GENDERED VULNERABILITIES AND RESILIENCE: EVIDENCE FROM REALITIES OF ELDERLY PEOPLE IN LAGOS, NIGERIA

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Abstract

Population ageing is becoming an important social policy challenge in Nigeria, particularly in rapidly urbanising cities such as Lagos where poverty, inequality, and limited social protection affect the wellbeing of older adults. Despite growing scholarly attention to ageing, limited research has examined how gender shapes vulnerability and resilience among older persons in urban Nigeria. This study investigated the gendered experiences of vulnerability and resilience among older adults in Lagos State.

A qualitative research design was adopted using semi-structured interviews with 30 adults aged 60 years and above purposively selected from communities in Yaba, Lagos. Data were analysed through reflexive thematic analysis, guided by intersectionality, feminist gerontology, and social-ecological resilience perspectives. Four major themes emerged: gendered economic precarity, care and kinship as both protection and risk, challenges in healthcare access and urban mobility, and relational and faith-based resilience. Older women reported greater economic insecurity associated with informal employment histories, widowhood, and caregiving responsibilities, while older men described challenges linked to declining social status and loss of provider roles. Family networks provided essential support but were often fragile and inconsistent. Participants also experienced barriers to healthcare arising from financial constraints, transportation difficulties, and unfriendly service environments. Despite these challenges, many demonstrated resilience through social relationships, faith communities, mutual support networks, and adaptive coping strategies. The study concludes that gendered vulnerabilities in old age are rooted in cumulative life-course inequalities and intensified by urban conditions. It recommends gender-responsive social protection, age-friendly healthcare services, stronger safeguarding mechanisms, and community-based interventions to promote resilient and dignified ageing.

Keywords: Ageing, Gender, Vulnerability, Resilience, Older adults, Lagos.

Introduction

Global demographic change has made ageing a defining development and public-health issue. The World Health Organization notes that by 2030, one in six people globally will be aged 60 or over, and that the number of people aged 60+ will rise from 1 billion (2020) to 1.4 billion (2030) and to 2.1 billion by 2050 (WHO, 2025). These transitions are occurring rapidly in low- and middle-income settings, where formal social protection and geriatric-responsive health systems are often incomplete.

In Nigeria, the demographic picture is shaped by a very large, youthful population and fast urban growth. According to the United Nations Department of Economic and Social Affairs (UN DESA), Nigeria's population is projected to reach approximately 237.5 million in 2025, making it the most populous country in Africa and one of the fastest-growing populations globally (UN DESA, 2024). At the same time, the absolute number of older persons is increasing, creating a policy challenge: the country must respond to ageing while still managing major reproductive, infectious-disease, and socioeconomic priorities. Nigeria has taken important institutional steps, including ratification of a National Policy on Ageing (approved by the Federal Executive Council in February 2021) and the establishment of a national senior citizens' agency. Yet, research continues to document that many older Nigerians remain economically and socially precarious, with limited pension coverage, high out-of-pocket payments for health care, and reliance on strained family support systems.

Lagos is a strategic site to examine gendered ageing because it concentrates opportunity and deprivation in the same urban space. A recent World Bank diagnostic review characterizes Lagos as one of Africa's largest and fastest-growing mega-cities, reporting population estimates spanning roughly 13–27 million and rapid built-up area expansion since 2000 (World Bank, 2023). The same review highlights severe deficits in livability and basic services (including informal housing prevalence and long commuting times), alongside high informal employment and under-/unemployment. These conditions shape how older adults manage mobility limitations, health care seeking, social participation, and livelihoods, often in strongly gendered ways.

Arising from the foregoing discussion, this study sought to examine the gendered dimensions of vulnerability and resilience among older adults in Lagos. Specifically, the study explored how older women and men experience and interpret vulnerability within the social, economic, and urban realities of later life. It further examined the influence of gendered life-course experiences, including employment histories, caregiving responsibilities, marital transitions, and family relationships, on economic security, health access, and social inclusion in old age. The study also investigated the coping mechanisms, social resources, and support systems that enable older adults to navigate adversity and maintain wellbeing, while identifying policy and practice measures that can strengthen resilient ageing in Lagos.

To achieve these objectives, the study was guided by three research questions. First, how do older women and men in Lagos describe and interpret vulnerability in later life within the city's economic and social conditions? Second, how do gendered life-course trajectories, including work histories, caregiving roles, and marital experiences, shape later-life economic security, health access, and social inclusion? Third, what relational, cultural, community, and institutional resources support resilience among older adults in Lagos, and what policy and practice interventions can strengthen resilient and dignified ageing?

Conceptualising Ageing, Gender, Vulnerability, and Resilience

This study adopts the World Health Organization framing of healthy ageing as "the process of developing and maintaining the functional ability that enables wellbeing in older age," emphasising that environments shape whether people can meet basic needs, build relationships, stay mobile, and contribute to society (WHO, 2020). This definition is analytically valuable in Lagos because "functional ability" depends not only on individual health but also on transport systems, housing safety, neighbourhood social cohesion, and affordability of care, all of which are highly uneven across the city.

Gender is treated not as a simple demographic variable but as a structure of power embedded in labour markets, household bargaining, property/inheritance regimes, care expectations, and cultural narratives about respectability and dependence. This aligns with feminist gerontological perspectives that foreground how age and gender

hierarchies interact to distribute privilege and disadvantage across the life course (Calasanti, 2004). To avoid reducing older adults to passive "dependents," the study also centered relational understandings of later life: older people are embedded in households and communities where assistance, neglect, and exploitation can co-exist.

Intersectionality further sharpens this analysis by focusing on how multiple social positions interact. Kimberlé Crenshaw argues that treating categories such as gender and other inequalities as separate "single-axis" problems can obscure lived realities (Crenshaw, 1989). When applied to Lagos, this lens encourages attention to how gender intersects with age, class, disability, migration histories, employment informality, and neighbourhood marginality (e.g., informal settlement exposure). The Office of the United Nations High Commissioner for Human Rights similarly stresses that women's ageing is shaped by accumulated gender disadvantages compounded by age discrimination and stereotypes, calling for stronger data and visibility on older women's human rights.

Resilience is conceptualised as both (i) an individual capacity and (ii) a multi-level, social-ecological process. Ann Masten describes resilience as "ordinary magic", a pattern of positive adaptation supported by normative systems and resources rather than exceptional traits (Masten, 2014). Michael Ungar emphasises that resilience depends on access to culturally meaningful resources and the capacity of environments to provide them (Ungar, 2011). In Lagos, where basic services are uneven and gendered social expectations shape access to supportive networks, resilience must be analysed as relational and infrastructural rather than purely psychological.

Nigerian and Lagos-specific evidence on later-life vulnerability

Three evidence clusters are especially relevant. First, economic insecurity and social protection gaps. Studies consistently suggest that formal pension systems in Nigeria cover a small minority, largely those who worked in the formal sector, leaving many older adults reliant on continued labour, family support, or informal coping strategies. A Nigeria-focused review on ageing and poverty highlights that the contributory pension scheme (established in 2004 and expanded in 2014) largely benefits the formal sector, while many who worked informally have "essentially no pension income," reinforcing later-life precarity (Folorunsho, 2025). Gender matters here because women's life-course earnings and formal employment inclusion are often constrained by unpaid care burdens and labour market segmentation, increasing poverty risks in old age.

Second, health financing and access barriers. Evidence from southwest Nigeria shows that out-of-pocket payment remains dominant and that awareness and enrolment in national health insurance structures have historically been low, particularly for informal-sector and rural populations (Adewole et al., 2015). While Lagos is more service-denser than many regions, qualitative evidence from Lagos State shows that older adults still face significant barriers in Primary Health Care (PHC) access and service responsiveness, including differences between recent and past users of PHC centres (Ogunyemi et al., 2025).

Third, gendered cultural norms and later-life status. Lagos-based qualitative study (Adeleke & Diala, 2024) documents that gender stereotypes persist into later life: expectations of male strength and independence and female caregiving identities continue to shape autonomy, decision-making power, and experiences of ageism. In addition, gendered marital transitions, especially widowhood can intensify vulnerability where inheritance and property rights are contested or discriminatory. A Lagos-focused study synthesised on Eldis reports harmful widowhood practices among the Ogu, including themes of commodification and inheritance-related exploitation; it recommends stronger policy protections and criminalisation of coercive rites. Broader legal analysis argues that widows' inheritance rights are often missing under native laws and customs and that legal reforms are needed to abolish discriminatory customary rules (Adeleke & Diala, 2024).

Lagos context: urban structure, services, and policy architecture

Lagos's urban form and governance shape vulnerability in ways highly salient for older adults. The World Bank diagnostic review emphasises that livability is constrained by housing deficits, high informal housing prevalence, low access to public water/sewerage, and severe transport burdens, conditions that can disproportionately affect mobility-limited older adults and older caregivers. It also highlights extensive informal employment and under-/unemployment, indicating a large population ageing without formal retirement income.

From a policy standpoint, Lagos articulates development priorities through agenda frameworks including the state's "THEMES" pillars (transport; health and environment; education and technology; 21st-century economy; entertainment/tourism; security/governance). Lagos also frames cross-sector 'resilience' planning as a response to climate change, population growth, and urbanisation pressures. However, the gap between high-level resilience ambitions and the everyday realities of older adults, especially older women in precarious livelihoods, requires empirical qualitative investigation that centres lived experience and gendered power relations.

Methods

Research Design

This study adopted an interpretivist qualitative research design to explore the lived experiences of vulnerability and resilience among older adults in Lagos, Nigeria. Qualitative inquiry was considered appropriate because the study sought to understand how ageing is experienced, interpreted, and negotiated within specific social, cultural, and gendered contexts. The study was theoretically informed by intersectionality theory (Crenshaw, 1989), feminist gerontology (Calasanti, 2004), and social-ecological resilience theory (Ungar, 2011; Masten, 2014), which collectively provide a framework for examining how multiple social identities and structural conditions shape ageing experiences.

Study Area and Rationale for Site Selection

The study was conducted in Yaba, Lagos State. Lagos was selected because it represents Nigeria's most urbanised and economically dynamic city, while simultaneously exhibiting profound socioeconomic inequalities that shape the experiences of older adults. As one of Africa's largest megacities, Lagos presents a unique context where ageing occurs amidst rapid urbanisation, rising living costs, changing family structures, informal employment, housing challenges, and unequal access to healthcare and social services. These conditions make Lagos a particularly suitable setting for examining how structural and gendered inequalities influence vulnerability and resilience in later life. Yaba was purposively selected because it combines characteristics that reflect both traditional and contemporary urban realities. The area contains long-established indigenous communities alongside highly urbanised neighbourhoods, educational and social institutions to include the revered Old People's Homes, commercial centres, and diverse socioeconomic groups.

Participants and Sampling

The study targeted adults aged 60 years and above, consistent with Nigeria's National Policy on Ageing and international definitions of older persons in developing countries. A purposive maximum variation sampling strategy was employed to ensure diversity in participants' experiences and to facilitate meaningful comparison across gender and other social positions. Thirty participants (16 women and 14 men) were recruited through community development associations, religious organisations, and elderly support networks within Yaba. Participants varied in age, marital status, employment history, living arrangements, and caregiving responsibilities.

The sample size of thirty participants was considered appropriate for several reasons. First, qualitative studies prioritise depth of understanding rather than statistical representation. Second, the sample size enabled the collection of rich narrative accounts while ensuring sufficient variation across gender, age categories, marital status, livelihood histories, and household arrangements. Third, recruitment continued until thematic saturation was achieved, that is, the point at which additional interviews generated limited new conceptual insights. Previous qualitative studies employing thematic analysis have similarly demonstrated that relatively small samples can generate rich and meaningful thematic insights, with sample sizes between 20 and 40 participants frequently proving sufficient to achieve thematic saturation and analytical depth in qualitative research (Guest et al., 2006; Braun & Clarke, 2013; Hennink et al., 2017).

Data Collection

Data were collected through semi-structured, in-depth interviews conducted between September 2025 and January 2026. Semi-structured interviews were selected because they provided flexibility to explore participants' personal experiences while maintaining consistency across interviews. Interviews were conducted in participants' homes, community centres, or places of worship depending on their preferences and mobility considerations with optional

phone follow-ups where appropriate. Participants were encouraged to discuss their economic circumstances, health experiences, family relationships, caregiving responsibilities, social support systems, perceptions of ageing, experiences of gender-based expectations, and strategies for coping with challenges. Interviews were conducted in English, Yoruba, or Nigerian Pidgin according to participants' preferences and lasted between 45 and 90 minutes. All interviews were audio-recorded with consent and subsequently transcribed verbatim. Interview guide include:

- "When you think about growing older in Lagos, what has become easier, and what has become harder?"
- "Can you tell me about how you meet your daily needs—food, transport, medicines, rent?"
- "Who supports you when you are unwell or short of money? How do you feel about asking for help?"
- "Have you experienced times when people treated you differently because you are an older man/woman?"
- "What helps you cope and keep going? Are there practices, people, or places that strengthen you?"
- "If you could change one policy or service in Lagos to improve older people's lives, what would it be and why?"

Data Analysis

Data were analysed using Braun and Clarke's (2006) reflexive thematic analysis framework. Analysis proceeded through six stages: familiarisation with the data, generation of initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. Intersectionality was not merely adopted as a theoretical lens but was systematically integrated into the analytical process. During coding, attention was paid to how participants' experiences were shaped by the interaction of multiple social positions rather than by gender alone. Codes were therefore developed to capture the intersections of gender, age, marital status, employment history, caregiving roles, living arrangements, and economic status.

Following initial coding, comparative thematic matrices were developed to examine similarities and differences across participant groups. For example, experiences of widowhood were compared with experiences of married older women; informal-sector workers were compared with retired formal-sector workers; and older men living alone were compared with older women providing care for grandchildren. This approach enabled the analysis to identify how vulnerabilities and resilience emerged through the interaction of multiple social identities and structural conditions rather than from any single factor.

The thematic findings were subsequently interpreted through an intersectional framework to illuminate how cumulative inequalities across the life course influenced economic security, healthcare access, family relationships, social participation, and resilience in later life. This analytical approach allowed the study to move beyond simple gender comparisons and to reveal the complex ways in which ageing experiences are shaped by overlapping forms of advantage and disadvantage.

Ethical Considerations

Ethical principles of informed consent, voluntary participation, confidentiality, anonymity, and respect for participants' dignity were strictly observed throughout the study. Participants were provided with detailed information about the study and their rights before participation. Written or verbal informed consent was obtained prior to each interview. To protect confidentiality, pseudonyms were used and identifying information was removed from interview transcripts and reports.

Findings and Discussion

The thematic structure describes the major findings of the study. The themes are structured to foreground the major findings of the study on gendered vulnerabilities and the resilience practices that enable everyday functioning in Lagos's urban context of informality and unequal services.

Table 1: Participant attributes (n = 30)

Attribute	Category	Women (n=16)	Men (n=14)	Total (n=30)
Age band	60–69	7	6	13
	70–79	6	5	11
	80+	3	3	6
Marital status	Married/partnered	5	9	14
	Widowed	9	4	13
	Divorced/separated/never married	2	1	3
Main livelihood history	Predominantly informal work	12	8	20
	Predominantly formal work	4	6	10
Living arrangement	Alone	6	3	9
	With spouse	4	7	11
	With adult children/extended family	6	4	10
Self-identified caregiving role	Primarily care-receiver	5	5	10
	Primarily caregiver (e.g., grandchildren/spouse)	8	4	12
	Dual role (caregiver + high own needs)	3	5	8

Table 2. Themes, subthemes, and gender pattern

Theme	Core idea	Gender pattern
Gendered economic precarity across the life course	Older-age insecurity reflects accumulated labour-market and caregiving inequalities	Women reported informal work histories, interrupted earnings, widowhood-related income shocks; men reported loss of provider role and status anxiety
Care and kinship as both protection and risk	Family support is vital but negotiated, fragile, and sometimes exploitative	Older women described caregiving for grandchildren and dependence as shaped by caregiving identity; while older men described "silence"/distance from adult children and shame in asking
Navigating health and mobility in an unequal city	Access to health care is constrained by cost, transport, waiting times, and service responsiveness	Women described chronic condition management plus caregiving workload; while men described delayed care seeking linked to masculinity norms

Relational and faith-based everyday resilience	Resilience is enacted through social capital, faith practices, mutual aid, and adaptive routines	Women mobilised women's groups and reciprocal support; while men mobilise age-mate associations and identity-preserving activities

Theme one: Gendered economic precarity across the life course

Across Nigerian research, economic vulnerability in later life is strongly linked to limited pension coverage and the dominance of informal employment (Adeleke & Diala, 2024; Adisa, 2019). However, this study's evidence suggests that contributory pensions mainly cover a small fraction of older adults and that delays or non-payment undermine income security even for some who qualify. In Lagos, where informal employment is widespread and living costs high, older adults may remain economically active far beyond the age at which functional limitations increase. A participant relayed: *"I sold pepper and tomatoes all my life. No pension. When my husband died, everything changed. If my daughter doesn't bring money, I will not buy my medications that month." (older woman, 72, widowed).* Another participant stated: *"People think because you worked for government, you are okay. But when the pension delays, you start borrowing. A man of my age borrowing to eat? It pains me." (older man, 68, formerly formal sector)*

Analytically, these narratives can be interpreted through a life-course lens: women's informal work and care burdens limit pension access given the African ascription of women's role to familial responsibilities; widowhood can trigger abrupt household income loss; men may experience financial strain as an identity threat linked to hegemonic masculinity ideals of provision and control. This aligns with the position of Jewkes et al., (2015).

Theme two: Care and kinship as both protection and risk

Family support remains central in Nigerian ageing, yet evidence from this study indicates that support is inconsistent and strained by migration, economic pressures, and changing household structures. Gender differences in family support access have been documented in Nigerian contexts (Temilola & Mashau, 2024), with thematic differences in financial, emotional, material, and health support.

One participant noted: "My son and his wife left for work early. The children are with me. I love them, but my body is not the same. Sometimes there is no food until evening, and I'm the one to manage it." (older woman, 65, caregiver for grandchildren). Another participant stated: *"My children are in Abuja and abroad. They say 'Daddy, manage.' Sometimes I just keep quiet. If I talk too much, they will say I am disturbing." (older man, 74, living alone).*

This theme also include risk, not only support. Research on elder abuse and neglect in southwest Nigeria (Cadmus et al., 2015) shows that older people may experience physical abuse and neglect, and that prevention strategies are tied to community norms and structural stressors. In Lagos, widowhood-related vulnerabilities may intensify where harmful practices persist or where women's property rights are insecure. A widow lamented: *"After burial, they started asking about the land papers. They said 'a woman cannot hold it.' I was afraid. If you fight, they will say you are stubborn." (older widow, 70).*

Analytically, these cases can be framed through intersectionality and feminist gerontology: age- and gender-based power relations intersect with kinship hierarchies and property regimes, producing gendered exposure to exploitation.

Theme three: Navigating health and mobility in an unequal city

Health and mobility are central to functional ability and dignity in older age. Nigeria's health financing challenges include heavy reliance on out-of-pocket payments and low insurance penetration, particularly among informal-sector populations (Ogunyemi et. al., 2025). Even where insurance institutions emphasise coverage ambitions for the elderly, enrolment and effective access remain key practical questions.

In Lagos, older adults' access to PHC is shaped by service perceptions and user experiences. This study underscores the relevance of demand-side experiences in understanding service provision.

A participant revealed: *"To go to the clinic, you need transport money, and you will still wait. If I go and they shout at me, I won't go again. I will buy small medicine from the chemist." (older woman, 69).*

Another participant noted: *"I didn't want to go. A man doesn't run to hospital. But when the dizziness came, that day I knew pride can kill." (older man, 63).*

Urban form compounds these barriers. Long commute times, uneven service access, and infrastructure deficits affect older adults' ability to seek care and maintain social connection. Gendered impacts can include older women's dual burden: managing their own chronic conditions while sustaining unpaid caregiving roles.

Theme four: Relational and faith-based everyday resilience

Despite structural constraints, older adults actively produce resilience through routines, relationships, and meaning systems. This aligns with resilience scholarship that emphasises ordinary adaptive processes and access to culturally meaningful resources. This study's evidence highlights the role of faith-based and community organisations in providing social support and health-related assistance for older persons.

One participant noted: *"My women's group in church, we contribute small-small. If someone is sick, we visit. If someone has no food, we share. That is how we survive." (older woman, 76).*

Another participant stated: *"Every evening, I sit outside with the other old men. We talk about the country, we laugh. If I stay inside alone, my mind will run." (older man, 71***).**

This suggests that older adults develop adaptive strategies to navigate gender stereotypes and social expectations, including asserting autonomy, leaning on community networks, and reframing ageing as a source of respect and wisdom.

Analytically, this theme does not romanticise resilience. Instead, it highlights resilience as *work*, often gendered labour, required to compensate for weak systems. Where resilience depends on women's unpaid care and social organising, it may reproduce inequality even while sustaining households.

Discussion and policy implications

The findings of this study reinforce a core argument in gender-and-ageing research: later-life vulnerability is cumulative, produced through gendered exposure to low-paid/informal work, unequal property rights, and lifelong caregiving expectations, then compounded by ageism. In Lagos, this cumulative disadvantage is intensified by the city's structural conditions such as informality, service deficits, housing insecurity, and transport burdens that shape functional ability and everyday survival.

A critical contribution is the study's insistence that resilience is relational and infrastructural. The excerpts from the study show resilience emerging through women's collective support mechanisms ("*we contribute small-small*") and men's social connectivity routines ("*I sit outside with the other old men*"). These patterns align with social-ecological resilience perspectives and with WHO's emphasis on environments as determinants of capacity and adaptation in later life.

The discussion also foregrounds that care and kinship operate as both safety net and risk environment. This duality matches the position of Adisa (2019) noting that informal support is inconsistent and strained, while older persons may also face neglect or abuse. The widowhood-related excerpt *("they started asking about the land papers")* illustrates how gendered inheritance regimes can intensify vulnerability. Evidence in literature (Adeleke & Diala, 2024) on widowhood practices among the *Ogu* and broader Nigerian legal analysis of widows' inheritance rights suggests that harmful practices and discriminatory customary rules remain live concerns demanding institutional response.

Policy and practice implications for Lagos and Nigeria

The policy implications are organised around four practical levels.

1. Gender-sensitive social protection beyond formal pensions: Evidences from this study indicates pension coverage is extremely limited for many older Nigerians, and contributory systems miss those who worked informally, disproportionately women. Lagos and federal stakeholders should therefore consider:

- targeted non-contributory income support or predictable transfers for older adults without pension access (with gender-responsive eligibility criteria);
- strengthened pension payment reliability and grievance mechanisms for retirees;
- linking older adults to livelihood supports that are safe for ageing bodies (e.g., microenterprise supports that do not rely on heavy physical labour), recognising that urban informality may persist into old age.

2. Age-friendly, accessible health services and financial protection**:** Evidence from this study shows that out-of-pocket payment dominates and insurance awareness can be low, with trust and affordability barriers. This study underscores the importance of demand-side experience in Primary Health Care (PHC) services for older adults. Policy responses should include:

- older-adult-friendly PHC pathways to reduced waiting burdens, respectful communication, chronic disease continuity;
- clear enrolment assistance for older adults into feasible health coverage mechanisms where available, with outreach to informal-sector communities;
- integration of psychosocial support and social prescribing (linking older adults to community activities) consistent with evidence that community/faith organisations can reduce burdens.

3. Safeguarding, legal literacy, and women's property rights: The widowhood and inheritance evidence point to the need for enforceable protections and legal literacy for older women (and supportive men) navigating property disputes. Lagos can strengthen:

- community-level referral networks for elder abuse/neglect and coercive property practices through the Elderly Care Service department of Ministry of Youth and Social Development;
- collaborations between social welfare agencies, community leaders, and legal aid providers;
- public education that challenges gender stereotypes that diminish older women's decision-making power, consistent with Lagos-based qualitative findings on gendered ageism.

4. Age-friendly urban governance aligned with resilience planning**:** Lagos's policy architecture already emphasises multi-sector development pillars and resilience strategies. However, ageing must be made explicit within these agendas. WHO's age-friendly environments framing provides a coherent approach: align transport, housing, public space design, and service delivery to enable functional ability. Practical steps include improving walkability around clinics/markets, supporting safe public seating and shade in dense areas, and integrating older adults' priorities into local planning consultations.

Limitations

This study has three constraints.

First, the interview findings and quotes are from a very small population and may not be sufficient to generalize for entire Lagos. Second, Lagos is internally diverse; any study will face limitations in representativeness across socioeconomic strata and neighbourhood types, particularly given informal settlement complexity and the city's migration dynamics. Third, gender is not binary in lived experience, yet many Nigerian datasets and some policy framings remain binary; a high-impact qualitative study should consider how to include non-binary experiences safely and ethically, while recognising context-specific stigma and safeguarding needs. It will also benefit the study using large data to obtain ethical approval from a recognized Institutional Review Board.

Conclusion

Gendered vulnerabilities and resilience among older adults in Lagos are best understood as products of cumulative life-course inequality interacting with urban infrastructural conditions. Lagos's informality, service deficits, and mobility stresses can magnify later-life vulnerability, while resilience is enacted through relational networks, faith/community resources, and adaptive routines that are themselves gendered and unevenly available. This study makes a distinctive contribution by evidencing these mechanisms and translating them into gender-sensitive, age-friendly policy pathways that are aligned with healthy ageing frameworks.

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