman and Adefemi (2024), recommend lifestyle modification in the management of erectile dysfunction, and Okey Ewurum, Amadi and Nwoke (2020), propose focused health education to increase knowledge and prompt intervention. Together, the findings indicate that andropause is still under-recognised within health systems, despite its negative influence on quality of life, social relationships, and psychological wellbeing, thus indicating the need to develop policy that incorporates andropause within both ageing and primary healthcare.

Limited Access to Sexual and Reproductive Healthcare

The barrier to sexual healthcare services is particularly pronounced for older adults, women and those living in rural areas, and such challenge faces public health in Nigeria. Lukwa, Akinsolu, Abodunrin and Okova (2026), observed that older population the world over encounter challenges including poor integration of services into primary healthcare, dearth of skilled personnel and cultural stigma, many health facilities are not equipped to address elderly sexual health concerns. Adelekan, Ikuteyijo, Goldson and Abubakar (2024), similarly observed at least temporary reduction

in access due to a disruption of services, less engagement in outreaches, and fear of transmission, all of which compounded already poor utilisation of maternal and reproductive health services.

Institutional and structural barriers compound the problem among various population groups. Envuladu, Massar and de Wit (2023), demonstrated that about 2% of health facilities in Plateau State offer full sexual and reproductive health services and numerous providers are untrained in youth friendly care. Olajubu, Olowokere and Naanyu (2025), also found that youth in Southwestern Nigeria are subjected to stigmatisation, their confidentiality compromised and providers with unwelcoming attitudes. These results suggest that barriers faced by the clients were not only availability-related barriers, but also quality of service- and system related barriers.

Access to reproductive health care is also heavily restricted by geographical and social class inequalities. "People with psychosocial disabilities are stigmatized, they are living in poverty and there are no specialised services," Usman, Ruiter and Schaafsma (2025), while Ononokpono, Peters and Usoro (2020), affirmed that rural dwellers are faced with distance, cost of transportation and poor health system. Cumulatively, these elements highlight how social exclusion and infrastructural inadequacies coalesce to curtail equitable access to services.

Moreover, gender norms, false information and health system preparedness deficits act as additional barriers to sexual and reproductive health services utilization. Adelekan and Fatusi (2024), observed that emergency interruptions in care and sociocultural barriers hindered access to care for women to a substantial degree, and Olowokere, Komolafe and Olajubu (2020), revealed that limited health literacy, cultural beliefs, and stigma hamper utilisation of services among rural women. Altogether, these studies demonstrate that institutional frailty, poverty and cultural restrictions combine to perpetuate reproductive health inequities and compound vulnerability within and across populations.

Discussions of Findings

The results of this study highlight that healthy aging-ageing is still a vulnerable, overlooked aspect of good health among retirees who have health care needs that normally extend well beyond simply managing chronic conditions. The body of literature reviewed indicates that reproductive health issues, including sexual dysfunction, hormonal changes, menopausal and andropausal symptoms, and barriers to age-appropriate healthcare, remain relevant to this population, although they are not often given priority in health systems. This is consistent with World Health Organization (2023), perspective that healthy ageing should consider functional ability and wellbeing across all life domains, including sexual and reproductive health. The omission of this aspect is indicative of a reductionist biomedical perspective to ageing which does not encompass the experiences of retirees.

The interactions between these factors highlights the fact that retiree vulnerability is multipolar. Adewole and Afolabi, (2020), gave empirical support to this view as they found the health of the retirees in Ibadan to be largely affected by pre-retirement factors including the post retirement circumstances of income insecurity, non-access to adequate healthcare. Fatoye (2020), briefly demonstrated that family support system is a prominent predictor of psychological wellbeing in older adults and the implication is that absence of robust social networks magnifies risk in later life. Consistent with the life course perspective, these results suggest that the effect of disadvantage is cumulative, and that older people are more negatively affected by it (Dannefer, 2024), Therefore,

retroactive reproductive vulnerability of retirees can be conceived as linked to a wider context of accumulated frailty.

It was also found that the reproductive health issue for the retired is a direct result of enduring socio-cultural norms that impose silence around sex in old age. It is well documented that older adults have sexual needs and active sexual lives, however these truths are often ignored or shamed in the wider culture. Ede, Chepngeno Langat and Okoh (2023), documented that although older Nigerians remain sexual beings, this is largely muted by cultural beliefs that link age with asexuality. Along similar lines, Hickson, Davis and Field (2024), affirm that sexual well-being is paramount to quality of life in late life, but is often absent in discussions of aging. This mismatch between what older people do and what society expects them to do is a major driver of their unmet reproductive health needs and a source of susceptibility among retired individuals.

Ageing was found to be clearly gendered patterning also in reproductive health experiences, the study showed. Women face menopausal-related problems like hormonal disturbance, emotional instability and sexual discomfort and men face andropausal problems like diminished libido and erectile dysfunction. Olowokere, Tope Ajayi and Olajubu (2020), established that symptoms of menopause had a substantial negative impact on the quality of life of women particularly those dwelling in rural areas without the benefit of adequate health services. On the other hand, Fatusi, Ijadunola and Ojofeitimi (2020), reported that aging men experience erectile dysfunction to a "substantial degree" but remain silent due to stigma and lack of knowledge. These results indicate that vulnerability in reproductive health is not a direct or inevitable consequence but rather a gendered one, hence interventions need to be tailored in order to be sensitive to the divergent physiological and psychosocial experiences of young women and men.

The findings also suggest that lack of sexual and reproductive healthcare services access contributes to the susceptibility of the elderly. Lukwa, Akinsolu, Abodunrin and Okova (2026), identified that there are structural challenges older people are faced with these include but are not limited to ineffective sexual health services, prejudicial attitudes of providers and inadequate capacity building of healthcare workers. Ononokpono, Peters and Usoro (2020), also established that certain factors such as distance, cost and poor healthcare services delivery system impede healthcare access and utilisation for the most-at-risk groups. These impediments show that vulnerability to reproductive ill-health is not simply a matter of the individual but of failing health delivery systems. It demonstrates a lack of attention by policy makers and implementers to the sexual and reproductive needs of older people.

The results also underscore the underappreciated role of psychosocial factors including social support in modulating reproductive health susceptibility in retirees. Afolabi (2022), found that social support has a positive impact on the psychological wellbeing of the at-risk populations, inferring that it could also have a protective effect in old age-related health outcomes. Hendricks and Afolabi (2025), also underlined the powerful influence of the socio-cultural context on reproductive health practice, further demonstrating that health outcomes are socially constructed. Fatoye and Afolabi (2022), also reported that organised support such as community multisystemic therapy enhanced psychosocial outcomes for people with chronic illnesses, which suggests that those living with cancer in later life could also derive positive benefits. These results imply that reinforcing social support systems could decrease vulnerability and enhance the general well-being of retirees.

In conclusion the study confirms that promoting healthy ageing cannot be achieved without the inclusion of reproductive health in ageing policies and programmes. Beard, Officer and Cassels (2023), contend that healthy ageing is based upon environments that actively facilitate meeting the physical, emotional, and social needs of older people. Cesari and Vellas (2024), also emphasize that a life course approach to providing functional ability in older age requires that medical and non-medical needs be addressed by well-integrated healthcare systems. It follows that the omission of reproductive health in ageing frameworks amounts to a substantive lacuna in terms of both policy and practice. To redress this gap necessitates a paradigm shift towards a holistic, rights-based approach to ageing which identifies reproductive health as a critical element of wellbeing across the life course.

Implications for Social Work Practice

The findings of this study have important implications for social work practice within the elder care, health, family, and community welfare systems. The continued neglect of reproductive health among older adults indicates a lack of holistic ageing interventions. Traditionally, social work has been focused on economic support, isolation, chronic illness management and general psychosocial care. However, data from this study suggest that reproductive health is an important aspect of wellbeing in later life. Social workers and related professionals should integrate sexual and reproductive health into assessment, intervention, and advocacy processes to foster dignity, autonomy, and increased life satisfaction among retirees.

The study also highlights the critical need for advocacy against age related stereotypes that assume older adults are asexual or no longer have reproductive health needs. These misunderstandings breed stigma, service avoidance, and professional awkwardness in addressing these issues. Social workers are important advocates for the marginalised and need to challenge these narratives through public education, policy engagement and community sensitisation. This can help create an environment where older adults feel safe to express and address reproductive health concerns without shame or discrimination.

The strengthening of health education and psychosocial support services for retirees is also an obvious implication. Many reproductive health challenges in later life are compounded by cultural myths, misinformation and delay in seeking healthcare. Therefore, social workers should be actively involved in the design and delivery of education on menopause, andropause, sexual wellbeing, reproductive cancers and sexually transmissible infections in culturally appropriate ways. In addition, counselling and psychosocial interventions are important in addressing emotional distress, stigma and relationship challenges associated with reproductive health conditions, which subsequently improve psychological wellbeing and healthy ageing outcomes.

Finally, the findings indicate the importance of family centered practice, interdisciplinary collaboration, policy reform, and enhanced professional training. Family support is a robust predictor of wellbeing and caregiver education and family counselling are critical for improving outcomes for retirees with reproductive health struggles. To give holistic care, cooperation between social workers, health care providers, psychologists and other professionals is needed. Social workers should advocate for integration of reproductive health in ageing and social protection systems at the policy level. Also needed is an improvement in professional training in gerontology and sexual health,

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along with a rights-based approach that views reproductive health as a key part of dignity and well-being in older age.

CONCLUSION

This review confirms that healthy ageing is still an under-reported and under-researched aspect of reproductive health, albeit with increasing attention worldwide. Existing policies predominantly address chronic diseases, and relatively few focus on menopause and andropause, sexual well-being, or reproductive cancers. It also revealed that retirement leads to health decline, financial hardship, isolation and limited access to care thereby increasing susceptibility (which has negative implications both for general and reproductive health). These requirements are prevalent in aged but tend to not be met thanks to stigma, ageism and fragile health systems. Informed by Life Course Theory, the research contends that old age is a reflection of accumulated life course experiences, so a life course perspective is needed that considers reproductive-health within an integrated model that supports dignity and well-being in old age.

Recommendations

i. Mainstreaming: Reproductive and sexual health needs must be mainstreamed in ageing policies and older people should be actively identified as a suitable beneficiary group under health and social care policies.
ii. Age-appropriate services: Health care facilities should make services for older men and women easily accessible, covering screening, counselling, treatment, and education on menopause, andropause, sexual health and reproductive cancers.
iii. Education and stigma reduction: Challenge ageist assumptions about late-in-life sex among social workers and educators through advocacy, public awareness, and community education.
iv. Reinforcing support: Family, caregivers, community organizations, NGOs and others should work on reinforcing emotional, social, and psycho-social support through community outreaches, support groups and peer to peer implement.
v. Capacity building, research and collaboration: Enhance workforce training, advance transdisciplinary collaborations, support additional research on elderly reproductive health, and fortify social protection Schemes including pension and health care access for retirees.

REFERENCES

Adewole, A. A., & Afolabi, A. (2020), Physical health in retirement: A comparative study between civil servant and non-civil servant retirees in Ibadan metropolis, Oyo State, Nigeria. *African Journal for the Psychological Studies of Social Issues, 23*(1), 124–132.

Afolabi, A. (2019), Knowledge and attitude as determinants of practice of family planning among married men in Aleshinloye Market, Ibadan. *Ibadan Journal of Educational Studies, 16*(2), 58–63.

Afolabi, A. (2022), A hospital-based study of stigmatization and wellbeing of relatives of mentally ill in Ogun State, Nigeria. *Ibadan Journal of Educational Studies, 19*(1), 9–18.

Afolabi, A. (2022), Social support as a determinant of psychological wellbeing of women with infertility in Ibadan, Oyo State. *Benin Journal of Social Work and Community Development, 5*(1), 41–50.

Afolabi, A. (2023), Promoting girl child education and mental health in Nigeria: The relevance of social work theories and practice. *International Journal of Continuing and Non-formal Education, 11*(1), 104–117.

Afolabi, A. (2024), Psychological stress and mental disorders among students. *International Journal of Educational Framework, 4*(1), 140–153.

Afolabi, A., & Bakare, M. A. (2023), Influence of discriminating factors of mental illness on the social wellbeing of patients in Nigerian contemporary society. *Nigerian Journal of Applied Psychology, 25*, 36–50.

Afolabi, A., & Hendricks, E. (2025), Impact of socio-cultural factors on reproductive health among female teenagers in Nigeria. *African Journal for the Psychological Studies of Social Issues, 28*(1), 337–348.

Afolabi, A., & Salami, K. B. (2022), Stress and coping strategies among relatives of mentally ill in Ibadan metropolis, Oyo State, Nigeria. *African Journal for the Psychological Studies of Social Issues, 25*(1), 25–37.

Afolabi, A., Odedokun, S. A., & Fatoye, H. A. (2024), Predictors of emotional distress among inmates of Agodi Correctional Centre, Ibadan, Nigeria. *International Journal of Innovation and Applied Studies, 43*(2), 304–314.

Beard, J. R., Officer, A., & Cassels, A. (2023), *The World report on ageing and health: Advancing healthy ageing in the decade of healthy ageing*. World Health Organization.

Cesari, M., & Vellas, B. (2024), Healthy ageing: From concepts to implementation. *The Journal of Nutrition, Health and Aging, 28*(1), 1–7.

Dannefer, D. (2024), Cumulative advantage/disadvantage and the life course: Cross-fertilising age and social science theory. *The Journals of Gerontology: Series B, 79*(2), 1–11.

Eboh, A., Abba, J. Y., & Fatoye, H. A. (2018), Impact assessment of public health expenditure on health outcome in Nigeria. *International Journal of Social and Administrative Sciences, 3*(2), 62–72.

Ede, M. O., Chepngeno-Langat, G., & Okoh, A. O. (2023), Sexuality and ageing among older adults in Nigeria: Emerging issues and implications for wellbeing. *African Population Studies, 37*(2), 1–14.

Elder, G. H., Jr., & Giele, J. Z. (2009), *The craft of life course research*. Guilford Press.

Fatoye, H. A. (2007), *Family support system as predictor of psychological well-being among old people in Ibadan metropolis* (Unpublished Master of Social Work dissertation), Department of Social Work, University of Ibadan, Ibadan, Nigeria.

Fatoye, H. A. (2020), Family support system as a predictor of psychological well-being of the elderly in Ibadan metropolis, Oyo State, Nigeria. *Nigeria Journal of Social Work Education, 19*, 88–114.

Fatoye, H. A. (2020), Gender-based violence and psychological impacts on female victims during the COVID-19 lockdown in Nigeria.

Fatoye, H. A. (2020), Women vulnerability and social welfare during COVID-19 lockdown in Nigeria. *African Journal for Psychological Studies of Social Issues, 23*(2).

Fatoye, H. A. (2023), Rising cost of living in Nigeria: Implications on the welfare of aged women. *International Journal of Continuing and Non-Formal Education, 11*, 184–200.

Fatoye, H. A. (2023), Socio-demographic factors as correlates of marital satisfaction in Abeokuta South Local Government of Ogun State, Nigeria. *Nigeria Journal of Social Work Education, 22*, 86–96.

Fatoye, H. A. (2024), Geriatric healthcare system and the elderly population in Ibadan metropolis. *African Journal of Educational Archives, 9*.

Fatoye, H. A., & Adewole, A. A. (2025), Financial and non-financial incentives as welfare incentives on job satisfaction among public secondary school teachers in Oyo State, Nigeria. *Nigeria Journal of Clinical and Counselling Psychology, 32*, 240–252.

Fatoye, H. A., & Afolabi, A. (2022), Support group system and psycho-social well-being of people living with HIV in selected anti-retroviral clinics in Oyo State, Nigeria. *International Journal of Arts and Social Sciences Education, 7*(1–2), 64–70.

Fatoye, H. A., & Fatunbi, B. S. (2024), Influence of intimate partner violence on the well-being of adults in Ibadan metropolis. *Counselling and Behavioural Studies Journal, 14*, 221–243.

Fatoye, H. A., & Fatunbi, B. S. (2026), Gender inequality as a root cause of poverty: Why women's social well-being must be central to development policies. *Shodh Sari: An International Multidisciplinary Journal, 5*(2), 188–212. https://doi.org/10.59231/SARI7922

Grabovac, I., & McDermott, D. T. (2023). *Sexuality and sexual activity in older age: an age old issue?* The Lancet Regional Health – Western Pacific, 39**,** 100831. https://doi.org/10.1016/j.lanwpc.2023.100831

Hanlon, P., Nicholl, B. I., Jani, B. D., & McQueenie, R. (2024), Frailty, social vulnerability and healthy ageing: Emerging evidence from population studies. *Age and Ageing, 53*(2), 1–9.

Hickson, F., Davis, A., & Field, N. (2024), Sexual wellbeing in later life: Implications for healthy ageing. *Sexual and Relationship Therapy, 39*(1), 1–15.

Hutchison, E. D. (2024), *Dimensions of human behaviour: The changing life course* (7th ed.), Sage Publications.

Isaac, O. A., & Fatoye, H. A. (2019), Psycho-social factors influencing well-being of informal caregivers of children with sickle cell disease. *Journal of Positive Psychology and Counselling, 3*(1–2), 148–157.

Lukwa, A. T., Akinsolu, F. T., Abodunrin, O. L., & Okova, R. (2026), Sexual and reproductive health among older adults in Nigeria: A systematic review. *BMC Public Health, 26*(1), 1–15.

Olowokere, A. E., Tope-Ajayi, T. O., Komolafe, A. O., and Olajubu, A. O. (2021). *Lifestyle practices and menopause-related symptoms among women in rural communities of Ado-Ekiti, Nigeria*. Post Reproductive Health, 27(2), 66–76. https://doi.org/10.1177/2053369120971427

Omotosho, J. A., & Solanke, B. L. (2020), Sexual satisfaction and wellbeing among older adults in Southwestern Nigeria. *African Journal of Reproductive Health, 24*(4), 90–101.

Ononokpono, D. N., Peters, D. H., & Usoro, N. (2020), Healthcare utilisation among older adults in rural Nigeria: Barriers and implications for healthy ageing. *BMC Health Services Research, 20*(1), 1–12.

Settersten, R. A. (2023), Life course perspectives on ageing and social change. *Advances in Life Course Research, 56*, 100544.

Simcock, P., Manthorpe, J., & Tinker, A. (2023), Understanding vulnerability in later life: Contemporary perspectives and challenges. *Journal of Adult Protection, 25*(4), 201–214.

Takure, A. O., & Adewumi, B. A. (2023). *Erectile dysfunction among male infertile men attending the surgical outpatient clinic in a tertiary hospital in Nigeria over a 7-year period: A single surgeon's experience*. **European Journal of Clinical Medicine, 4**(5), 31–34. https://doi.org/10.24018/clinicmed.2023.4.5.311

Udeme, S. J., Afolabi, A., & Pillay, J. (2024), Psychotherapy as a determinant of quality of life among older persons. *Revista de Gestão Social e Ambiental, 18*(10), 1–32.

World Health Organization. (2023), *Healthy ageing and life course framework*. World Health Organization.

Zhang, Y., Zhang, X., & Peng, Y. (2024), Health vulnerability and ageing: Social determinants and wellbeing outcomes among older adults. *BMC Geriatrics, 24*(1), 1–12.