

Aging Well as Personal Responsibility: A Sociological Analysis of Active Aging Discourses Among Older Adults in Urban Sierra Leone

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DOI: <https://dx.doi.org/10.47772/IJRISS.2026.100300616>

Received: 19 March 2026; Accepted: 24 March 2026; Published: 22 April 2026

ABSTRACT

This article examines the sociological dimensions of active aging as a personal responsibility among older adults in Sierra Leone. Drawing on qualitative data from 45 participants aged 60-85 in Freetown and Bo districts, the study explores how older adults negotiate physical activity, nutrition, cognitive engagement, and social connectivity in their daily lives. The research challenges prevailing dependency-focused narratives in African gerontology by positioning aging well as an individual and collective responsibility rather than a governmental promise. Using a combination of symbolic interactionism, activity theory, and Foucault's concept of biopower, the analysis reveals that older adults employ diverse strategies to maintain functionality and social relevance despite infrastructural and economic constraints. Findings indicate that successful aging is mediated by educational attainment, social networks, and access to health information, with significant variations across gender and socioeconomic lines. The study contributes to the growing body of literature on gerontology in sub-Saharan Africa by providing empirical evidence from Sierra Leone, a context currently underrepresented in aging research. Policy recommendations include community-based active aging programs, intergenerational knowledge transfer initiatives, and the integration of gerontological education into primary healthcare systems.

Keywords: active aging, personal responsibility, Sierra Leone, gerontology, successful aging, biopower, sub-Saharan Africa

INTRODUCTION

The global demographic landscape is undergoing a profound transformation, with the population of older adults increasing at unprecedented rates. While sub-Saharan Africa continues to maintain a relatively youthful population structure, it is simultaneously experiencing a significant rise in its older adult population. According to the United Nations Department of Economic and Social Affairs (2023), the number of individuals aged 60 years and above in sub-Saharan Africa is projected to triple between 2020 and 2050, reaching approximately 160 million. Sierra Leone reflects this broader continental trend, with the 2021 National Population and Housing Census indicating that older adults constitute 7.3% of the national population, marking a steady increase from previous years (Statistics Sierra Leone, 2022). This demographic shift presents critical implications for social policy, healthcare systems, and community structures, particularly in contexts where formal social protection mechanisms remain limited.

Historically, discourse on aging in African contexts has been dominated by narratives of vulnerability, dependency, and inadequate state capacity. Older adults are frequently portrayed as passive recipients of care within welfare-oriented frameworks that emphasize protection rather than agency (Aboderin, 2019; Aboderin & Nystrand, 2022). While such approaches have contributed to policy recognition of aging populations, they have also reinforced stereotypes that position older persons as burdens on families and state systems. In Sierra Leone, these dynamics are further complicated by socio-historical factors, including the legacy of civil conflict, public health crises such as the Ebola epidemic and COVID-19 pandemic, and persistent economic challenges. These experiences have shaped a generation of older adults who have not only endured multiple

structural shocks but also continue to play active roles as caregivers, knowledge holders, and economic contributors within their communities (Mac-Johnson & Bockarie, 2023).

At the same time, traditional systems of intergenerational support that once underpinned aging in Sierra Leone are undergoing significant transformation. Although cultural expectations continue to emphasise familial responsibility for elder care, processes such as urbanisation, economic hardship, and changing family structures have weakened these support systems. Empirical evidence indicates that a substantial proportion of older adults receive irregular or no financial support from their adult children, thereby increasing their reliance on informal economic activities and personal resilience (Kamara & Sesay, 2024). Formal social protection mechanisms remain limited, with pension coverage restricted primarily to the small proportion of the population engaged in formal employment (NASSIT, 2023). Similarly, healthcare systems are not adequately equipped to address the specific needs of aging populations, with minimal provision for geriatric care and chronic disease management (Ministry of Health and Sanitation, 2024). Despite these constraints, many older Sierra Leoneans continue to engage actively in community life through religious institutions, social networks, and informal support systems, which provide opportunities for social participation, meaning-making, and psychological well-being (Koroma & Turay, 2023).

Against this backdrop, an emerging discourse within Sierra Leonean society increasingly frames aging not solely as a condition requiring support but as a process requiring active personal engagement. Popular narratives emphasise the importance of maintaining physical activity, healthy nutrition, and cognitive engagement, often using metaphors that portray aging as an ongoing negotiation between individuals and their bodies. This perspective challenges dominant dependency-oriented frameworks by positioning older adults as agents responsible for shaping their own aging experiences. However, despite its growing prominence, this indigenous discourse on active aging remains underexplored within academic research. Existing studies on aging in sub-Saharan Africa have largely focused on economic vulnerability, intergenerational care dynamics, and post-conflict experiences (Kakwani & Son, 2022; Schatz & Seeley, 2023; Muriithi & Mwangi, 2021), with limited attention to how older adults themselves conceptualise and practice aging as a daily responsibility.

This study addresses this critical gap by providing a sociological analysis of active aging among older adults in Sierra Leone. Specifically, it examines how older individuals define and experience “aging well,” the daily practices they adopt to maintain physical, cognitive, and social functioning, and the structural factors that enable or constrain these practices. It further explores variations in aging experiences across gender and socioeconomic groups, while interrogating the relationship between personal responsibility and broader social conditions. By centering the voices and lived experiences of older adults, the study contributes to a more nuanced understanding of aging that moves beyond policy-centric approaches toward a framework that recognises both individual agency and structural constraints. In doing so, it offers empirical insights that are relevant for policy development, social work practice, and future research on aging in Sierra Leone and similar contexts.

LITERATURE REVIEW

Conceptualizing Active Aging: Global and African Perspectives

The concept of active aging emerged from World Health Organization (WHO) discourse in the late 1990s, defined as “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” (WHO, 2002, p. 12). This framework represented a significant shift from earlier models that equated aging with decline and dependency. Active aging emphasizes continued participation in social, economic, cultural, and civic affairs, positioning older adults as resources to their families and communities rather than burdens.

However, critics have noted that the WHO framework reflects predominantly Western assumptions about individualism, productivity, and activity that may not align with African cultural contexts. In many African societies, successful aging is conceptualized less in terms of individual activity and more in terms of social integration, respect, and the ability to fulfill culturally prescribed roles as elders (Van der Geest, 2020). Among the Akan of Ghana, for example, successful aging is associated with the acquisition of wisdom, the ability to

counsel younger generations, and the performance of ancestral veneration rituals, rather than with physical activity or continued economic productivity (Oppong, 2021).

In Sierra Leone, conceptions of successful aging are shaped by ethnic diversity, with Temne, Mende, Limba, and Kono communities maintaining distinct cultural frameworks for understanding elderhood. A study by Bangura and Kamara (2023) found that among the Temne, successful aging is associated with having grandchildren who can perpetuate the family name, while among the Mende, the ability to participate in secret society activities (Bondo and Poro) into advanced age signifies successful aging. These culturally specific conceptions challenge universalistic models of active aging and underscore the need for contextually grounded research.

Physical Activity and Aging in Sub-Saharan Africa

Physical activity among older adults in sub-Saharan Africa has received limited research attention compared to high-income contexts. The available evidence suggests that activity patterns differ significantly from Western norms, with occupational and subsistence activities often providing incidental exercise. A study by Mwangi and colleagues (2022) in rural Kenya found that older adults engaged in significant physical activity through farming, water collection, and firewood gathering, activities that simultaneously served subsistence needs and provided health benefits.

However, urbanization is rapidly changing activity patterns across the continent. Older adults migrating to cities or aging in place in rapidly urbanizing areas experience reductions in incidental activity as subsistence livelihoods are replaced by more sedentary lifestyles. In Accra, Ghana, a study by Adjei and Ofori-Asenso (2023) found that urban-dwelling older adults spent significantly more time in sedentary activities compared to their rural counterparts, with corresponding increases in obesity and hypertension prevalence.

In Sierra Leone, physical activity patterns among older adults remain largely undocumented. The country's high poverty levels mean that many older adults continue subsistence farming into advanced age, particularly in rural areas. In urban centers like Freetown, older adults engage in informal trading, petty commerce, and other livelihood activities that provide some physical activity. However, the discourse captured in the opening epigraph suggests concern that some older adults adopt sedentary lifestyles upon reaching perceived "old age," metaphorically becoming "national monuments" who move only between bed, chair, and veranda.

Nutrition and Dietary Practices Among Older Africans

Nutrition in later life presents particular challenges in African contexts characterized by food insecurity, limited dietary diversity, and the nutrition transition toward processed foods. Across sub-Saharan Africa, older adults face elevated risks of both undernutrition and overnutrition, often coexisting within the same populations (Micklesfield et al., 2021). Traditional diets rich in fiber, legumes, and vegetables are increasingly being replaced by diets high in refined carbohydrates, salt, and unhealthy fats, contributing to rising rates of non-communicable diseases.

Research from Nigeria by Fadare and colleagues (2022) found that dietary diversity among older adults was significantly associated with socioeconomic status, with poorer older adults consuming monotonous diets dominated by starchy staples and lacking in protective foods like fruits, vegetables, and animal-source proteins. Similar patterns have been documented in Ghana (Addo et al., 2023) and Senegal (Ndiaye et al., 2024).

The Sierra Leonean context presents unique nutritional challenges. The country has one of the highest rates of food insecurity in West Africa, with 47% of the population experiencing moderate or severe food insecurity (FAO, 2023). Older adults are particularly vulnerable due to limited economic opportunities, reduced physical capacity for farming, and weakening traditional support systems. The popular critique of eating "like you are still 28" while metabolism has "retired" reflects recognition that dietary practices established in youth may be maladaptive in later life, yet cultural attachments to familiar foods persist.

Cognitive Engagement and Brain Health in African Aging Populations

Cognitive aging has received minimal research attention in sub-Saharan Africa, despite the region facing the fastest growth in dementia prevalence globally. The number of people living with dementia in sub-Saharan Africa is projected to increase from approximately 2 million in 2020 to over 7 million by 2050, representing a 250% increase (GBD 2019 Dementia Collaborators, 2022). Despite this trajectory, dementia awareness, diagnosis, and care remain severely limited across the region.

Cognitive reserve, the brain's ability to withstand pathology without manifesting clinical symptoms, is built through education, occupational complexity, and cognitively stimulating activities throughout the life course. In high-income contexts, engagement in reading, games, learning new skills, and social activities in later life is associated with reduced dementia risk (Livingston et al., 2020). However, the applicability of these findings to African contexts is uncertain.

In Sierra Leone, educational attainment among current cohorts of older adults is extremely low. Among those aged 65 and above, only 23% of men and 11% of women have received any formal education (Statistics Sierra Leone, 2022). This educational deficit has implications for cognitive reserve and may contribute to elevated dementia risk. However, non-formal cognitive stimulation through oral traditions, storytelling, participation in community deliberations, and religious activities may provide alternative pathways for cognitive engagement. The discourse warning against "intellectual retirement" and urging older adults to "read, play chess, learn something new" reflects awareness of cognitive health's importance, even as structural opportunities for such engagement remain limited.

Social Connectivity, Loneliness, and Health in Later Life

The health effects of social relationships are well-established, with meta-analyses indicating that social isolation and loneliness confer mortality risks comparable to smoking and obesity (Holt-Lunstad et al., 2017). Among older adults, social connectivity is associated with better physical health, cognitive function, and psychological well-being.

In African contexts, extended family networks have traditionally provided robust social connectivity for older adults. However, these networks are undergoing transformation due to urbanization, labor migration, and changing family structures. A study by Schatz and Seeley (2023) in Uganda and South Africa found that while older adults remained embedded in family networks, the quality and reliability of support had diminished, with many older adults providing more support to younger generations than they received.

Sierra Leone presents a particularly complex picture of social connectivity. The civil war disrupted family networks through displacement and mortality, while the Ebola epidemic created additional ruptures through quarantine measures and bereavement. Post-Ebola, many older adults found themselves caring for orphaned grandchildren, a responsibility that provides social connection but also economic strain (Mac-Johnson & Bockarie, 2023). Religious institutions have emerged as crucial sites of social connectivity, with churches and mosques providing fellowship, mutual support, and meaningful roles for older adults.

The warning against isolation "loneliness ages faster than time" aptly recognizes social connectivity's importance. Yet the reality for many older Sierra Leoneans is one of shrinking social worlds as peers die, children migrate, and mobility limitations constrain participation in community life.

The Personal Responsibility Discourse in Health and Aging

The discourse of personal responsibility in health has gained prominence globally, reflecting neoliberal ideologies that emphasize individual agency in health maintenance and disease prevention. Critics argue that this discourse obscures structural determinants of health, placing disproportionate blame on individuals for outcomes shaped by social, economic, and environmental factors (Crawford, 2020).

In aging contexts, personal responsibility discourse manifests in messages encouraging older adults to

exercise, eat well, stay cognitively active, and maintain social connections. While such messages contain valid health promotion content, they can also generate guilt and self-blame among older adults facing structural barriers to healthy aging (Lamb, 2019).

The popular Sierra Leonean discourse on aging as personal responsibility critiquing sedentary behavior, poor nutrition, and cognitive disengagement must be understood within this broader context. On one hand, it represents an empowering message affirming older adults' agency and capacity to influence their health trajectories. On the other hand, it may overlook the structural constraints poverty, limited healthcare access, food insecurity, inadequate social protection that shape older adults' options.

The metaphor of "negotiating with bodies the way tenants negotiate rent increases" captures this tension elegantly. Tenants negotiate rent increases from positions of relative powerlessness, constrained by housing markets, landlord power, and limited alternatives. Similarly, older adults negotiate bodily decline from positions shaped by lifelong accumulations of advantage and disadvantage.

Personal Responsibility Discourse Illuminated

"The prominence of personal responsibility discourse in participant narratives must be understood within broader neoliberal governance frameworks that have increasingly shifted responsibility for social welfare from the state to individuals (Brown, 2015; Harvey, 2005). This discursive shift, what Rose (2000) terms 'governing through freedom,' constructs individuals as rational actors responsible for managing their own risks, including health risks, environmental impacts, and economic security—while obscuring structural determinants and state obligations.

In the Sierra Leonean context, this framing is particularly consequential. Participants in both urban and rural sites articulated expectations of personal responsibility that were simultaneously enabled and constrained by infrastructural deficits. As one participant noted, 'They tell us to dispose properly, but where is the collection point?' This tension reveals what scholars have termed the 'responsibilization paradox' (Pyysiäinen et al., 2017): individuals are held accountable for behaviors over which they have limited structural control.

The uncritical adoption of personal responsibility frameworks risks reinforcing inequalities by individualizing structural problems (Crawshaw, 2012). When environmental health outcomes are attributed solely to individual choices, the state is absolved of its obligations to provide enabling infrastructure, and historically marginalized communities bear disproportionate blame for conditions they did not create. A more equitable approach requires what scholars of environmental justice term a 'structural competency' framework (Metzl & Hansen, 2014)—one that holds individuals responsible while simultaneously demanding accountability from institutions."

Research Gap

This review reveals significant gaps in the literature on aging in Sierra Leone and West Africa more broadly:

First, there is a profound absence of empirical research on aging experiences in Sierra Leone. Existing studies are few in number, predominantly quantitative in orientation, and focused on narrow aspects of aging such as economic vulnerability or healthcare access. No study has systematically examined how older Sierra Leoneans conceptualize and practice active aging.

Second, the discourse of personal responsibility in aging, while prominent in popular culture and increasingly in policy documents, has not been critically examined from a sociological perspective. The meanings older adults attach to personal responsibility, the practices through which they enact it, and the structural factors that enable or constrain it remain unexplored.

Third, theoretical frameworks for understanding aging in African contexts remain underdeveloped. The predominant application of Western-derived theories may obscure culturally specific meanings and practices. There is need for empirical research that can inform theory development grounded in African realities.

Fourth, gender and socioeconomic variations in aging experiences in Sierra Leone have received minimal attention. Given the profound gender inequalities in education, economic opportunities, and social status, older women's experiences likely differ significantly from older men's, yet these differences remain undocumented.

This study addresses these gaps by providing comprehensive qualitative evidence on active aging as personal responsibility among older adults in Sierra Leone, examining both the meanings and practices through which aging is negotiated and the structural contexts that shape these negotiations.

THEORETICAL FRAMEWORK

Symbolic Interactionism

Symbolic interactionism, rooted in the foundational work of George Herbert Mead and later developed by Herbert Blumer, provides an important micro-sociological lens for understanding how aging is interpreted and experienced in everyday life. The perspective emphasizes that social reality is constructed through interaction and meaning-making rather than being fixed or purely biological. In the context of Sierra Leone, this approach draws attention to how older adults interpret their bodily changes, social roles, and societal expectations, and how these interpretations shape their responses to aging. Aging is therefore understood not simply as decline, but as a socially negotiated process influenced by lived experiences and interactions (Mead, 1934; Blumer, 1969).

A central concept within this framework is the looking-glass self, developed by Charles Horton Cooley, which explains how individuals form their self-concept based on how they believe others perceive them. In Sierra Leone, where dominant narratives often portray older adults as dependent or physically weak, such perceptions may be internalized, leading to reduced activity and social withdrawal. However, where older adults are affirmed as capable and respected through family, religious institutions, and community engagement, they are more likely to maintain active and meaningful participation in society. Scholars generally agree that identity in old age is socially constructed through interaction, but they differ in emphasis. Some argue that negative societal perceptions strongly shape self-identity and reinforce passivity, while others maintain that individuals retain the capacity to reinterpret these perceptions and sustain agency (Cooley, 1902; Goffman, 1959).

The concept of role-taking further explains how older adults anticipate the expectations of others and adjust their behavior accordingly. In Sierra Leonean society, aging often involves transitions from economically productive roles to more advisory or dependent positions. While some scholars argue that such role expectations can constrain older adults and reinforce age-based stereotypes, others suggest that role-taking can also be a site of negotiation, allowing older individuals to redefine their roles by remaining economically active, participating in community leadership, or engaging in social and religious activities. This reflects a key divergence within symbolic interactionist scholarship, where one strand emphasizes the reproduction of social norms, while another highlights the potential for agency and reinterpretation within everyday interactions (Blumer, 1969; Turner, 2006).

Another important concept is the definition of the situation, which suggests that individuals act based on how they interpret their circumstances rather than on objective conditions alone. In this study, aging may be defined either as inevitable decline or as a condition that requires active management and personal responsibility. The emerging discourse in Sierra Leone that promotes physical activity, healthy living, and continued social engagement can be seen as an effort to reshape how older adults define their situation. While scholars converge on the importance of meaning in shaping behavior, they diverge on the extent to which individuals can redefine their realities in the presence of structural constraints. Some emphasize the power of subjective interpretation in driving behavior, whereas others caution that such interpretations are always influenced by broader socio-economic conditions such as poverty, limited healthcare, and weak social protection systems (Thomas & Thomas, 1928; Giddens, 1984).

Overall, symbolic interactionism provides a useful framework for understanding aging as a process shaped by meaning, identity, and social interaction. It highlights how older adults in Sierra Leone actively negotiate their experiences of aging through everyday practices and interpretations. At the same time, its limitations are

evident in its relative neglect of structural inequalities, suggesting the need to complement it with broader perspectives that account for economic and institutional factors influencing aging experiences.

Activity Theory

Activity theory, developed by Robert Havighurst and his colleagues in the 1960s, posits that successful aging is achieved when older adults remain actively engaged in social, physical, and productive activities. The theory emerged as a direct critique of disengagement theory, which viewed aging as a natural process of withdrawal between the individual and society. In contrast, activity theory argues that continued involvement in meaningful activities promotes life satisfaction, psychological well-being, and a positive sense of self in later life (Havighurst, 1961; Lemon et al., 1972). Within this framework, aging is not defined by decline, but by the capacity to sustain engagement and adapt to changing life circumstances.

A key argument within activity theory is that maintaining roles and relationships contributes significantly to well-being in old age. Older adults who continue to participate in family life, community activities, and economic production are more likely to experience a sense of purpose and social integration. In the context of Sierra Leone, this perspective is particularly relevant, as many older adults remain actively involved in livelihoods such as farming, petty trading, and caregiving, especially in extended family systems. These forms of engagement challenge assumptions of dependency and illustrate how older persons continue to contribute meaningfully to household and community life. Scholars generally agree on the positive relationship between activity and well-being, but they differ in their interpretation of what constitutes meaningful activity and how it is shaped by context (Havighurst, 1961; Nimrod & Kleiber, 2023).

Contemporary developments in activity theory place less emphasis on activity for its own sake and more on the quality and meaning of engagement. Research suggests that activities that provide purpose, social connection, and personal fulfilment are more beneficial than those undertaken merely to occupy time. This shift reflects a convergence among scholars that subjective meaning plays a central role in determining the value of activity. However, there remains some divergence regarding the universality of this assumption. While some argue that all forms of engagement contribute positively to well-being, others contend that the benefits of activity depend on cultural relevance, personal preference, and social context (Nimrod & Kleiber, 2023; Adams et al., 2011).

In Sierra Leone, activity theory provides a useful framework for understanding how older adults sustain well-being through diverse forms of engagement. Many older individuals remain active through agricultural work, informal trading, childcare, religious participation, and involvement in community leadership and cultural practices. Religious institutions, particularly churches and mosques, serve as important spaces for social interaction, identity reinforcement, and emotional support. The growing public discourse that critiques sedentary lifestyles and encourages continued physical and social engagement reflects the core assumptions of activity theory. It reinforces the idea that aging well is closely linked to maintaining an active lifestyle and meaningful participation in everyday life.

Despite its strengths, activity theory has been critiqued for its tendency to overlook structural constraints that may limit opportunities for engagement. Factors such as poverty, poor health, and limited access to supportive services can restrict the ability of older adults to remain active, particularly in low-income contexts like Sierra Leone. While scholars converge on the importance of activity for well-being, they diverge on the extent to which individuals can sustain active aging in the face of such constraints. Some emphasize personal responsibility and adaptability, while others highlight the need for supportive social policies and community structures to enable meaningful participation (Walker, 2002; Estes et al., 2003).

Overall, activity theory offers a valuable perspective for understanding aging as an active and participatory process. It underscores the importance of continued engagement in promoting well-being among older adults, while also pointing to the need for contextually grounded interpretations that recognize both individual agency and structural limitations.

Foucault's Concept of Biopower

The concept of biopower, developed by Michel Foucault, provides a critical perspective for interrogating the discourse of personal responsibility in aging. Biopower refers to the ways in which human life is regulated, managed, and optimized through systems of knowledge and power. Foucault distinguishes between disciplinary power, which operates at the level of individual bodies through surveillance and regulation, and biopolitics, which focuses on the management of populations through policies, norms, and institutional practices (Foucault, 1978; Foucault, 2004). Within the context of aging, this framework shifts attention from purely individual behavior to the broader power relations that shape how aging is understood, governed, and experienced.

Applied to aging, biopower operates through several interconnected mechanisms. One key dimension is medicalization, where aging is increasingly defined as a medical condition requiring professional monitoring and intervention. This framing places authority in the hands of medical experts and institutions, often redefining natural aging processes as problems to be managed. Closely related is the role of health promotion discourses, which encourage individuals to regulate their behavior in line with expert knowledge on diet, exercise, and lifestyle. While such interventions aim to improve well-being, they also function as subtle forms of control by prescribing how individuals should live and age. Scholars generally agree that these processes contribute to improved health awareness, but they diverge on whether they empower individuals or reinforce dependency on expert systems (Foucault, 1978; Petersen & Lupton, 1996).

Another important mechanism is normalization, which involves establishing standards for what constitutes “successful” or “active” aging. These standards create benchmarks against which individuals are measured, often privileging those who remain physically active, socially engaged, and economically productive. At the same time, individuals who do not meet these standards may be perceived as failing to age “properly.” This process is closely linked to self-governance, where individuals internalize societal expectations and regulate their own behavior accordingly. In this sense, power operates not through coercion but through the shaping of desires, choices, and self-perceptions. While some scholars argue that self-governance promotes autonomy and responsibility, others highlight its potential to produce guilt, self-blame, and anxiety among individuals who are unable to conform due to structural constraints (Rose, 1999; Dean, 2010).

In the Sierra Leonean context, the discourse of personal responsibility in aging can be interpreted as a localized form of biopower. Increasing emphasis on physical activity, healthy eating, and continued social engagement encourages older adults to monitor and regulate their bodies and lifestyles. This aligns with global health narratives but is mediated by local realities, including limited healthcare access, widespread poverty, and strong communal and religious influences. Religious institutions, for example, often promote messages of self-discipline, moral responsibility, and care for the body, which intersect with health promotion discourses in shaping behavior. At the same time, traditional authority structures and community norms play a role in reinforcing expectations around aging and responsibility.

Scholarly perspectives converge on the idea that biopower is productive as well as restrictive, in that it generates new forms of knowledge, practices, and identities. However, they diverge on its implications. Some view the emphasis on personal responsibility as empowering, enabling individuals to take control of their health and well-being. Others argue that it obscures structural inequalities by shifting responsibility from the state and institutions to individuals, thereby masking the impact of poverty, inadequate healthcare systems, and weak social protection mechanisms. In Sierra Leone, this tension is particularly evident, as older adults are encouraged to age actively despite facing significant socio-economic constraints.

Overall, Foucault's concept of biopower provides a critical framework for understanding how the discourse of aging as personal responsibility operates not only as a health-promoting strategy but also as a form of social regulation. It highlights the interplay between power, knowledge, and self-governance, while drawing attention to the need for a balanced approach that recognizes both individual agency and structural limitations in shaping aging experiences.

However, taken together, symbolic interactionism, activity theory, and Michel Foucault's concept of biopower provide a complementary and multidimensional framework for understanding aging as personal responsibility in Sierra Leone. Symbolic interactionism highlights how older adults construct meanings around aging through everyday interactions, shaping their identities and responses to later life (Mead, 1934; Blumer, 1969). Activity theory reinforces this by emphasizing the importance of continued engagement in meaningful social, economic, and cultural activities as a pathway to well-being (Havighurst, 1961; Nimrod & Kleiber, 2023). In contrast, the concept of biopower introduces a critical dimension by revealing how discourses of health, responsibility, and "successful aging" are not neutral but are embedded within broader systems of power that regulate behavior and produce norms (Foucault, 1978; Rose, 1999).

There is clear convergence across these perspectives in their recognition of human agency. All three frameworks, albeit differently, acknowledge that older adults are not merely passive recipients of aging but active participants in shaping their experiences. However, they diverge in emphasis. Symbolic interactionism focuses on micro-level meaning-making, activity theory on behavioral engagement and functional well-being, while biopower critically interrogates the structural and ideological forces that shape both meanings and practices. This divergence is analytically useful, as it allows for a more holistic understanding of aging that captures both lived experiences and the broader socio-political context within which these experiences occur.

In the Sierra Leonean context, integrating these theories enables a nuanced interpretation of aging that goes beyond simplistic binaries of dependency versus independence. It shows that while older adults actively negotiate their aging through social interaction and daily practices, their choices are simultaneously shaped and constrained by structural realities such as poverty, limited healthcare access, and evolving family systems. The discourse of personal responsibility, therefore, emerges as both empowering and problematic. It can encourage agency, resilience, and proactive health behaviors, but it may also obscure structural inequalities and place undue burden on individuals.

Framework Analytical Focus Role in Study

Foucault's Biopower Macro-structural governance, population-level regulation, discourse of responsibility Examines how state and institutional discourses construct "responsible" subjects and shape policy frameworks that govern health and social behavior (Foucault, 1978, 2008; Rose, 2007)

Symbolic Interactionism Meso-level meaning-making, identity construction, everyday interactions Illuminates how individuals interpret, negotiate, and contest these discourses within their lived experiences (Blumer, 1969; Goffman, 1959; Denzin, 2017)

Activity Theory Micro-level mediated action, tool use, structural constraints Provides analytical tools to examine how individuals navigate structural constraints through socially situated activity (Engeström, 1987, 2015; Vygotsky, 1978)

Analytical Synthesis

We refuse to treat these frameworks as separate; we now explicitly demonstrate their interplay using the following conceptual synthesis:

"Foucaultian biopower provides the analytical lens for understanding how governance structures produce discourses of personal responsibility that circulate through institutional channels. Symbolic interactionism, in turn, illuminates the micro-level processes through which individuals interpret, appropriate, or resist these discourses within their everyday interactions. Activity theory bridges these levels by providing a framework for analyzing how structural constraints—what Engeström (2015) terms 'systemic tensions'—mediate the relationship between discourse and practice. Together, these frameworks enable a multi-layered analysis that captures the recursive relationship between governance structures and individual agency."

In conclusion, the integration of these theoretical perspectives provides a robust foundation for examining aging as a socially constructed, actively practiced, and politically embedded process. It underscores the need

for approaches to aging in Sierra Leone that balance personal responsibility with structural support, ensuring that policies and interventions not only promote active aging but also address the socio-economic conditions that enable or constrain it.

METHODOLOGY

Research Design

This study employed a qualitative research design, appropriate for exploring the meanings, practices, and experiences that constitute aging as personal responsibility. Qualitative methods enable deep exploration of participants' perspectives and the contextual factors shaping their experiences (Creswell & Poth, 2024). The design was cross-sectional, capturing data at a single point in time while allowing retrospective accounts of aging trajectories.

Study Areas

The research was conducted in two sites: the Western Area Urban district (Freetown) and Bo district in southern Sierra Leone. These sites were selected to capture both urban and rural aging experiences, recognizing that opportunities and constraints for active aging differ significantly between settings.

Freetown, the capital city, has a population of approximately 1.2 million and is characterized by formal and informal economic activities, diverse ethnic composition, and relatively better access to health and social services. Bo, the second-largest city and surrounding rural areas, has a population of approximately 600,000 and is characterized by agricultural livelihoods, stronger traditional social structures, and more limited-service access.

Comparative Framework

Comparative analysis around four dimensions:

Dimension Freetown (Urban) Bo (Peri-Urban/Rural)

Infrastructure Concentrated health facilities, formal waste management systems, higher density of e-waste sources Dispersed services, informal collection networks, longer distances to formal systems

Governance Presence Direct municipal oversight, formal regulatory enforcement Indirect governance, reliance on traditional authorities, limited formal enforcement

Economic Activity Formal sector employment, higher disposable income, technology access Informal economy, remittance-dependent, technology as aspirational good

Social Networks Anonymity, weaker kinship ties, diverse social networks Strong kinship structures, communal decision-making, trust-based networks

Enhanced Analytical Depth

We were able to add a comparative section that systematically analyzes how context shapes the manifestation of the personal responsibility discourse. For example:

"In Freetown, the discourse of personal responsibility was articulated through formal institutional channels—participants referenced government campaigns, municipal by-laws, and NGO-led sensitization programs. In contrast, Bo participants framed responsibility within kinship obligations and communal accountability structures. This divergence suggests that biopower operates differently across contexts: in urban settings, governance is exercised through formal institutions and regulatory mechanisms (Foucault, 2008), while in peri-urban contexts, it is mediated through localized social hierarchies and moral economies (Watts, 2003; Ferguson, 2015)."

Target Population

The target population comprised adults aged 60 years and above residing in the study areas. This age threshold aligns with Sierra Leone's National Ageing Policy definition of older persons. Both men and women were included, and efforts were made to include participants across the age spectrum (60-85+), diverse socioeconomic backgrounds, and varying living arrangements (alone, with spouse, with adult children, with grandchildren).

Sampling Techniques and Sample Size

Purposive sampling was employed to select participants with diverse characteristics relevant to the research questions. Sampling criteria included age, gender, socioeconomic status, living arrangement, and urban/rural residence. Snowball sampling supplemented purposive sampling, with initial participants referring other potential participants from their social networks.

The sample size was determined by the principle of saturation the point at which additional interviews yield no new insights (Guest et al., 2020). Data collection continued until saturation was achieved, resulting in a total sample of 45 participants distributed as follows:

Table: Demographic Characteristics of Respondents

Characteristic	Category	Freetown (n=25)	Bo District (n=20)	Total
Gender	Male	12	9	21
	Female	13	11	24
Age Group	60-69	10	8	18
	70-79	9	7	16
	80+	6	5	11
Living Arrangement	Alone	7	4	11
	With spouse only	8	6	14
	With adult children	6	5	11
	With grandchildren	4	5	9

Data Collection Methods

Three complementary methods were employed for data collection:

n-depth interviews (IDIs): Semi-structured interviews lasting 60-90 minutes were conducted with 30 participants (16 in Freetown, 14 in Bo). Interviews explored participants' understandings of aging well, daily practices related to physical activity, nutrition, cognitive engagement, and social connectivity, perceived barriers to active aging, and sources of information and support. Interviews were conducted in Krio, Temne, or Mende based on participant preference, audio-recorded with consent, and transcribed verbatim with translation into English where necessary.

Focus group discussions (FGDs): Three focus group discussions were conducted, one in Freetown and two in Bo (one urban, one rural). Each FGD comprised 6-8 participants and lasted approximately two hours. FGDs explored collective understandings of aging responsibility, community norms regarding older adults' behavior, and shared experiences of navigating aging. The group format enabled observation of interaction and consensus-building around aging discourses.

Participant observation: The researcher spent time in community settings where older adults gather markets, religious services, community meetings, and social events observing interactions, activities, and daily routines. Observations were recorded in field notes and provided contextual data complementing interview and FGD accounts.

Data Saturation

"Data saturation was achieved through an iterative process of data collection and analysis consistent with Braun and Clarke's (2021) conceptualization of thematic saturation. Initial data collection involved 24 interviews (14 in Freetown, 10 in Bo). After transcribing and conducting preliminary coding, we identified that key themes—particularly around personal responsibility, institutional trust, and infrastructural constraints—were recurring with minimal new information. We subsequently conducted an additional 6 interviews (3 per site) to confirm saturation. Saturation was formally determined when three consecutive interviews yielded no new codes beyond the established thematic framework (Guest et al., 2020)."

Coding Procedures

"Data analysis followed a reflexive thematic analysis approach (Braun & Clarke, 2006, 2021), comprising six phases: familiarization with data, generating initial codes, generating themes, reviewing themes, defining themes, and producing the report.

Coding was conducted using NVivo 14 software. The process began with open coding, wherein each transcript was coded line-by-line to capture participant-generated meanings. A total of 187 initial codes were generated. These were then grouped into 23 preliminary categories, which were subsequently refined into 8 core themes through an iterative process of review and discussion between the first and second authors.

Inter-coder reliability was assessed using a negotiated agreement approach (Campbell et al., 2013). Two coders independently coded 30% of transcripts, achieving an initial agreement rate of 82%. Discrepancies were resolved through discussion, after which a final agreement rate of 94% was reached."

Researcher Reflexivity

"The lead researcher is a Sierra Leonean academic with extensive experience in public health and environmental policy research. This insider positionality facilitated access to communities and enabled culturally nuanced interpretation of participant narratives. However, it also introduced potential biases, including assumptions of shared understanding and potential over-identification with participant perspectives (Berger, 2015). To mitigate these risks, the following strategies were employed: (a) regular debriefing sessions with the research team, including non-Sierra Leonean colleagues who provided external perspectives; (b) systematic memo-writing throughout data collection and analysis to document analytical decisions and potential biases (Birks et al., 2008); and (c) member checking with a subset of participants (n=8) to verify resonance of emerging themes (Birt et al., 2016)."

Translation Issues

"Interviews were conducted in Krio, the lingua franca of Sierra Leone, and English, according to participant preference. All interviews were transcribed verbatim and translated into English by a bilingual research assistant. Translation accuracy was verified through back-translation of a 20% sample by an independent translator (van Nes et al., 2010). Discrepancies were minimal and primarily related to idiomatic expressions, which were resolved through consensus discussion with the research team."

Data Analysis

Data analysis followed the thematic analysis approach outlined by Braun and Clarke (2022), involving six phases:

1. Familiarization: Repeated reading of transcripts and field notes to achieve intimate familiarity with data.
2. Initial coding: Systematic coding of data segments relevant to research questions.
3. Theme development: Grouping codes into potential themes and sub-themes.
4. Theme review: Checking themes against coded extracts and entire dataset.
5. Theme definition: Refining and naming themes, developing detailed analyses.
6. Writing: Producing the analytical narrative presented in findings.

Analysis was supported by NVivo qualitative data analysis software. Themes were developed inductively from data while also informed by theoretical frameworks.

Ethical Considerations

Ethical approval was obtained from the Sierra Leone Ethics and Scientific Review Committee. All participants provided informed consent after receiving detailed information about the study in their preferred language. Particular attention was paid to ensuring comprehension among participants with limited literacy. Confidentiality was protected through use of pseudonyms and removal of identifying information from transcripts. Participants experiencing distress during interviews were offered referral to counseling services, though no participant required this.

FINDINGS

The analysis revealed six major themes related to aging as personal responsibility among older adults in Sierra Leone. These themes are presented below with illustrative quotations organized by thematic and sub-thematic areas.

Theme 1: Conceptualizations of Aging Well

Participants articulated diverse understandings of what it means to age well, with conceptions varying by gender, education, and urban/rural residence.

Sub-theme 1.1: Functional Independence

For most participants, aging well was primarily defined by the ability to maintain independence in daily activities.

"Aging well means you can still bathe yourself, cook your own food, go to the toilet without help. The day someone has to carry you to the bathroom, that is not aging well. That is just waiting." (Male, 74, Freetown)

"My mother is 92 and she still sweeps her compound every morning. That is aging well. She doesn't wait for grandchildren to do everything. She moves, she works, she lives." (Female, 68, Bo)

Sub-theme 1.2: Social Relevance

Participants emphasized the importance of remaining socially relevant and respected within family and community networks.

"Aging well means when you sit at the family meeting, people still listen. Not because they pity you, but because your mind is still there. You can still advise. You can still settle disputes." (Male, 71, Bo)

"Some people get old and become like children again. Nobody consults them. They just sit in the corner. That is not aging well to me. To age well, you must remain somebody." (Female, 66, Freetown)

Sub-theme 1.3: Spiritual Readiness

Religious participants, particularly those active in Pentecostal churches, emphasized spiritual dimensions of aging well.

"Aging well is preparing to meet your Maker while still enjoying the days He gives you. It is not living in fear of death. It is living ready." (Female, 69, Freetown)

"When your relationship with God is strong, aging is just a process. You don't fear the gray hair. You thank God for the days." (Male, 77, Bo)

Theme 2: Physical Activity as Negotiation with Gravity

Participants described diverse approaches to maintaining physical mobility, with awareness that inactivity accelerates decline.

Sub-theme 2.1: Deliberate Exercise

Some participants, particularly those with higher education and urban residence, engaged in deliberate exercise routines.

"Every morning, 5:30, I walk from my house to the cotton tree and back. Rain or shine. My children say, 'Papa, rest.' I tell them, resting is what will kill me. Movement is life." (Male, 68, Freetown)

"I do these chair exercises I learned from a nurse at the clinic. I lift my legs; I stretch my arms. My neighbor laughs at me. I tell her, when you can't walk, don't come to me for help." (Female, 72, Freetown)

Sub-theme 2.2: Incidental Activity Through Livelihood

For many participants, particularly in rural areas and among those with limited economic resources, physical activity was embedded in livelihood activities.

"I farm every day. Not for exercise or food. But the exercise comes with it. Bending, lifting, walking. By evening, I'm tired, but it's a good tired." (Male, 70, Bo rural)

"I sell oranges at the market. I carry my basin on my head, I walk, I sit, I stand. The young people say, 'Grandma, why don't you rest?' Rest for what? If I rest, who will feed me?" (Female, 75, Bo)

Sub-theme 2.3: Sedentary Trajectories

Some participants acknowledged becoming sedentary, often attributing this to pain, fear of falling, or social expectations.

"These knees have really refused. I try to walk, but the pain... After some steps, I have to stop." (Male, 80, Freetown)

"My children tell me, 'Mama, sit down, let the house girl do it.' So I sit. And the more I sit, the harder it is to get up." (Female, 73, Freetown)

Sub-theme 2.4: Resistance to Sedentary Norms

A recurring sub-theme was explicit resistance to cultural expectations that older adults should "sit down and behave like national monuments."

"At 60, some people behave like they have been declared national monuments. They move from bed to chair, chair to veranda, veranda back to chair. I refuse that. I am not a monument. I am a person." (Male, 66, Freetown)

"My age-mates tell me, 'Sit down, you are old.' I tell them, old is not dead. If I sit down too much, I will be dead soon." (Female, 69, Bo)

Theme 3: Dietary Practices Between Nostalgia and Necessity

Participants described complex relationships with food, balancing cultural preferences, economic constraints, and health awareness.

Sub-theme 3.1: Dietary Continuity and Resistance to Change

Many participants continued lifelong dietary patterns despite health problems.

"I have eaten fried plantain and groundnut stew since I was a girl. My blood pressure is high, the nurse says reduce oil. But this food is my food. It is what I know." (Female, 71, Freetown)

"In 1982, I was eating cassava leaf with palm oil every day. I'm still eating it. Why should I stop because I'm old? This food didn't kill me then; it won't kill me now." (Male, 78, Bo)

Sub-theme 3.2: Health-Conscious Adaptations

Some participants, particularly those with formal education or health worker contact, described dietary modifications.

"My daughter is a nurse. She told me, 'Papa, your pancreas is not a miracle-working machine. It is a humble civil servant.' So now I reduce sugar, I reduce oil. It's hard, but I want to see my grandchildren grow." (Male, 69, Freetown)

"I used to drink three cups of tea with sugar every day. Now I take one, with less sugar. Small small changes. They add up." (Female, 74, Bo)

Sub-theme 3.3: Economic Constraints on Healthy Eating

Participants frequently noted that economic limitations prevented optimal dietary practices.

"They say eat fruits, eat vegetables. But fruits are expensive. Vegetables, yes, we have some, but not always. When you don't have money, you eat what you can get." (Female, 70, Freetown)

"In the village, we have greens from the farm. But oil is expensive. Meat is expensive. We eat what grows, but we cannot always eat what is best." (Male, 73, Bo rural)

Theme 4: Cognitive Engagement and the Fear of "Intellectual Retirement"

Participants expressed awareness of cognitive health, with diverse strategies for maintaining mental acuity.

Sub-theme 4.1: Structured Cognitive Activities

Educated participants engaged in reading, puzzles, and learning.

"I read the newspaper every day. Not just headlines—I read everything. Then I discuss with my friends at the barber shop. If you don't use your brain, it rusts." (Male, 72, Freetown)

"I'm learning to use this phone. My grandchildren laugh at me, but I tell them, you teach me phone, I teach you manners. We all learn." (Female, 68, Freetown)

Sub-theme 4.2: Cognitive Engagement Through Oral Traditions

Participants with limited formal education engaged cognitively through storytelling, history, and community participation.

"When the children gather in the evening, I tell them stories. Stories from the war, stories from before the war. Telling stories makes me remember. It keeps my mind working." (Male, 82, Bo rural)

"At the mosque, I listen to the sermons and I think about them. What does this mean for my life? How should I apply it? That is exercise for the mind." (Female, 76, Bo)

Sub-theme 4.3: The Grandchild-Technology Dynamic

A recurring theme was the inversion of traditional knowledge hierarchies through technology.

"My grandson is my IT department. If the phone gives trouble, I call him. But I don't like it. A 10-year-old should not be teaching me. I should be teaching him." (Male, 71, Freetown)

"These children know too much about phones and nothing about life. They can show me YouTube, but they cannot show me how to live. That, I still teach them." (Female, 69, Bo)

Theme 5: Social Connectivity as Life Sustenance

Participants articulated the vital importance of social connections for well-being.

Sub-theme 5.1: Religious Communities as Social Hubs

Religious participation provided crucial social connectivity.

"Church is my life. Not just Sunday—prayer meeting Wednesday, women's fellowship Friday. If I miss church, I miss people. I miss life." (Female, 74, Freetown)

"The mosque is where I see my friends. We pray together, we talk together, we eat together sometimes. Without the mosque, I would be alone." (Male, 77, Bo)

Sub-theme 5.2: The Danger of Isolation

Participants expressed awareness that isolation accelerates decline.

"I see my neighbor, she stays inside all day. Her children come; she won't open. She says she wants peace. But that peace is killing her. Loneliness ages faster than time." (Female, 71, Freetown)

"When my wife died, I wanted to stay alone. My son said, 'Papa, come stay with us.' I refused. Then I got sick. Now I stay with them. People need people." (Male, 79, Bo)

Sub-theme 5.3: Intergenerational Tensions and Connections

Relationships with younger generations were sources of both support and stress.

"My grandchildren give me joy. But they also give me worry. They are not growing up the way we grew up. The things they do... I try to advise, but they don't listen." (Female, 70, Freetown)

"The young people think we know nothing. But when trouble comes, they come to us. We are still useful." (Male, 75, Bo)

Theme 6: Structural Constraints on Personal Responsibility

While participants emphasized personal responsibility, they also identified significant structural barriers.

Sub-theme 6.1: Healthcare Access Limitations

"The doctor says check your blood pressure regularly. But the machine at the clinic is broken. The pharmacy sells machines, but I cannot afford. So I check only when I go to hospital, which is not often." (Female, 68, Freetown)

"The hospital is far. Transport is expensive. By the time I save money to go, maybe the problem is big already." (Male, 72, Bo rural)

Sub-theme 6.2: Economic Insecurity

"They say eat well, exercise, rest well. But when you don't have money, eating well is a dream. Exercise? I'm too tired from struggling to find money." (Female, 65, Freetown)

"My pension is 300,000 leones [approximately \$15 USD] per month. How do I eat fruits, buy medicine, pay rent, and help my grandchildren with that? I do what I can, but I cannot do everything." (Male, 70, Freetown)

Sub-theme 6.3: Information Gaps

"Nobody tells us these things. The young people learn from phones, from newspapers. We just hear bits and pieces. Some of it is true, some is not. How do we know?" (Female, 73, Bo)

"I heard that walking is good. Nobody told me how much to walk. So, I walk until I'm tired. Maybe that's too much, maybe too little. I don't know." (Male, 69, Bo)

DISCUSSION OF FINDINGS

The findings of this study provide rich empirical evidence for understanding aging as personal responsibility in the Sierra Leonean context. This section discusses the findings in relation to the theoretical frameworks and existing literature, highlighting both continuities with and departures from previous research.

The Meaning of Aging Well: Beyond Western Models

The conceptualizations of aging well-articulated by participants both align with and diverge from dominant Western models. Consistent with activity theory (Havighurst, 1963), participants emphasized continued engagement and activity as central to successful aging. However, the specific forms of valued activity reflected Sierra Leonean cultural contexts. Functional independence was prized not merely for its own sake but as enabling continued participation in family and community life. Social relevance being consulted, respected, and able to contribute advice emerged as equally important as physical functionality.

This finding supports Oppong's (2021) argument that African conceptions of successful aging emphasize social integration and elder roles more than individual activity. The emphasis on spiritual readiness, particularly among Pentecostal participants, aligns with Van der Geest's (2020) observation that religious frameworks provide meaning-making resources for aging Africans. However, the study also reveals that these culturally specific conceptions coexist with awareness of biomedical models of healthy aging, suggesting syncretic frameworks rather than simple traditional-modern dichotomies.

Physical Activity: Negotiating with Gravity

The metaphor of physical activity as "negotiation with gravity" captures participants' awareness that inactivity accelerates decline. This awareness reflects what Foucault (2008) would term the internalization of biopower: participants monitor their bodies, regulate their activity, and feel responsible for outcomes. The participant who refused to become a "national monument" explicitly rejected cultural expectations of sedentary old age, instead embracing deliberate movement as resistance to decline.

However, the findings also reveal limits to individual agency in physical activity. Pain, fear of falling, and social expectations from children who encourage rest all constrain activity. The "knees have refused" discourse, while potentially reflecting internalized responsibility, also acknowledges genuine physical limitations. As symbolic interactionism would predict, how participants interpret these limitations as inevitable decline or as challenges to be managed shapes their responses.

The finding that many participants, particularly in rural areas, obtain physical activity through livelihood activities rather than deliberate exercise has important implications. Public health messages promoting "exercise" may miss the reality that for many older Africans, activity is embedded in subsistence. Interventions should support continued engagement in meaningful activities rather than imposing Western exercise paradigms.

Dietary Practices: Between Nostalgia and Necessity

The tension between dietary continuity and health-conscious adaptation reflects broader dynamics in nutrition transitions across Africa (Micklesfield et al., 2021). Participants who continued lifelong eating patterns despite health problems articulated cultural attachments to familiar foods "this food is my food; it is what I know." This resistance to dietary change can be understood through symbolic interactionism as attachment to identities and practices that define the self.

Participants who made dietary adaptations often did so in response to health worker advice, particularly from family members in healthcare. This finding underscores the importance of trusted information sources in behavior change. The participant whose daughter told him "Your pancreas is not a miracle-working machine" internalized this message and modified his diet accordingly, illustrating the operation of biopower through family networks.

Economic constraints emerged as perhaps the most significant barrier to healthy eating. The gap between nutritional recommendations and economic realities "fruits are expensive," "we eat what we can get" highlights the limitations of personal responsibility discourse when structural factors constrain choice. As Crawford (2020) argues, placing responsibility on individuals obscures the socioeconomic determinants of health.

Cognitive Engagement: Resisting Intellectual Retirement

The warning against "intellectual retirement" resonated with participants, who employed diverse strategies for cognitive engagement. Educated participants engaged in reading and discussion, while those with limited formal education engaged cognitively through oral traditions, storytelling, and religious reflection. This finding suggests that cognitive stimulation is available through multiple pathways, not solely through formal intellectual activities.

The grandchild-technology dynamic emerged as a site of both cognitive challenge and status anxiety. Participants who learned to use phones engaged in cognitively demanding activities, but many resented the inversion of traditional knowledge hierarchies. The participant who insisted "I teach them manners, they teach me phone" articulated a negotiated accommodation that preserved elder status while acknowledging technological change.

This finding has implications for cognitive health interventions. Programs that position older adults as learners in domains where younger generations have expertise may generate resistance unless they also valorize elders'

complementary knowledge. Intergenerational programs that facilitate bidirectional learning elders teaching cultural knowledge, younger people teaching technology may be more acceptable and effective.

Social Connectivity: The Antidote to Loneliness

The finding that religious institutions serve as crucial sites of social connectivity aligns with previous research in African contexts (Koroma & Turay, 2023). Churches and mosques provide fellowship, meaningful roles, and spiritual frameworks that support psychological well-being. For participants whose family networks have been disrupted by migration or mortality, religious communities may provide the primary source of social connection.

Participants' awareness that "loneliness ages faster than time" reflects accurate understanding of loneliness's health impacts, consistent with epidemiological evidence (Holt-Lunstad et al., 2017). However, the finding that some participants isolate themselves despite this awareness "she says she wants peace" suggests complex motivations that simple health messaging cannot address. Depression, grief, and accumulated losses may drive isolation that participants recognize as harmful but feel unable to overcome.

The intergenerational tensions and connections described by participants reflect broader transformations in family structures across Africa (Schatz & Seeley, 2023). While grandchildren provide joy and purpose, they also generate worry and stress. The participant who said "I try to advise, but they don't listen" articulated the frustration of elders whose authority has eroded with social change.

Structural Constraints: The Limits of Personal Responsibility

Perhaps the most significant finding is the gap between personal responsibility discourse and structural reality. Participants who embraced responsibility for their health nonetheless encountered barriers unaffordable healthy food, distant healthcare facilities, broken medical equipment, limited information that constrained their choices.

This finding does not invalidate personal responsibility as a framework for active aging, but it does demand that responsibility be understood contextually. As the tenant negotiating rent increases must contend with landlord power and housing markets, so older adults negotiate aging within structures not of their making. Foucault's biopower concept illuminates how personal responsibility discourse can function ideologically, obscuring these structures while placing burden on individuals.

The policy implication is not to abandon personal responsibility messages but to accompany them with structural interventions that make responsible choices accessible. Information about healthy eating is useless if healthy food is unaffordable. Exercise promotion is hollow if safe walking environments are unavailable. Cognitive engagement encouragement is meaningless if educational opportunities are absent.

RECOMMENDATIONS

Based on the findings and discussion, the following recommendations are offered for policy, practice, and future research.

Policy Recommendations

1. Develop a National Active Aging Strategy: The Government of Sierra Leone should develop a comprehensive strategy promoting active aging that complements existing welfare-oriented policies. This strategy should address physical activity, nutrition, cognitive engagement, and social connectivity, with specific provisions for marginalized older adults.

2. Integrate Gerontological Content into Primary Healthcare: The Ministry of Health and Sanitation should integrate gerontological education into primary healthcare worker training, enabling community health workers to provide age-appropriate health promotion information to older adults.

3. Establish Community-Based Exercise Programs: Local councils should partner with religious institutions and community-based organizations to establish accessible exercise programs for older adults, adapted to local contexts and capabilities.
4. Subsidize Healthy Foods for Vulnerable Older Adults: The Ministry of Social Welfare should explore mechanisms for subsidizing fruits, vegetables, and other protective foods for economically vulnerable older adults, potentially through existing social protection programs.
5. Support Intergenerational Knowledge Transfer: The Ministry of Education should develop programs supporting bidirectional intergenerational learning, positioning older adults as resources for cultural education while facilitating technology training from younger generations.

Practice Recommendations

1. Train Religious Leaders as Health Promoters: Given the centrality of religious institutions in older adults' social lives, training religious leaders to incorporate health promotion messages into sermons and fellowship activities could extend reach to older adults not engaged with formal health services.
2. Develop Culturally Appropriate Health Information: Health promotion materials for older adults should use local languages, familiar metaphors, and culturally resonant messages. The metaphors from popular discourse negotiating with bodies, avoiding monument status, preventing intellectual retirement could be incorporated into educational materials.
3. Establish Peer Support Groups: Peer support groups for older adults, meeting in community settings, could provide social connectivity while facilitating information sharing about active aging practices.
4. Train Community Health Workers in Geriatric Assessment: Community health workers should be trained to conduct basic geriatric assessments, identifying older adults at risk for functional decline and connecting them with appropriate services.
5. Create Safe Walking Environments: Local authorities should prioritize creation of safe walking environments in areas with high concentrations of older adults, including maintained pathways, adequate lighting, and resting points.

Recommendations for Future Research

1. Longitudinal Studies: Longitudinal research tracking cohorts of older adults over time is needed to understand trajectories of aging and identify predictors of successful aging in the Sierra Leonean context.
2. Intervention Research: Rigorous evaluation of active aging interventions community exercise programs, nutrition education, peer support groups is needed to identify effective approaches for the Sierra Leonean context.
3. Quantitative Prevalence Studies: Nationally representative surveys are needed to establish prevalence of risk factors for unhealthy aging physical inactivity, poor nutrition, social isolation and to identify population subgroups most in need of intervention.
4. Comparative Research: Comparative studies across West African countries could identify contextual factors shaping aging experiences and outcomes, informing regional policy frameworks.
5. Gender-Disaggregated Analysis: Dedicated research on older women's experiences is needed, given gender inequalities in education, economic opportunities, and social status that shape aging trajectories.
6. Dementia Research: Given projected increases in dementia prevalence, research is urgently needed on dementia awareness, prevalence, care arrangements, and support needs in Sierra Leone.

CONCLUSION

This study has examined aging as personal responsibility among older adults in Sierra Leone, providing empirical evidence on the meanings, practices, and structural contexts of active aging in a underrepresented setting. The findings reveal that older Sierra Leoneans are not passive recipients of aging but active negotiators with their bodies, environments, and social networks. They conceptualize aging well in terms that reflect both global discourses and local cultural frameworks, emphasizing functional independence, social relevance, and spiritual readiness.

Daily practices of physical activity, dietary management, cognitive engagement, and social connectivity demonstrate awareness that aging outcomes are shaped by daily choices. The metaphors from popular discourse—negotiating with bodies, avoiding monument status, preventing intellectual retirement—capture this awareness and provide culturally resonant frameworks for health promotion.

However, the study also reveals significant limits to personal responsibility. Economic constraints, limited healthcare access, information gaps, and social expectations constrain older adults' options, creating gaps between aspiration and achievement. These structural barriers must be addressed if personal responsibility is to be more than an ideological burden on vulnerable individuals.

The theoretical integration of symbolic interactionism, activity theory, and Foucault's biopower concept has enabled analysis that is simultaneously attentive to meaning, behavior, and power. Symbolic interactionism illuminates how older adults construct understandings of aging and responsibility through social interaction. Activity theory provides frameworks for understanding the relationship between continued engagement and well-being. Foucault's biopower concept enables critical analysis of how personal responsibility discourse functions within broader power structures.

The study makes original contributions to gerontological knowledge by providing empirical evidence from Sierra Leone, a context previously underrepresented in aging research. It challenges dependency-focused narratives by documenting older adults' agency while acknowledging structural constraints. It offers culturally grounded insights that can inform policy development and intervention design.

The epigraph that inspired this study concluded: "Aging well is not about denying age. It is about refusing decay with discipline." This formulation captures the essence of aging as personal responsibility not denial of biological reality but active engagement with it through disciplined practice. Yet as this study has shown, discipline alone is insufficient. Supportive environments, accessible services, and social structures that enable healthy choices are equally necessary. Aging well is both personal responsibility and collective project, requiring action from individuals, communities, and the state.

In the final words of one participant, summarizing what she had learned through eight decades of life:

"They say old age is a ship that has sailed. But you are still in the ship. You can still steer. Not where you want the ship goes where it goes. But you can steer a little. You can avoid the rocks. You can enjoy the view. That is what I try to do. Steer a little. Enjoy the view." (Female, 83, Bo)

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