

## **Age-Appropriate Nutritional Knowledge, Practices and Psycho-Social Supports as Determinants of Wellness of the Elderly in Abeokuta Metropolis**

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### **Abstract**

*This study assessed the influence of age-appropriate nutritional knowledge, practices, and psycho-social support on the wellness of the elderly in Abeokuta Metropolis. It examined the levels of nutritional knowledge, practices, and psycho-social support among the elderly and their collective impact on wellness. Four research questions and one hypothesis were formulated to guide the study. A descriptive survey research design of the correlational type was employed, targeting 250 elderly individuals, with a sample size of 152 selected. Data were collected using a validated questionnaire with reliability indices of 0.72, 0.84, 0.71, and 0.86 for the constructs measured. The questionnaire was administered to elderly outpatients at health facilities, with assistance provided for illiterate participants. Descriptive statistics were used for analysis, and multiple regression tested the hypothesis. Findings revealed below-average age-appropriate nutritional knowledge and practices among participants, with an average wellness score of 49.30 out of 80. The independent variables collectively explained 62.1% of the variance in wellness scores. The study concluded that elderly individuals with adequate nutritional knowledge, appropriate practices, and sufficient psycho-social support experience significant improvements in their overall well-being. Based on the findings of the study, it was recommended among others that, training programme on age-appropriate knowledge utilizing adult education principles and accessible mass media including community-based programs should be organized periodically for the elderly.*

**Keywords:** Age-appropriate, Nutritional knowledge, Psycho-social supports, Wellness, Elderly.

### **Introduction**

Aging is an inevitable and inescapable natural process that all people go through. However, most cultures view aging as a privilege and a source of joy, old age is a significant stage in life and is

normally related to life expectancy. The details of the process fluctuate from person to person since everyone ages differently. The elderly are often seen as the custodians of knowledge because of their experiences of life (Olaleye, 2011). Probably, it is in the light of this that made Ojokheta (2020) quoting decades old submission that, when an aged person dies in Africa, it could be likened to a state where a library or, in other words, a mobile encyclopedia of knowledge got burnt. In the typical African setting, the elderly play significant roles. They perform the functions of family heads, and their views on issues were considered of significance, highly sought after and are strong determinants when important decisions are to be taken both within the family circle and the community at large. While every individual's experience of aging is different, there are some markers that are associated with the process. The process includes graying of the hair, a decrease in libido, the development of wrinkles and spots due to the body's decreased production of collagen, a reduction in the body's ability to retain fluids, and the flexibility and shrinkage of the spinal disc. A few more symptoms include changes in sleep patterns, energy levels, and appetite, the loss of some vision and/or hearing, muscle degradation leading to a decrease in physical strength and vitality, and many more.

The aging of the population is widely acknowledged to have substantial economic and social ramifications on a global scale. Although life expectancy is rising, people are also realizing how important it is to have a higher quality of life as they age. Numerous psychological, physiological, and socioeconomic changes that come with aging can influence an older person's general health and well-being. Although most health issues related to aging can be avoided or postponed by adopting lifestyle modifications in the mid-50s to mid-60s age range, the disease burden attributable to chronic disease typically rises significantly from the mid-40s onward (McNaughton et.al, 2012). Premature mortality risk is linked to nutrition and other psycho-social activities, which are important determinants of health and disease. The necessity for a higher quality of life at older ages is recognized despite rising life expectancies, this suggests that based on the circumstances, people must make specific decisions. (Olayiwola, 2023).

Psycho-social factors such as societal facilitators, having someone that assist in daily house chores, having someone to share one's feelings with among others may have an impact on all these decisions; therefore, the social environment may be important. Impulsivity, attitudes, and

perceptions may also be factors, and some decisions have been found to be potentially responsible for dietary choices. Promoting psycho-social activities and a nutritious diet can significantly lower the burden of diseases and enhance quality of life because these factors are important determinants of health and diseases and are linked to the risk of early mortality. Since chronic diseases usually manifests during later adulthood, this is a crucial time for promoting psychological and nutritional activities. Improving risk profiles for chronic diseases has immediate advantages, and preventing or postponing avoidable incapacity can maximize health (Igbokwe, et. al., 2020).

Ageing is a time of social and psychological transition in addition to the biological changes that come with it. Retirement, marital dissolution or partner loss, and shifting household structures (often known as "empty nest") are some of the transitions that can result in significant lifestyle changes in older adulthood that may have an influence on their health either directly or indirectly. Populations going through transitional life stages are more likely to have poor health because of a variety of psychological and social circumstances, as well as possible lifestyle changes that have an adverse effect on their nutrition. The implication is that Psycho-social and dietary factors are important in reducing or accelerating these changes.

While psycho-social elements like mental health, social support, and coping strategies can affect a person's capacity to control stress and maintain healthy behaviour, adequate nutrition supplies the necessary nutrients for sustaining bodily processes, hence, the elderly should essentially receive social care or community care. Social care, in Olayiwola's (2023) submission, is the mental, emotional, and physical support that keeps the aged in the community. For older people to be able to do personal care, perform household duties, occupational, and social roles until very old age, they need a robust social support and care network that includes their immediate and extended family, neighbours, community leaders, and health care professionals.

The elderly population in the community needs such a network because of the high rate of loneliness and crippling chronic conditions that affect health and functionality among the elderly (Fakunle, 2019; Munoru, 2018; Igbokwe et al., 2020). It is common to see elderly people living alone in the countryside due to neglect by family members who struggle to support themselves. In some cases, female elderly people are particularly neglected for spiritual reasons, such as being accused of witchcraft and being held accountable for the suffering of family members while the

male elderly are subconsciously punished for presumed insensitivity or irresponsibility in their younger and active working days. In addition, the unpleasant impacts of widowhood can be made worse by living alone and spending less time with friends and family.

Due to physiological changes that impact nutrient absorption and utilization, social isolation and loneliness, cognitive decline and mental health issues that sometimes leads to chronic disease among the elderly. These are often exacerbated by limited access to healthcare and support services. All these often compel older adults to frequently struggle with maintaining optimal nutrition and psycho-social well-being hence are regularly confronted with diverse health related issues. This even happens despite the series of breakthroughs in the medical sciences and assumed flexible informal relationships. Many elderly Nigerians reach retirement age after a lifetime of struggle ending up in deprivation and poverty, with inadequate access to healthcare, and bad food habits. Most of the affected individuals have inadequate personal savings and negative psychological effects because of these circumstances.

Besides, this is worsened by modernisation and the resulting breakdown of social and family structures. This culminates into social isolation, depression, cognitive deterioration and acute malnutrition which all constitute themselves into growing issues affecting the elderly in this part of the world. The resultant effect of this is a low level of well-being among the elderly, culminating into death in extreme cases. Several medical and mental illnesses, including high blood pressure, heart disease, obesity, a compromised immune system, anxiety, depression, cognitive decline, Alzheimer's disease, and even mortality, have been linked in equal measure by several research works to social isolation and loneliness.

Particularly at danger are those who find themselves suddenly alone because of retirement, losing their mobility, being separated from friends or family, losing a spouse or partner, or not having access to transportation. On the other hand, persons who participate in worthwhile, constructive activities with others typically have a feeling of purpose, improve their mood, and live longer. These activities may enhance their cognitive performance and appear to support their well-being.

In Nigeria, lot of studies (Animashaun et. al., 2017; Ibitoye, et al., 2014; Daramola et. al., 2018; Nmadu, 2018; Oluyemo, 2022; Olayiwola, 2023; Balogun, 2020) have been carried out on

nutrition, psychological and social factors in relation to well-being of the aged; psychological well-being of the elderly; psycho-social health challenges of the elderly; the challenges of retirees and older persons; state of the elderly; elderly abuse and challenges; waves of elder abuse and nutrition in the evening and many more.

However, to the best of the knowledge of these researchers, most of these studies did not employ the multi-variate of nutrition and psycho-social factors in the examination of the management of health-related issues among the aged, aside this, the bulk of the previous studies were carried out outside the designated axis for this study, hence, this is the gap this study intends to bridge. Thus the specific goal of this study is to evaluate the degree of age-appropriate nutritional information that the elderly in Abeokuta metropolis possess. Insights about their eating habits are also provided by assessing the degree to which this demographic follows age-appropriate nutritional recommendations. The study explores the psycho-social aspects of elder care in addition to nutrition, with a particular emphasis on the degree of age-appropriate psycho-social support that the elderly receive. Investigating the availability of support for mental, social, and emotional well-being is part of this. Finally, the research examines the collective influence of these factors—nutritional knowledge, nutritional practices, and psycho-social support—on the overall wellness of the elderly population in Abeokuta metropolis. By integrating these characteristics, this study attempts to provide a thorough knowledge of the determinants of the well-being of the aged in this context.

A successful completion of this study will be significant in several ways especially to important stakeholders such as Federal, State and Local Government, administrators who are expected to intervene through policy making machine. It will also be significant to all formal and informal health workers including physicians, nurses, nutritionists, social welfare experts, adult education and social work professionals, guidance counsellors, geriatricians and the elderly themselves on the significance of nutrition and consideration of psycho-social factors in the management of health-related issues among the elderly. Findings from this study will serve as a data bank on the importance of adopting psycho-social and nutritional based related variables in the management of health-related issues among the elderly in the fields of general medical practice, social work, human nutrition, geriatrics, adult education, home economics, medical sociology, social welfare,

psychology, Guidance & counselling. Findings from this study will also serve as additional source of literature for future research on the significance of adopting psycho-social and nutritional based related variables in the management of health-related issues among the elderly in the fields of general medical practice, social work, human nutrition, geriatrics, adult education, home economics, medical sociology, social welfare, psychology, Guidance and counselling among others.

The core objective of this study is to examine the effect of nutrition and psycho-social factors on the management of health-related issues among the aged in Abeokuta metropolis. While the specific objectives of this study aims to explore key factors that contribute to the wellness of the elderly population in Abeokuta metropolis. First, it seeks to assess the level of age-appropriate nutritional knowledge possessed by the elderly in the region. Additionally, it examines the extent to which this population engages in age-appropriate nutritional practices, shedding light on their dietary habits and behaviors.

Beyond nutrition, the study investigates the psycho-social dimensions of elderly care by evaluating the level of age-appropriate psycho-social support received by the elderly in the metropolis. This includes understanding the emotional, social, and mental well-being support available to them. Finally, the study aims to analyze the collective influence of these factors—nutritional knowledge, nutritional practices, and psycho-social support—on the overall wellness of the elderly population in Abeokuta metropolis. By integrating these dimensions, the research aspires to provide a comprehensive understanding of the determinants of elderly well-being in this context.

### **Research Questions**

1. What is the level of age-appropriate nutrition knowledge among the elderly in Abeokuta metropolis?
2. What is the level of age-appropriate nutritional practice among the elderly in Abeokuta metropolis?
3. To what extent do the elderly receive age-appropriate psycho-social support in Abeokuta metropolis

4. What is the collective influence of nutritional factors (knowledge and practice) and psycho-social factors (psycho-social support) on well-being of the elderly in Abeokuta metropolis?

### **Hypothesis**

The following null hypothesis was formulated for the study:

H<sub>01</sub>: There is no significant collective influence of nutritional factors (knowledge and practice) and psycho-social factors (psycho-social support) on the well-being of the elderly in Abeokuta metropolis.

### **Methodology**

This study employed the descriptive survey research design of the correlational type to examine the influence of nutrition and psychosocial factors on the management of health-related issues among the aged in Abeokuta metropolis. According to Thomas and Zubkhov (2023), the descriptive survey research design aims to shed light on the sample's features by describing a sample or population. This design is deemed appropriate for investigating the significance of nutrition, as well as the impact of the psycho-social environment on the management of health-related issues among the elderly and their overall well-being.

The population for this study consisted of 250 elderly citizens of both genders from age 60 and above residing within Abeokuta metropolis and who are outpatients of two public owned health facilities in the metropolis, recently discharged (not more than a month) and scheduled for further medical checkup. Using the record of elderly outpatients obtained from the health facilities under study, a sample size of 152 patients out of 250 patients was drawn as recommended by Research Advisor (2006) using the random sampling technique.

Data was collected using a structured questionnaire designed specifically for this study. The questionnaire consisted of two main sections: Section A: Demographic Information while Section B: Nutrition and Psycho-social Factors Management of Health-Related Issues among the Aged Questionnaire (NPSFMHRIAQ). Section B has 4 constructs which include age-appropriate nutritional knowledge, age-appropriate nutritional practices, psycho-social support and wellness status of the elderly. The study used modified four Point Likert Scale 4-Likert scales. The

instrument was validated by two experts; one is a specialist in clinical psychology while the other is a specialist in educational psychology. The questionnaire was further subjected to pilot study using health facilities outside Abeokuta. Some elderly individuals participated in the pilot testing using the Cronbach Alpha Technique. In the submission of Cho & Kim, (2015), this technique assists in the measuring of reliability, or [internal consistency](#) in a study. The data elicited from the process was subjected to Cronbach alpha and reliability index of 0.72, 0.84, 0.71 and 0.86 was obtained for knowledge, nutritional intake, psycho-social support and well-being respectively.

Copies of the study's questionnaire were administered to elderly individuals who attended the health facilities under study for further medical checkup. The questionnaire items were interpreted for those who could not read and were guided to choose options that best describe their feelings. This lasted for a Month because the respondents have different days for further medical checkup. The data collected from the exercise were analyzed using both descriptive and inferential statistics. Research question one to three were analysed using frequency count, mean and standard deviation while research question four and the corresponding hypotheses were analysed using multiple regression.

## Results

The study was conducted to establish factors influencing the well-being of the elderly in Abeokuta Metropolis. The study explored three factors which include knowledge of age-appropriate nutrition, age-appropriate nutritional practices and age-appropriate psycho-social supports. The study is interested in establishing extents to which the three factors explain the self-report of the elderly under study. Table 1 present personal information of 148 elders that participated in the study.

**Table 1: Respondents Personal Information**

Items	Variable	Frequency	Percentage
Gender	Male	86	58.11
	Female	62	41.89
Education Level	Literate	110	74.32
	Illiterate	38	25.68



Items	Variable	Frequency	Percentage
Age	60-70	42	28.38
	71-80	69	46.62
	80 and above	37	25.00

58.11% of the respondents were male while 41.89% were female, that's both genders were fairly represented. The study also explores educational level with interest in the respondent's ability to read and write. 110 respondents representing 74.32% could read and write while only 25.68% respondents could not read nor write. The study further explores age disparities among the respondents. Respondents between ages 60-70 are 42 (28.68%) while majority of the respondents were between ages 71-80 representing 46.62%. 25% of the respondents indicated 80 years and above. This shows that different age bracket of the elderly were represented in the study.

**Research Question 1** sought to know the level of age-appropriate nutritional knowledge of the elderly under study as presented in table 2.

**Table 2: Age-Appropriate Knowledge**

S/N	Items	WT	T	NT	NTA	M	STD	MR
1	Omega-3 fatty acids for elderly individuals improves bone density	93	35	4	16	3.39	0.97	T+
2	Vitamin D is crucial for bone health and fatty fish, fortified dairy is rich in it	80	52	0	16	3.32	0.93	T+
3	Whole wheat bread is high in fiber and suitable for elderly individuals with constipation	81	46	5	16	3.3	0.97	T+
4	As an elderly person it is advisable to eat meal 5-6 times daily.	91	17	24	16	3.24	1.08	T-
5	100% of daily calories should come from protein for elderly individuals	69	46	17	16	3.14	1	T-
6	10-12 cups are the recommended daily water intake for older adults	69	29	20	30	2.93	1.19	T-

S/N	Items	WT	T	NT	NTA	M	STD	MR
7	carbohydrate is essential for maintaining muscle mass and strength in older adults	61	34	32	21	2.91	1.09	T-
8	Sugary snack is a healthy snacking option for elderly individuals	26	14	34	74	1.95	1.14	NT+
	Grand Mean					3.02		

Keys: **WT:** Whole Truth; **T:** Truth; **NT:** Not Truth; **NTA:** Not Truth at All; **T+:** Truth and Correct **T-:** Truth not Correct **NT+:** Not Truth and Correct.

Majority of the respondents demonstrated age-appropriate nutritional knowledge in 4 out of eight measuring items. They confirmed the importance of Omega-3 fatty acids for improving bone density in the elderly, they also agreed that Vitamin D is crucial for bone health and fatty fish, fortified dairy is rich in it. The demonstrated knowledge of whole wheat bread of being high in fiber and suitable for elderly individuals with constipation and they also demonstrated their knowledge by disagreeing that sugary snack is a healthy snacking option for elderly individuals. On the other hands, the responses of the respondents showed that they have little or no knowledge of the number of times they should eat meal daily as an elderly person which should be maximum of 3 meals per day. The study further established that the respondents do not actually know the percentage of calories that should come from protein from their daily intake. The respondents also show little or no knowledge of the appropriate amount of water they should take per day which should be between 4-6 cups daily. The study also found out that the respondents had little knowledge on the main function of different food classes by seeing carbohydrates as essential for maintaining muscle mass and strength in older adults. The respondents' comprehension of key dietary principles shows a strong foundation, despite deficits in certain areas, such as meal frequency, water intake, and carbohydrate functions. This puts their general understanding of nutrition above average rather than below normal. The grand mean in table 1 is 3.02 which is above the average mean value of 2.50. This implies that age-appropriate nutritional knowledge of the elderly under study is above average.

**The second question** raised by the study is to identify age-appropriate nutritional practices among the elderly in Abeokuta metropolis as presented in Table 3

**Table: Age-appropriate Nutritional Practices among the elderly in Abeokuta Metropolis**

S/N	Items	A-A	S-T	R	Never	Mean	STD	MR
1	I take vitamin D supplements as recommended.	87	26	18	17	3.24	1.06	S-T
2	I limit my intake of processed and high-sugar foods.	70	51	14	13	3.2	0.94	S-T
3	I drink 4-6 cups of water daily.	59	48	18	23	2.97	1.07	S-T
4	I snack on healthy options (e.g., fruits, nuts) between meals.	59	15	51	23	2.74	1.14	S-T
5	I consider my nutritional needs when making food choices.	48	22	51	27	2.61	1.12	S-T
6	I eat lean protein sources (e.g., chicken, fish) regularly.	38	20	58	32	2.43	1.1	R
7	I include whole grains in my meals.	37	23	35	53	2.3	1.2	R
8	I choose low-fat dairy products or alternatives.	37	16	44	51	2.26	1.18	R
9	I eat 3-5 servings of fruits and vegetables daily.	18	18	71	41	2.09	0.94	R
10	I eat three main meals at regular times daily.	26	11	38	73	1.93	1.13	R
	Grand Mean					2.58		

**Key:** **A-A:** Almost Always; **S-T:** Sometime; **R:** Rarely; **MR:** Mean Ranking.

The study explores 10 practices that are nutritionally age-appropriate practices for the elderly. None of the practices rated as ‘Almost Always’ by majority of the respondents. However, majority of the respondents indicated that they sometimes take vitamin D supplements as recommended, limit their intake of processed and high-sugar foods, drink 4-6 cups of water daily and snack on healthy options (e.g., fruits, nuts) between meals. On the other hands they also indicated that they rarely consider their nutritional needs when making food choices, eat lean protein sources (e.g., chicken, fish) regularly, include whole grains in their meals, choose low-fat dairy products or alternatives, servings of fruits and vegetables daily and eat three main meals at regular times daily.

The grand mean in table 2 is 2.58 which is above the average mean value of 2.50. This implies that age-appropriate nutritional practices of the elderly under study is above average.

Another factor addressed by the study is the level of psycho-social support received by the elderly which could also influence their wellness scores. This was addressed by **research question 3** and the responses of the respondents are presented in table 4.

**Table 4: Psycho-Social Support Received by the Elderly in Abeokuta Metropolis**

S/N	Items	A-A	S-T	Rarely	N	M	STD	MR
1	Family members/friends help me with daily chores.	75	44	10	19	3.18	1.03	S-T
2	I feel valued and respected by those around me.	75	32	22	19	3.1	1.08	S-T
3	I receive emotional support from loved ones during difficult times.	64	44	21	19	3.03	1.05	S-T
4	Healthcare professionals listen to my concerns and provide guidance.	53	66	10	19	3.03	0.97	S-T
5	I have someone to talk to about my feelings and concerns.	64	26	39	19	2.91	1.1	S-T
6	I have opportunities to socialize with others.	32	55	42	19	2.68	0.96	S-T
7	I feel connected to my community.	53	24	14	57	2.49	1.32	S-T
8	I receive support for my physical health needs (e.g., exercises, medication).	40	34	15	59	2.37	1.26	R
9	Someone helps me with transportation to appointments.	30	24	36	58	2.18	1.16	R
10	Someone helps me manage my finances.	35	26	8	79	2.11	1.29	R
	Grand Mean					2.71		

**Key: A-A:** Almost Always; **S-T:** Sometime; **R:** Rarely; **STD:** N: Never **MR:** Mean Ranking.

The respondents' responses indicated that the elderly in Abeokuta Metropolis sometime received series of psycho-social supports which include helping with daily chores, valued and respected by those around them, receive emotional support from loved ones during difficult times. They also

stated that healthcare professionals sometimes listen to them and provide guidance. They also expressed that sometimes they have someone to talk to about their feelings and concerns; have opportunities to socialize with others and feel connected to their various communities. However, the respondents indicated that they rarely receive support for their physical health needs (e.g., exercises, medication), someone helps them with transportation to appointments and helps them manage their finances. The grand mean in table 3 is 2.71 which is above the average mean value of 2.50. This implies that the psycho-social support received by the elderly under study is above average.

### Testing of Null Hypothesis

The study formulated 1 hypothesis to assess the extent to which age-appropriate nutritional knowledge, practice and psycho-social supports explains wellness scores of the elderly in Abeokuta metropolis. To do this, multiple regression was conducted where age-appropriate nutritional knowledge, practices and psycho-social supports entered as independent variable and wellness score was enter as dependents variable. The outcome is presented in table 5

**Table 5a: Multiple Regression Analysis on Nutritional Knowledge, Practices and Psycho-Social Support as Predictors of Wellness of the elderly**

Variables	B	Std. Error	95.0% CI	B	P-Value
(Constant)	36.727	.857	[35.033, 38.422]	-	.000
Nutritional Knowledge	.239	.037	[.165, .313]	.400	.000
Nutritional Practice	.153	.027	[.100, .206]	.343	.000
Psycho-Social Support	.105	.025	[.056, .154]	.244	.000

*Note:  $R^2 = .621$ ,  $F(3, 144) = 78.660$ ,  $p = .000$ ; Wellness Mean Score = 49.30*

Table 5 shows that nutritional knowledge, practices and psycho-social support of the elderly explained 62.1% wellness scores of the elderly ( $R^2=0.621$ ) and this is statistically sufficient  $F(3,144)=78.660$ ,  $p.value = .000$ . The standardized beta shows that nutritional knowledge explained 40.0% ( $\beta=.400$ ;  $p<0.05$ ), nutritional practices explained 34.3% ( $\beta=.343$ ;  $p<0.05$ ) while Psycho-Social Support only explained 24.4% ( $\beta=.244$ ;  $p<0.05$ ) of wellness scores of the elderly

under study. This implies that nutritional knowledge, practices and psycho-social support are strong predictors of wellness in the elderly.

### **Discussion of Findings**

The findings from this study reveal that the elderly respondents demonstrated an above-average level of age-appropriate nutritional knowledge, as indicated by the grand mean of 3.02, surpassing the average threshold of 2.50. This probably may be due to the extent of their level of formal education where they somehow picked some dietary knowledge. It could also be as a result of their sub-conscious acquisition of informal education through the social or mass media in which exclusive contents are developed and shared through the mass and or social media. Exposure to peer related influence could also account for this, especially when sharing diverse views on appropriate nutritional related topics with peers. At times this could be influenced by nature of respect given to certain significant others that have existed or currently existing in the lives of these aged individuals, whose perceptions, opinions and dispositions are held in high esteem by these elderly individuals. This position corroborates the stance of an earlier study carried out by Olayiwola et. al (2013) where it was reported that literacy rate and overall educational status can be extremely useful in the health and nutrition of the elderly especially in a country like Nigeria. This was also corroborated in another research findings by Onyeka, et. al. (2022) that recommended nutritional awareness and counselling for the elderly, in order to enhance their overall well-being.

The findings of this study equally reveal an above-average adherence to age-appropriate nutritional practices among the elderly in Abeokuta Metropolis, as indicated by the grand mean of 2.57, slightly surpassing the average threshold of 2.50. This probably may be as a result of the lifestyle of the aged or their philosophical orientation towards what they eat. It could be borne out of the timing elderly individuals choose to eat whether first or last time of the day. Their regular or irregular intake of water, abstinence from alcoholic, sugary, salty or peppery substances. Nutritional practice among the elderly may also be viewed from the number of times they eat in a day, skip meals or totally abstain from eating on a particular day. It could also be as a result of their disposition towards eating, whether strictly at home, or outside or both. Aside this, nutritional practice may also be explained from the angle of what the elderly consume such as cereals, roots

and tubers,vegetables, fruits, meat,egg, legumes, fish and other seafood, milk and milk products, oil, fat and butter, spices and condiments, sugar and honey and many more. Good adherence to adequate nutritional practice by the aged, especially paying attention to what their systems can process can conveniently impact on the overall well-being of the elderly. This is in tandem with the submission of Daniel et. al. (2024) who posited that adequate nutritional care practices and good daily living activities can positively impact on the well-being of the elderly. However,when the aged fail to consider their nutritional needs when making food choices, this can lead to malnutrition, hence worsening already existing underlying health issues. Therefore,targeted nutritional interventions and nutritional-literacy to improve adherence to age-appropriate nutritional practices among the elderly will be essential (Olayiwola,2023).

The findings also reveal that the elderly in Abeokuta Metropolis receive above-average psycho-social support, as indicated by the grand mean of 2.71, exceeding the average threshold of 2.50. This probably might be as result of the relationships the aged have with members of their households. It could also be as a result of communal culture. It could also be borne out of their membership of certain social groups, their religious affiliations, the nature of the social capital they have directly or indirectly built over a long period of time. There are situations in which family members may choose to engage in routine visits to take care of the aged or cater for their material needs and well-being, as well as offer the requisite social support in the quest at maintaining kinship ties. Visits serve as an occasion for providing material help and is necessary for social and emotional support. Occasion may also call for family members relocating their aged relations to where they live in urban centres in order to provide them with adequate care. In most cases, this to a great extent may be a fallout of individuals' perception on the care of their aged relatives. This view was aptly corroborated by Nnadi and Ezech (2023) who enunciated the extent to which family members can go to provide emotional support for their aged family members in some African cultures. This position was equally supported by a study carried out by Ani (2014) who made it clear in her findings that family members were of crucial importance in providing support and care for the elderly. The study established that the extended family functions effectively in providing emotional, social and financial care to the aged especially when they are confronted by vicissitudes of life.

## **Conclusion**

It is the desire of all mankind to reach elderly stage of life, however this stage comes with a lot of responsibilities in terms of managing health related challenges that characterize the age. There is glaring disparities among the elderly who properly managed their health at the same time receive age-appropriate psycho-social support than those that do not. This study therefore concluded that the elderly who have adequate knowledge of age-appropriate nutrition, engaging in age-appropriate nutritional practices and receive adequate psycho-social support from love ones will experience 60% improvement his/her overall wellness.

## **Recommendations**

Based on the findings of this study, the paper recommends that:

1. To improve the nutritional knowledge of the elderly, human capacity building programme adopting the andragogical principle in adult education should be put in place to promote and inculcate requisite knowledge of the various challenges of aging in the elderly in the society to better prepare them for this phase of life.
2. Healthcare Professional in Abeokuta Metropolis should organize seminar or Health-Show that gives the elderly age-appropriate nutritional knowledge to know the implication of their food intake on their overall wellness.
3. The elderly in Abeokuta Metropolis should seek for knowledge on age-appropriate Nutritional practices at the same time stick to the practice of age-appropriate nutritional intake. This will serve as a precaution to common ageing related health-challenges.
4. The relatives and loved ones of the elderly should render age-appropriate psycho-social supports so that their ageing relatives would aging as a pleasant experience.
5. Periodic counselling sessions should be held at public health centres by professional guidance counsellors, health and social workers to educate and orientate the elderly on how their nutritional diet has a lot to do with their well-being and the kind of food they need to add or drop from their diet.



6. The elderly also need to be educated and enlightened on the time of the day they are to be eating a particular kind of food and this can be better handled by a nutritionist with the assistance of a guidance counsellor.
7. Lastly, guidance counsellors and social workers can profile a detailed brief showcasing incidences of elderly ones who had one time or the other suffered health challenges as a result of eating food that were not appropriate to their age

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