



Key Informant Perspectives on Healthy Ageing Interventions in Urban and Rural Communities of Bayelsa State: Implications for Policy Development

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ABSTRACT

This study investigated key informant perspectives on healthy ageing interventions in urban and rural communities of Bayelsa State, Nigeria, to identify gaps, successes, and implications for sustainable policy development. Guided by the objectives of assessing elderly knowledge, perceptions, attitudes, practices, and the effects of healthy ageing interventions, a qualitative descriptive design was employed. Data were collected through semi-structured interviews with five categories of purposively selected key informants, including community leaders, senior health officials, and elderly care providers, from both urban (Yenagoa metropolis) and rural (Sampou and environs) settings in Bayelsa State, Nigeria. Data were thematically analysed and findings organized into five thematic tables. Results revealed that while elderly individuals in both settings recognize the benefits of regular exercise, healthy diets, and routine medical check-ups, significant urban–rural disparities persist in knowledge, attitudes, and practice. Urban areas benefit from better healthcare infrastructure, structured wellness programs, and regular outreach, whereas rural communities often lack active elderly-focused programs, relying on occasional health talks or treatment during illness. Across all settings, positive impacts were observed when interventions included consistent counselling, follow-up care, and community-based engagement. However, challenges such as inactive elderly care units, limited rural healthcare access, poverty, safety concerns, and insufficient program implementation constrain effectiveness. The study concludes that sustainable healthy ageing in Bayelsa State requires operationalizing existing elderly care units, expanding rural health infrastructure, integrating agricultural and nutritional support, and decentralizing services. Strengthening multi-sectoral collaboration and leveraging community-based initiatives are essential for bridging urban–rural gaps and fostering inclusive, culturally relevant healthy ageing policies.

INTRODUCTION

The phenomenon of healthy ageing is increasingly gaining traction in public health discussions, especially against the backdrop of global population ageing trends. By 2030, it is projected that over 1.4 billion individuals worldwide will be aged 60 and older (Grinin et al., 2023). This demographic shift is particularly evident in countries like Nigeria, where it's essential to grasp local ageing dynamics, especially the distinctions between urban and rural areas, to devise effective interventions that improve the quality of life for older adults.

In Bayelsa State, the demographic landscape mirrors larger national patterns, with ageing populations encountering challenges related to health service accessibility and socio-environmental conditions. There is an immediate need for comprehensive strategies that cater to the distinct health necessities of older citizens, particularly those residing in rural areas. Conversely, urban environments tend to have different health service dynamics, which can create disparities impacting health outcomes (Mehrotra et al., 2021). This highlights the importance of customized interventions that resonate with the specific requirements of diverse populations.

The World Report on Ageing and Health advocates for a coordinated public health response to

healthy ageing, promoting multi-sectoral approaches that blend health services, social support, and community empowerment (Beard et al., 2016). Despite acknowledging these needs, significant gaps remain in existing interventions, particularly in addressing the complexities of climate change's effects on older populations (Asiamah et al., 2025). This situation emphasizes the necessity of understanding how ageing is perceived and tackled within different socio-economic contexts.

In Bayelsa State, noteworthy disparities exist in health service delivery between urban and rural areas, further complicated by varying levels of community engagement. Consequently, healthy ageing initiatives should consider these gaps to effectively tackle obstacles and encourage healthy lifestyles among older adults in both settings (Mehrotra et al., 2021; Muki, 2024). An analysis of existing policies will shed light on the inadequacies of current frameworks in addressing the needs of these populations, particularly in rural areas.

Moreover, interventions for healthy ageing hold significant potential for contributing to gerontology and public health policy, as they align closely with Sustainable Development Goals (SDG) 3, which promotes good health and well-being for all ages (Xu et al., 2023). A deeper understanding of local settings through qualitative data can inform interventions that

are not only effective but also culturally relevant, enhancing the overall public health landscape.

Additionally, the identified gaps in the literature, particularly concerning urban-rural health service disparities, provide an essential context for this research. Current studies emphasize the necessity of developing inclusive policies that recognize the varied needs of older adults, independent of their geographical location (Saka et al., 2019; Muki, 2024). This study aims to explore key informant perspectives on the implementation, accessibility, and effectiveness of healthy ageing interventions in urban and rural communities of Bayelsa State, focusing on differences in service delivery, community engagement, and policy implications for equitable and sustainable elderly care in both background. The findings will serve as evidence to assist policymakers in creating targeted, context-specific strategies to bridge urban-rural health gaps, thereby enhancing quality of life, extending healthy life expectancy, and supporting broader public health and sustainable development objectives.

METHODOLOGY

Study Design

A qualitative descriptive design was employed to explore key informant perspectives on healthy ageing interventions in urban and rural communities of Bayelsa State, Nigeria. This approach was selected to capture detailed, context-specific insights directly from stakeholders involved in elderly health and community development.

Study Area

The study was conducted in selected urban (Yenagoa metropolis) and rural (Sampou and environs) communities of Bayelsa State, Nigeria. These sites were purposively chosen to reflect variations in access to healthcare services, socio-economic conditions, and exposure to healthy ageing interventions.

Study Population and Sampling

Participants were purposively selected based on their roles in policy implementation, healthcare delivery, or community leadership related to elderly welfare. The study involved six categories of key informants:

- Community Development Committee (CDC) Chairman (urban)
- Community Development Committee (CDC) Chairman (rural)
- Senior official from the State Ministry of Health (Director of Public Health)
- Senior staff from the State Primary Health Care Board (Director Community and Family Health)
- Private elderly care provider

A total of five key informants, one from each category, were interviewed.

Data Collection

Data were collected between June 2023 to June 2025 using open ended and non-structured interview guide developed from the study objectives. The guide covered six thematic areas corresponding to the research objectives:

- Level of knowledge of elderly persons on healthy ageing interventions.
- Perceptions regarding healthy ageing interventions.
- Attitudes towards healthy ageing interventions.
- Level of practice of healthy ageing interventions.
- Factors affecting the practice of healthy ageing interventions
- Effects of interventions on elderly ageing conditions.

Interviews were conducted face-to-face in the participants' offices or community meeting spaces, lasted 10–30 minutes, and were audio-recorded with consent.

Data Analysis

Interviews were transcribed verbatim and analysed thematically. Emerging themes were organized into tables corresponding to the five objectives, capturing both direct responses and implications for sustainable policy development.

Ethical Considerations

Ethical approval was obtained from the ethical committee of Niger Delta University Teaching Hospital. The participants were allowed to participate voluntarily after they understand the informed consent processes.

RESULTS AND DISCUSSION

The provided text outlines the level of knowledge regarding healthy ageing interventions among the elderly in urban and rural communities in Bayelsa State, along with its implications for policy development (Table 1). The findings show that rural areas like Sampou and environs have access to periodic health talks and sporadic medical outreach, but these programs are not fully institutionalized. In contrast, urban areas such as Yenagoa metropolis show limited structured healthy ageing activities, typically focusing on healthcare during illness rather than proactive measures. Private elderly care providers are mentioned for offering personalized advice on exercise, diet, and check-ups. The text calls for policy reforms that include formalizing collaborations across sectors, institutionalizing outreach programs in rural areas, expanding community-based wellness activities, and establishing an elderly care unit to promote consistent and preventive healthy ageing strategies for both urban and rural populations.

Table 1: Level of Knowledge of the Elderly on Healthy Ageing Interventions in Urban and Rural Communities in Bayelsa State and Implications for Policy Development

S/No	Key Informant	Response	Implications for Suitable Policy Development
1	Community Development Committee (CDC) Chairman, Sampou (rural area)	- Since 2015, medical students from Niger Delta University have been visiting Sampou for rural postings, providing a series of health talks on healthy living practices such as regular exercise, routine medical check-ups, and balanced diet. - There is also increased collaboration between LGA Health Departments, Model Referral Hospitals at Kaiama, and multinational companies like Renaissance Energy International Ltd., demonstrating the role of multi-sectoral partnerships in delivering community-level health interventions.	Strengthen and formalize multi-sectoral collaborations (health, education, and private sector) to expand outreach, standardize training materials, and ensure consistent delivery of healthy ageing education across rural communities.
2	Director, Public Health, State Ministry of Health (SMOH)	The Ministry of Health approved medical rural postings to Sampou in 2015, and these have continued since then. The Ministry has also been organizing medical outreaches in Kaiama and Sampou.	Institutionalize rural outreach programs as part of the state's ageing health strategy, with dedicated budget lines and periodic monitoring to sustain impact.
3	Dr. i/c usually means Doctor in Charge (or In-Charge Doctor) (Dr. i/c) of Martha Medical Services and Home for the Elderly	Provides one-on-one counselling to elderly clients on exercise, diet, and regular medical check-ups.	Develop community-based counselling programs and train more local healthcare workers in elderly-focused preventive care.
4	Community and Family Health Director, State Primary Health Care Board	A new unit for the elderly has been created under Reproductive, Maternal, Child Health and Elderly (RIMCAH+E), but no activities for the elderly have commenced yet.	Activate and adequately fund the newly created elderly care unit, with clear mandates for implementing healthy ageing interventions.
5	CDC Chairman, Igbogene	Elderly residents in Igbogene mostly seek care at Malla Saseme Medical Centre when seriously ill. There are no structured exercise programs, although farming is a regular activity.	Introduce structured community-based exercise and wellness programs for the elderly, integrating them into local health centres and community halls.

The level of knowledge regarding healthy aging interventions among the elderly is a critical concern in Bayelsa State, Nigeria, given the significant differences in health literacy between urban and rural communities. Effective interventions that promote healthy aging can greatly enhance the quality of life for older adults, but their success is contingent upon the residents' understanding of these initiatives.

In urban areas such as Yenagoa, which is the state capital, the elderly typically have better access to health information and educational resources when compared to those in rural regions. This urban-rural divide stress a substantial gap in health literacy concerning vital healthy aging practices, including exercise and nutrition. Urban health facilities tend to leverage their resources more efficiently for disseminating health information, hosting seminars, and engaging activities that help older adults grasp the importance of healthy lifestyle choices (Johnson et al., 2018). Additionally, urban health programs frequently receive backing from government health departments,

which enhances their quality and outreach (Alderwick et al., 2021).

In contrast, rural communities like Sampou and environs struggle with lower awareness levels surrounding healthy aging interventions. Insights from local community leaders reveal that the elderly often obtain health information passively, mainly through broad outreach efforts that may lack the depth necessary for genuine engagement (Castillo et al., 2019). Research supports the idea that merely providing information is insufficient for ensuring knowledge retention or prompting behavior change; instead, it emphasizes the necessity of interactive and participatory approaches (Shizume et al., 2021).

To address this knowledge gap, the Bayelsa State Ministry of Health could institutionalize health outreach programs designed to foster collaboration between rural and urban areas. Such initiatives could improve access to health information and resources for elderly residents (Clarke & MacDonald, 2016). However, there is a clear need for these programs to be more systematized. Regular interactions with the

elderly could promote a deeper understanding of healthy aging interventions, allowing for adaptations that respect local cultural practices (Corbin et al., 2016).

Feedback from local health sector informants indicates a dire need for tailored counseling programs aimed specifically at the elderly. Such initiatives can significantly enhance their comprehension of regular exercise, nutritional needs, and the significance of preventive healthcare visits. Training local healthcare providers to deliver this information ensures that it is not only relevant but also culturally appropriate, increasing the likelihood of acceptance (Tayeri et al., 2021).

Establishing specialized health units dedicated to elderly care represents a meaningful step towards addressing the inadequacy of organized programs for older adults (Scott et al., 2023). When properly funded and activated, these units can deliver well-structured and comprehensive health interventions, boosting awareness among elderly community members regarding their health requirements (Castillo et al., 2020).

In rural locales like Yenagoa metropolis, the lack of structured exercise programs poses a challenge. While some physical activity is derived from farming, there is room for integrating more comprehensive initiatives into community health

programs that not only promote better physical health but also enhance social networks and cohesion, essential for overall well-being (Bell et al., 2020).

Partnerships with the private sector are crucial in bolstering health education initiatives aimed at the elderly. Collaborations between public health entities and private organizations can offer the necessary resources and help build effective frameworks for consistent health communication strategies geared towards both urban and rural populations (Clarke & Crane, 2018).

Table 2 outlines the perceptions of elderly individuals regarding healthy aging interventions in urban versus rural communities in Bayelsa State, along with the implications for policy development. Through key informant interviews, it was noted that elderly residents in both settings identify regular exercise, a nutritious diet, and routine medical check-ups as significantly beneficial for their health. In Sampou and environs, the positive impact of ongoing health talks and outreach efforts by medical students from Niger Delta University since 2015 has been reinforced, often complemented by informative flyers. Public health officials and healthcare providers in Yenagoa also observe that elders appreciate the importance of these health practices, with caregivers attesting to their positive effects on patient well-being.

Table 2: Perception of the Elderly on Healthy Ageing Interventions in Urban Compared to Rural Communities in Bayelsa State, and Implications for Policy Development

S/No	Key Informant	Response (Perception)	Implications for Suitable Policy Development on Healthy Ageing Interventions
1	CDC Chairman, Sampou	The elderly perceive exercise, good diet, and regular medical check-ups to be beneficial for their health. Since 2015, medical students from Niger Delta University have been coming on rural postings to Sampou to give health talks, including on healthy living practices, and sometimes distribute fliers to the elderly.	Strengthen and formalize community-based health education programs through continuous partnerships with universities and local health departments; provide culturally tailored materials for rural elders.
2	Director, Public Health, SMOH	From interactions with the elderly in Yenagoa and rural communities, they perceive regular exercise, good diet, and medical check-ups as helpful for improving their health.	Expand community sensitization campaigns to reinforce positive perceptions and translate them into consistent practice; ensure these messages reach both urban and rural elders equally.
3	Dr. i/c of Martha Medical Services and Home for the Elderly	Regular exercise, good diet, and regular medical check-ups improve the health of patients, and these are perceived to be beneficial by both the elderly and caregivers.	Integrate structured health promotion sessions into routine elderly care services and encourage health professionals to reinforce these perceptions during consultations.
4	Community and Family Health Director, SPHC Board	The Ministry has recently created a unit for the elderly under Reproductive, Maternal, Child Health, and Elderly (RIMCAH+E), but there are no activities for the elderly yet.	Operationalize the elderly health unit with targeted programs, staffing, and funding; ensure policy frameworks translate into practical interventions.
5	CDC Chairman, Igbogene, within Yenagoa metropolis	The elderly in Igbogene perceive regular exercise, good diet, and medical check-ups as highly beneficial to their health.	Leverage these positive perceptions to introduce community-led healthy ageing initiatives, such as group exercise programs and nutrition workshops, to improve uptake and sustainability.

The perceptions of the elderly regarding healthy aging interventions in urban and rural communities reveal important insights that policymakers should consider in developing appropriate health strategies. Elderly community members in both urban (e.g., Yenagoa) and rural (e.g., Sampou) settings identify regular exercise, good dietary habits, and consistent medical check-ups as crucial to maintaining their health. The integration of health talks conducted by medical students from Niger Delta University into rural settings, particularly in Sampou, signifies a proactive effort in health education about healthy living practices. Such initiatives stress the importance of strengthening community-based health education programs, which aligns with various studies suggesting the enhancement of tailored health interventions that resonate culturally with elderly populations (Cristina & Lucia, 2021; Wang et al., 2023a,b).

Furthermore, linking perceptions of aging with health practices is essential for improving elder well-being. The acknowledgment of favorable health practices, such as nutrition and physical activity, serves as a precursor for enhanced health outcomes (Wang et al., 2023a,b; Diehl et al., 2021). This suggests that community awareness and education are critical, prompting the necessity to develop policy interventions that not only educate but also facilitate the consistency of healthy practices. For urban and rural elderly alike, expanding community sensitization campaigns would help reinforce positive perceptions and guide behavioral change towards better health management (Farriol-Baroni et al., 2021; Cramm & Nieboer, 2018).

The creation of dedicated units for elderly health, as mentioned by the Community and Family Health Director, reveals the intent of the Ministry of Health to improve services for this demographic. However, without operational programs or adequate funding, these units risk becoming mere formalities rather than functional solutions (Deng et al., 2022; Farriol-Baroni et al., 2021). As seen in rural Chinese communities, where access to health services is essential, operationalizing health units with targeted programs that cater to the specific needs of the elderly can significantly improve healthcare delivery (Deng et al., 2022; Fan et al., 2021). This would require a all-inclusive framework that incorporates feedback loops, allowing the adjustment of services in response to the ongoing health evaluations of the elderly.

Moreover, leveraging positive reflections toward aging can facilitate the introduction of community-led initiatives. Empowering the elderly to participate in group exercise programs and nutrition workshops not only fosters community engagement but also enhances the uptake of healthy aging practices (Cramm & Nieboer, 2018; Čaić et al., 2019). Promoting an environment that values aging and engages older citizens will ultimately contribute to improved physical activities, better dietary choices, and encourage routine medical check-ups (Shoushtari-Moghaddam et al., 2022; Tarallo et al., 2017). The

cultural perceptions that the elderly hold play a substantial role in their health outcomes, thus necessitating a shift in policy development that favors positive aging narratives and counteracts stereotypes that may hinder engagement with health interventions.

From a policy standpoint, integrating insights gathered from various stakeholders, such as community health directors and health service providers, can consolidate the planning and execution of health interventions targeting the elderly. These interventions should consider the unique socio-economic dynamics of urban versus rural communities, addressing barriers such as accessibility, education, and pre-existing health conditions (Wang et al., 2023a,b; Liu et al., 2022). For instance, evidence indicates that differences in health literacy and service utilization correlate strongly with demographic factors such as educational background and community engagement levels (Diehl et al., 2021; Castro et al., 2024). In response to these disparities, health policies should prioritize inclusive education strategies that empower elderly citizens to seek care proactively and understand the benefits of healthy aging.

Equally vital is the role of social support systems in promoting healthier lifestyles among the elderly (Moeini et al., 2021; Farriol-Baroni et al., 2021). Encouraging community-wide involvement can create a network of support that fosters not just physical wellness, but also psychological resilience, which is often waning in older populations due to isolation and reduced social interactions (Bastani et al., 2021). Thus, policy initiatives should promote intergenerational programs that encourage collaboration between the young and the elderly. Such an approach creates a circular benefit—young participants gain insights from older generations while the elderly experience emotional uplift through social engagement (Cramm & Nieboer, 2018; Shoushtari-Moghaddam et al., 2022).

Table 3 shows the attitude of the elderly towards healthy ageing interventions in urban compared to rural communities in Bayelsa State. The attitudes toward healthy aging interventions vary between urban and rural areas.

Elderly residents in Sampou and environs and Yenagoa metropolis generally show a positive attitude toward regular exercise, healthy diets, and medical checkups, presenting opportunities to build on existing community engagement.

However, a noticeable urban–rural gap exists, with rural communities like Yenagoa metropolis showing poorer attitudes, indicating a need for targeted awareness and behavior change campaigns. Some elderly travel from rural to urban areas for healthcare, stressing the centralization of services and the need to decentralize facilities for equitable access.

Although a dedicated elderly care unit has been created within the State Primary Health Care Board, its lack of active programming highlights the need for policy action, funding, and implementation to ensure sustainable healthy aging interventions.

Table 3: Attitude of the elderly towards healthy ageing interventions in urban compared to rural communities in Bayelsa State

S/No	Key Informant	Response	Implication for Sustainable Policy Development of Healthy Aging Interventions
1	CDC Chairman, Sompou	The elderly have good attitude towards regular exercise, good diet and regular medical checkup.	Indicates readiness for community-based health promotion; policies can build on existing positive attitudes through local wellness programs.
2	Director, Public Health, SMOH	From my interaction with elderly in Yenagoa and other rural communities, the elderly in Yenagoa have better attitude towards regular exercise, good diet and medical checkup than those in Sompou.	Highlights the urban–rural gap; policies should prioritize targeted interventions in rural areas to address disparities.
3	Dr. i/c of Martha Medical Services and Home for the Elderly	My elderly patients have a positive attitude towards regular exercise, good diet and regular medical checkup. Some of my patients come from as far as Yenagoa to access medical services.	Suggests centralization of health services in urban areas; calls for decentralizing elderly care facilities to improve rural access.
4	Community and Family Health Director, State Primary Health Care Board	The Ministry recently created a unit for the elderly under Reproductive, Maternal, Child Health and Elderly (RIMCAH+E) with no activity yet for the elderly.	Shows institutional recognition but poor implementation; sustainable policies should ensure active programming, funding, and measurable outcomes.
5	CDC Chairman, Igbogene	The elderly have poor attitude towards regular exercise, good diet and regular medical checkup.	Identifies a need for awareness campaigns and behavior change communication to improve attitudes toward healthy living.

The attitude of the elderly towards healthy aging interventions appears to vary significantly between urban and rural communities, which warrants a detailed examination. The study highlights that elderly individuals in urban settings, such as Yenagoa, show more favorable attitudes towards engaging in health-promoting behaviors, including regular exercise, a healthy diet, and consistent medical check-ups, compared to their rural counterparts. This finding stresses the need for health policy discourse that focuses on fostering positive attitudes towards healthy aging practices in rural areas, as such a shift is critical for improving health outcomes.

Evidence suggests that the elderly in urban areas have greater motivation for engaging in physically active lifestyles and dietary practices than those living in more rural locales like Sompou (Mahmud et al., 2020). This urban-rural disparity presents a vital opportunity for public health initiatives that specifically target rural populations, which often face barriers to accessing health resources and exhibit a less proactive approach towards health interventions. Strategies could include local educational campaigns and enhancing the availability of recreational facilities designed for the elderly, directly addressing these observed disparities (Eost-Telling et al., 2020).

Moreover, reports from health officials indicate that while there are positive attitudes towards healthy aging in urban populations, many elderly individuals still face significant challenges in accessing healthcare services. This points to a critical need for improvements in healthcare access, which could involve decentralizing services and ensuring that healthcare professionals trained in geriatric care are

present in rural regions. Initiatives like establishing mobile health clinics could also effectively serve the elderly demographic and help alleviate health disparities exacerbated by geographical barriers (Başer & Hisar, 2024).

The establishment of dedicated units for elderly care reflects an institutional acknowledgment of the unique health needs of this demographic. However, it is important to note that there may be limitations in the effective execution of these plans within the elderly community (Rush et al., 2017). This highlights the necessity for sustainable policies with clear goals, appropriate funding, and measurable impacts that can harness the positive attitudes found in urban populations and adapt them for use in rural settings.

Table 4 presents the level of practice of healthy aging interventions by the elderly in urban compared to rural communities in Bayelsa State. The engagement in these practices differs significantly between the two settings. In urban areas like Yenagoa, elderly residents actively participate in regular exercise, maintain good diets, and attend medical checkups. Notably, many engage in organized activities such as the weekly 45-minute “prosperity walk” led by the Executive Governor. This reflects a strong commitment to healthy aging initiatives among urban seniors.

In contrast, rural areas such as Sompou and environs and Yenagoa metropolis show only moderate or infrequent participation in these activities. Many elderly individuals from these communities join the Governor's walk only occasionally, highlighting a disparity in motivation and access to resources. Although the Ministry has established a unit for elderly care under the Reproductive, Maternal, Child Health

and Elderly (RIMCAH+E) program, it has not yet implemented any activities, signaling a gap between policy formation and effective execution at the community level.

This variation in practice emphasizes the need for targeted interventions to encourage healthier lifestyles among the elderly in rural areas and to ensure that policy initiatives are translated into actionable programs that directly benefit this demographic.

Table 4: Level of practice of healthy ageing interventions by the elderly in urban compared to rural communities in Bayelsa State

S/No	Key Informant	Summary of Response	Implication for Sustainable Policy Development on Healthy Aging Interventions
1	CDC Chairman, Sampou	Elderly in Sampou moderately practice regular exercise, good diet, and regular medical checkups.	Indicates moderate awareness but limited engagement; need for community-based programs to improve participation and access in rural areas.
2	Director, Public Health, SMOH	Elderly in Yenagoa engage more in healthy aging practices than those in rural areas like Sampou or Kaiama. Activities include a weekly "prosperity walk" from the Sports Complex to Imgbi, lasting about 45 minutes.	Demonstrates that organized urban activities significantly boost participation; rural areas require similar structured, culturally adapted programs to bridge the urban–rural gap.
3	Dr. in charge, Martha Medical Services and Home for the Elderly	Many elderly patients participate in the weekly prosperity walk with the Executive Governor.	Highlights leadership and community involvement as strong motivators; suggests policy should leverage influential figures to promote healthy aging.
4	Community & Family Health Director, State Primary Health Care Board	Ministry has created a unit for the elderly (RIMCAH+E) but has yet to implement activities for them.	Signals a policy–practice gap; urgent need for operationalizing existing structures to deliver tangible interventions.
5	CDC Chairman, Igbogene	Elderly in Igbogene do less exercise except for a few who join the Governor's weekly prosperity walk.	Shows low spontaneous participation; policies should focus on increasing local, accessible opportunities rather than relying solely on centralized events.

The health outcomes of the elderly population in Bayelsa State, Nigeria, are significantly influenced by various socio-cultural and infrastructural factors. Notably, urban areas like Yenagoa exhibit higher engagement in healthy aging practices when compared to rural communities such as Sampou and Kaiama, where participation in physical activities and routine medical checkups is markedly lower. This urban-rural divide emphasizes the necessity for tailored community-based interventions that not only raise awareness but also facilitate access to health-promoting activities, ultimately enhancing the quality of life for the elderly.

Structured programs, such as community walks, have proven effective in increasing participation rates among the elderly in urban settings. These initiatives highlight the importance of community leadership and involvement in motivating older adults to engage in healthy activities. Conversely, in rural areas like Yenagoa metropolis, the lack of organized efforts has resulted in minimal spontaneous participation, further highlighting the urgent need for localized and accessible health programs.

Additionally, the Ministry of Health's establishment of specific units for the elderly reflects an existing policy framework aimed at improving health outcomes for this demographic. However, this framework is largely unimplemented, revealing a persistent gap between policy and practice. To

generate meaningful change, effective interventions should operationalize these structures, fostering improvements in health services and accessibility.

Moreover, integrating culturally relevant and adaptable frameworks within these interventions can help bridge the urban-rural gap. By acknowledging the unique challenges faced by rural communities, policymakers can enhance the efficacy of health initiatives tailored to meet diverse community needs. Promoting policies that create local opportunities, as opposed to relying solely on centralized events, is essential for maximizing participation across different regions.

Table 5 outlines the various factors influencing the adoption of healthy ageing interventions among the elderly in urban versus rural settings in Bayelsa State. Key informants highlighted a combination of socio-economic, infrastructural, and behavioral influences that impact these practices across both environments.

In Sampou, elements such as consistent health education initiatives led by medical students, income levels, the availability of healthcare professionals, and the types of crops cultivated significantly affect health behaviors among the elderly. Conversely, in Yenagoa and surrounding rural areas, challenges like poverty, income constraints, family and social support, and church welfare play crucial roles in determining participation in physical activities,

adherence to nutritious diets, and the frequency of medical check-ups.

A private elderly care provider noted that barriers such as fear of exercising in the early morning, the inability to afford routine medical examinations (with the exception of those enrolled in the BHIS), and poor dietary habits associated with low income are substantial obstacles to healthy ageing. On a broader

scale, although a newly established elderly care unit under RIMCAH+E has been created at the state level, it currently operates without active programming.

In Yenagoa metropolis, major impediments include apprehension regarding early morning walks, lack of social interaction, hunger, decreased energy levels, financial difficulties in accessing healthcare, and reliance on locally grown food for nutrition.

Table 5: Factors affecting the practice of healthy ageing interventions by the elderly in urban compared to rural communities in Bayelsa State

S/No	Key Informant	Factors Affecting Practice of Healthy Ageing Interventions	Implications for Sustainable Policy Development
1	CDC Chairman, Sampou	Regular health education by medical students from Niger Delta University; income level; availability of health workers; type of crops produced in farms.	Strengthen community-based health education programs; integrate agricultural support with nutrition initiatives; incentivize rural health worker deployment to sustain intervention reach.
2	Director, Public Health, SMOH	Poverty, income, family support, peer support, church welfare influence regular exercise, good diet, and regular medical check-ups.	Develop community support networks leveraging religious and social groups; provide subsidies for elderly health services; implement social protection schemes targeting elderly poverty reduction.
3	Dr. i/c of Martha Medical Services and Home for the Elderly	Fear of going out for early morning exercise; limited participation in exercise programs due to financial constraints; inability to afford regular checkups (except BHIS enrollees); poverty and income sources affect diet quality.	Expand BHIS or similar insurance coverage to all elderly; introduce community-led exercise programs at accessible times; provide targeted financial aid to improve diet diversity.
4	Community and Family Health Director, SPHCB	Creation of elderly care unit under RIMCAH+E but no active programs yet.	Allocate dedicated funding and human resources to operationalize elderly care units; set measurable targets for elderly health interventions in policy plans.
5	CDC Chairman, Igbogene	Fear of early morning walks due to safety or lack of companionship; hunger and low energy hinder exercise; inability to afford medical checkups (except BHIS enrollees); reliance on farm produce for food due to low income.	Promote safe and group-based exercise activities; integrate elderly feeding programs with local agriculture; expand subsidized or free medical checkups through rural outreach.

The practice of healthy aging interventions among the elderly in Bayelsa State shows marked urban–rural differences shaped by interconnected social, economic, and environmental factors. These variations present unique challenges for implementing effective and sustainable interventions tailored to the needs of older adults in different settings. Major determinants influencing engagement in healthy aging practices include health education, income, and social support, all of which affect the quality and accessibility of available interventions.

In urban areas, health education is often accessible through structured programs provided by tertiary institutions and medical organizations. Regular outreach by medical students from Niger Delta University has been shown to improve awareness and uptake of healthy practices among the elderly (Dahiru & Oche, 2015). In contrast, rural communities face major barriers, including shortages of healthcare workers and geographic isolation, which limit access to health information (Adewuyi et al., 2018). This scarcity of medical personnel reinforces inequalities in healthcare access, preventing rural elderly populations from benefiting fully from necessary interventions.

Income disparities also influence healthy aging practices. Urban residents generally enjoy greater economic opportunities, leading to higher disposable incomes and better access to healthcare and nutritious foods (Adeloye et al., 2021). Rural residents, however, face persistent poverty, which limits dietary diversity, routine health check-ups, and participation in physical activity (Adewuyi et al., 2018). As a result, income affects both health-seeking behaviors and overall health outcomes.

Social support structures differ between settings. Urban elderly individuals often benefit from family and peer networks that encourage exercise and medical check-ups (Adewuyi et al., 2018). In rural areas, geographic isolation and poor transportation can reduce social engagement, discouraging participation in health-promoting activities (Adewuyi et al., 2018). While rural communities may have strong social bonds, these are often strained by socioeconomic challenges such as poverty, which hinder collective health initiatives (Cadmus et al., 2023). Strengthening community-based support networks is therefore essential to improving the quality of life for older adults in both contexts.

Environmental factors also shape participation in healthy aging practices. In urban areas, safety concerns (such as crime and unsafe public spaces) can discourage physical activity like morning walks (Cadmus et al., 2023). In rural settings, limited companionship during outdoor activities can further reduce exercise participation. Addressing these concerns requires interventions that promote secure, community-oriented spaces for physical activity.

Financial constraints remain a significant barrier, especially in rural communities where healthcare costs may be prohibitive (Adewuyi et al., 2018). Integrating social protection schemes and targeted financial assistance aligns with SDG 3 (Good Health and Well-being) and SDG 10 (Reduced Inequalities) (Adeloye et al., 2021). Subsidies for healthcare and nutritious food could help overcome economic barriers, improving health outcomes for the elderly.

Inclusive policies should address rural challenges while ensuring urban populations also benefit from improvements. Establishing dedicated elderly care units, as proposed by local health authorities, is a vital step toward institutionalizing healthy aging practices, provided they are well-funded and monitored for performance (Cadmus et al., 2023). Community-based approaches (such as combining agricultural support with nutritional programs) can

further enhance dietary habits and leverage local resources (Adewuyi et al., 2018).

Bridging the urban–rural gap in healthy aging requires understanding the contextual drivers of elderly health behaviors and developing policies that address economic, social, and environmental disparities. Integrated interventions that combine health education with food security strategies can strengthen equitable access to healthcare and support sustainable development commitments in Bayelsa State.

Table 6 outlines the impact of healthy aging interventions on the elderly in urban versus rural communities in Bayelsa State. The findings indicate that the outcomes of healthy aging differ widely among communities. For instance, Sampou exhibits examples of longevity associated with a supportive community environment. Conversely, urban areas such as Yenagoa tend to provide better health outcomes and longer life expectancy compared to rural regions, attributed to easier access to healthcare. Both settings benefit from effective medical counseling, treatment, and follow-up care for elderly residents. However, there are gaps in policies as newly established elderly care units often lack active programs. Additionally, in certain rural areas like Yenagoa metropolis, security challenges further compromise the well-being of the elderly, stressing the interconnectedness of healthcare access, program execution, and safety in shaping aging conditions.

Table 6: How healthy ageing interventions has affected ageing conditions of the elderly in urban compared to rural communities in Bayelsa State.

S/No	Key Informant	Response (Summary)	Implication for Sustainable Policy Development of Healthy Aging Interventions
1	CDC Chairman, Sampou	The elderly in Sampou generally live healthy and have long lifespans. Examples include the King (80+ years) and the Governor's father (90+ years).	Demonstrates potential benefits of community-based healthy living; policies can focus on sustaining cultural and environmental factors that support longevity.
2	Director, Public Health, SMOH	Elderly in urban areas like Yenagoa live healthier and have higher life expectancy than those in rural areas. Many elders move to cities for better care and return to rural areas after death.	Highlights need to bridge rural–urban healthcare gaps; policy should invest in rural health infrastructure and outreach programs to ensure equitable access.
3	Dr. i/c of Martha Medical Services & Home for the Elderly	Patients from both rural and urban areas live healthily when given proper counselling, treatment, and follow-up care.	Shows effectiveness of targeted medical support; policies should prioritize continuous healthcare engagement and elder-specific health education.
4	Community & Family Health Director, State Primary Healthcare Board	A new unit for elderly care (under RIMCAH+E) has been created but no activities have been implemented yet.	Indicates a gap between policy creation and implementation; emphasizes the need for operational frameworks, funding, and program rollout.
5	CDC Chairman, Igbogene	Elderly live moderately healthy but face risks such as attacks from rival cult groups, which can harm their health.	Points to the role of security and community safety in healthy aging; policies should integrate social safety and conflict prevention measures alongside healthcare.

The aging population presents complex challenges, particularly regarding urban–rural health differences in Bayelsa State, Nigeria. Urban areas generally offer better access to healthcare facilities, while rural regions face limited resources. According to the

Director of Public Health, elderly populations in urban centers such as Yenagoa exhibit better health outcomes and life expectancy than their rural counterparts, largely due to stronger healthcare infrastructure and comprehensive care services.

The Sustainable Development Goals (SDGs) guide public health policies for the elderly, particularly SDG 3, which promotes healthy lives and well-being for all ages. In rural settings, culturally embedded health practices can contribute to longevity, stressing the importance of integrating culturally appropriate strategies into public health policies (Kohrt et al., 2018). Respecting local customs while improving modern healthcare access can help bridge health gaps (Kohrt et al., 2018; Eyo et al., 2021).

Community-based interventions effectively enhance elderly health while addressing social isolation and mental well-being (Taherian & Motamedi, 2022). Lifestyle changes, nutritional education, and physical activity are particularly important in rural areas in Bayelsa State, where limited healthcare access and social support increase risks. Targeted programs (such as reducing dietary indiscretions and promoting physical activity) have improved quality of life for older adults (Chukwujekwu, 2023).

The establishment of elderly care units represents progress, but gaps remain in translating policies into action. Local reports indicate a lack of implementation strategies and funding for these units, threatening their effectiveness (Kohrt et al., 2018; Neupane et al., 2018). Many elderly individuals migrate to urban centers for better healthcare, reflecting systemic disparities that force rural residents to choose between community ties and health access (Neupane et al., 2018). Sustainable elderly care in rural areas requires targeted investments in infrastructure and outreach programs to ensure equitable access and prevent rural depopulation.

Social capital is also critical for healthy aging. Programs fostering social interaction (such as peer support groups and recreational activities) could reduce isolation and improve health outcomes (Taherian & Motamedi, 2022). Such initiatives strengthen community resilience and align with SDG 11 on sustainable urban communities.

Security is another determinant of elderly health. Rural elderly individuals face not only healthcare access challenges but also threats from community violence (Kohrt et al., 2018). Policies should incorporate social safety nets, community policing, and conflict prevention to create safe environments for aging populations (Eyo et al., 2021).

Training community health workers to deliver tailored education and services offers a promising solution (Olaniran et al., 2019). Interventions that leverage local knowledge and leadership gain greater acceptance and compliance (Eyo et al., 2021). Integrating community health advocates into service delivery ensures alignment with cultural values and elderly needs, enhancing impact.

For Bayelsa State, continuous healthcare engagement is essential (Neupane et al., 2018). Regular health education campaigns on preventive measures, disease management, and mental well-being can promote lifelong health (Taherian & Motamedi, 2022). Policymakers should also prioritize follow-up care systems to maintain engagement and prevent escalation of health conditions.

CONCLUSION

The perspectives of key informants on healthy ageing interventions in Bayelsa State stress the critical need for policies that address the distinct realities of urban and rural communities. Urban areas generally demonstrate greater readiness for healthy ageing initiatives due to better healthcare infrastructure, service accessibility, and awareness levels, while rural areas require more comprehensive and multifaceted strategies focused on improving health literacy, access to services, and resource allocation. Effective policy development should be community-driven, ensuring that elderly voices shape interventions that reflect their needs and cultural contexts. This entails building frameworks that promote education, affordability, and active community engagement, while also integrating socio-economic, environmental, and cultural factors into public health strategies. By bridging health inequities between urban and rural settings, such policies will not only improve elderly health outcomes but also contribute to broader sustainable development goals related to lifelong health and well-being. Ultimately, a coordinated, inclusive, and context-specific approach is essential to achieving sustainable, equitable, and effective healthy ageing across Bayelsa State.

Recommendations

To close the urban–rural gap in healthy ageing outcomes, elderly care units such as RIMCAH+E should be activated and resourced to operate effectively in both urban and rural areas, with tailored program designs that reflect the specific needs and constraints of each setting. Rural communities require expanded healthcare infrastructure, deployment of geriatric-trained health workers, and mobile clinic services to overcome access barriers, while urban programs should be scaled to include outreach to marginalized groups. Multi-sectoral collaboration between government, health institutions, NGOs, and community leaders is essential for delivering culturally appropriate interventions that integrate nutrition, agricultural support, and income-generating activities, especially in rural areas. Community-based exercise and wellness programs should be developed with security measures in vulnerable rural locations, and regular, interactive health education campaigns should be conducted in both urban and rural settings to strengthen elderly knowledge and engagement. Leveraging respected community figures to promote healthy ageing, ensuring financial protection through expanded insurance and targeted subsidies, and establishing robust monitoring systems will enable policies to deliver equitable and sustainable outcomes for the elderly across Bayelsa State.

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