Social support services and the psychosocial wellbeing of the elderly in Nigeria: Implication for social work practice

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Abstract
Social support is the perception and actuality that one is cared for, has assistance available from other people, and that one is part of a supportive social network. Social support is of particular importance for older people and is an essential requirement in old age. This study examined the social support services available for the psychosocial well-being of the elderly in Lagos State. A descriptive survey research design was used. The sample size was 96 older persons from the geriatric centres'. Findings revealed that majority 78% of the respondents received emotional support, 66% of the participants agreed that their children pay monthly allowances to their social worker/caregivers which are a form of tangible support that the participants had access to. . 83% of the respondents agreed to have access to television and radio which is a form of informational support. Also, majority of the elderly 72.9% were happy that there are people around them who love and care for them. The study concluded that support services should be provided for older persons and should be comparable with other developed countries and it recommended that social workers should expedite actions on the policy implementation to cater for the elderly people in the country.

Key Words: Elderly, social support, psychosocial, wellbeing, services

Introduction
In the Nigerian society, majority of the elderly are solely taken care of within the family since one of the traditional roles of the family involves taking care of old parents as well as other older members. Walker (2015), points out that in most industrial and pre-industrial societies the family has been the main provider of care to the elderly relatives. Life expectancy in Nigeria is currently put at 54 years for men and 55 years for women and the mandatory age of retirement is 60 years (Odunsi, 2019). The United Nations would put age 60 as baseline for old age and this age is the threshold of the seventh decade generally considered the transition period to the very old-age stage (Odunsi, 2019). It is known that not less than seventy percent (70%) of people reaching the age of

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60 years have one form of medical challenge or another (United Nations Global Ageing Report, 2016).

Social interactionism stipulates that as innately social beings, social relationships are integral to survival and well-being. From the cradle to the grave individuals depend on their social ties for resources and support. Social relationships, although often beginning with maternal attachments, encompass a whole range of people across the life span including family, friends, and peripheral ties (Birditt & Newton, 2016). According to Oyinlola (2016), the state of social support services for the elderly is not encouraging due to poor or inadequate funding from government and international non-governmental agencies, non-availability of services to improve their psychological state, poor and inadequate personnel to provide the needed information and emotional support to aid the psycho-social well-being of the elderly.

Older persons need social support services like assisting with vacuuming and laundry, medication reminders, household organizations, bathing and showering, transportation to appointments, grocery shopping, cooking, walking, indoor and outdoor activities and many more activities (Adebayo, 2017). Although older people with mental illness are enmeshed in their families and command respect from their families, changing socio-economic structure may mar the availability of support to older people by their respective families in the future (Gureje, 2016). In a study by O'Conor et al., (2019), it was found that nearly 1 in 6 community-dwelling older adults reported unmet tangible social support needs, and that unmet support needs were associated with greater urgent healthcare use and worse health status. While many facets of social relationships have been specified, the field has not readily incorporated aspects related to the adequacy of support (Holt-Lunstad & Uchino, 2015). Notably, perceived adequacy of tangible support was distinct from social isolation, which was only associated with depressive symptoms in the fully adjusted models. The literature on social support has operated under the assumption that if available, the support that is provided is sufficient to meet an individual's needs (Wolff et al., 2016). This aspect is important as the quality of social relationships experienced by individuals is influenced by broader social and structural forces (Solar & Irwin, 2010).

Information access is a form of support that comes in the provision of advice, guidance, suggestions, or useful information to patients, (Tilden & Weinert, 2017). This type of information has the potential to help older persons problem-solve within the context of information-seeking behavior and the availability of emergency information protocol for persons living with schizophrenia. This support was proven to work in developed countries like the United States of America (USA) and the United Kingdom (UK) and could be adopted by developing countries especially in the sub-Saharan African countries (Uchino,

2004). Depending on the nature of the information needed, information is sought from different sources (Wathen & Harris, 2016). Media sources are often the most important ones, and television especially plays a significant role in providing health information (O'Keefe, 2018). Other studies, on the contrary, have shown that printed media are the most prevalent sources of health information. These can include medical books and journals, leaflets from organizations, women's magazines, and newspapers (Rees & Bath, 2010). The Internet is also becoming a more commonly used source. Surveys indicate that eight in ten adult Americans going online have searched for health information (Fox, 2015).

Research in wellbeing has been growing in recent decades (Keyes et al., 2017). The question of how wellbeing should be defined remains largely unresolved, which, has given rise to blurred and overly broad definitions of wellbeing' (Forgeard et al., 2017). Two approaches emerged in trying to define well-being; the hedonic tradition and the eudaimonic tradition. The hedonic tradition views constructs such as happiness, positive affect, low negative affect, and satisfaction with life while the eudaimonic tradition highlights positive psychological functioning and human development. Inspite of these two approaches, well-being is seen as a multi-dimensional construct (Diener, 2018; Michaelson et al., 2016). In 1969, Bradburn highlighted how psychological well-being (which he also referred to as happiness) was the variable that stands out as being of primary importance. He linked this to Aristotle's idea of eudaimonia, which is now more commonly translated as wellbeing. Aristotle believed this to be the overarching goal of all human actions. The majority of Bradburn's research focused on the distinction between positive and negative effects. His model specified that an individual will be high in psychological well-being in the degree to which he has an excess of positive over negative affect and will be low in well-being in the degree to which negative affect predominates over positive.

Finally, the current emphasis within popular culture on wellness, health promotion/disease prevention, and successful care gives new impetus to issues of the physical and mental well-being of an individual (Akanni, 2009). Previous research on the elderly in African countries revealed that life satisfaction is associated with several personal and social characteristics including overall health, health-promoting activities, age, marital status, education, income, socioeconomic status (SES), independence, and access to social support. Poor objective health (evaluated by a healthcare professional) is negatively associated with life satisfaction as well; elders in Africa whose health was rated as poor were less satisfied with their lives than their healthier counterparts (Johnson, 2016). Health-promoting activities such as exercise and nutritious eating are also linked to higher life satisfaction (Foster, 2016).

The psychological notion of 'well-being' can be employed as a feasible and advantageous criterion for the health of an individual. Nonetheless, due to its subjective origin, this criterion does not seem to be able to avoid certain limitations. In the last two decades, different concepts have been used to describe how and why people experience their lives as positive Diener (2014), for example, happiness, satisfaction or positive affect. A study carried out by Adegbite et al., (2019) found that psychological and social factors such as stress management, sense of purpose, social support from families and friends, and social interaction were found to be significantly related to social wellbeing. According to the National Association of Social Workers (2010), the aging of the population presents social, economic, and political implications for families, the social work profession, and the global community. Social workers, other professionals, and the public increasingly recognize that advanced age is a time of continued growth and that older adults contribute significantly to their families, communities, and society (World Health Organization, 2022). At the same time, many individuals face multiple bio-psychosocial challenges as they age: changes in physical and cognitive abilities; barriers to accessing comprehensive, affordable, and high-quality health and mental/behavioral health care; decreased economic security; lack of affordable, accessible housing; increased vulnerability to abuse and exploitation; and loss of meaningful social roles and opportunities to remain engaged in society (Animasahun & Chapman, 2017).

These challenges often affect entire families, who struggle to provide physical, emotional, financial, and practical support to their aging members. Social workers interact with family caregivers of older adults not only throughout the network of aging services and across the health, mental/behavioral health, and long-term care continuum, but also in diverse settings such as child welfare agencies, employee assistance programmes, faith-based organizations, housing programmes, schools, and veterans' service programmes (NASW, 2010). With its strengths-based, person-in-environment perspective, the social work profession is well-positioned and trained to advocate for and support family caregivers of older adults (NASW, 2010).

The study employed Manis and Meltzer (1972), symbolic interaction theory which is concerned with 'the inner', or phenomenological aspect of human behavior. Symbolic interactionism is derived from American pragmatism and particularly from the work of George Herbert Mead (1863–1931) and Herbert Blumer a student and interpreter of Mead, coined the term "symbolic interactionism" and put forward an influential summary of the perspective: people act toward things based on the meaning those things have for them; and these meanings are derived from social interaction and modified through interpretation. Stryker (1968) emphasizes that the social world at large is the most viable and vibrant intellectual framework because of the concept of the

wider community people live in and this is made possible because of communication, which fuels symbolic interactionism.

Symbolic interactionism revitalizes society by illuminating our thoughts, actions and gestures as well. By being made up of our thoughts and self-belief, the social interactionism theory is the purpose of all human interaction and is what causes society to exist. The theory is relevant to the study because the symbolic interactionist perspective signifies the level of social interactions that exist in families and society. The signals that we receive are based on four factors, biology, personal history, gender age, and timetables. Wrinkles, baldness, and not being able to do what we used to are examples of biological aging (Hägg & Jylhävä, 2021). Someone who loses their hair at 30 or develops premature wrinkles is considered "old". The theory is relevant to the study because it builds a social construct that supports the care of older persons in the changing family structures and diversity. The theory is relevant in the formulation of a practicable policy framework for older persons which is tailored towards comprehensive care and support systems for the elderly, especially for those living in homes either residential or non-residential home systems.

Feelings about life are subjective and what is considered as important for wellbeing by one person may not be so regarded by another. In Africa, particularly Nigeria, many older people reach retirement age after a lifetime of poverty and deprivation, poor access to health care, and poor dietary intake (Adebowale et al., 2012). These situations leave them with insufficient personal savings and poor psychological outcomes. The increasing problems associated with ageing are attributed to modernization and its attendant undermining of family structure and lineage systems. There is an inverse relationship between modernization and family support for the elderly and this results in low level of wellness (Ibitoye et al., 2014). The number of elderly persons is increasing in Nigeria and higher in the rural areas which are already beset by poverty and poor health conditions (Adebowale et al., 2012).

Even though the socio-demographic factors do affect the psychological well-being of the elderly, the impact of these factors on the psychological well-being of the elderly in Nigeria is not known (Ibitoye et al., 2014). In Nigeria, the elderly suffer a lot of hardship in our contemporary society (Tanyi et al., 2018). They constitute the poorest group in the society, as there is visible evidence of destitution and begging among them, especially in rural communities where a majority of them live (Oyinlola, 2016). A cursory look at the implementation of the Millennium Development Goals (MDGs) by the Federal Government of Nigeria shows that there was little or no consideration for this vulnerable population group Aboderin (2016), therefore there is a dire need to investigate the impact of social support services on the psychosocial wellbeing of the

elderly in Lagos State. The study was guided by the following research questions: What are the emotional supports available for the elderly in Lagos State? What are the tangible supports available for the elderly in Lagos State? What are the informational supports available for the elderly in Lagos State and What is the state of the psychosocial well-being of the elderly in Lagos State?

Methods

Study design

The study employed descriptive survey research. According to Sobowale (1983), the survey technique is the most commonly used research method by behavioral scientists, it involves drawing up a set of questions on various subjects or on various aspects of a subject to which selected members of a population are requested to react.

Study area

The study was conducted in three selected old people's homes in Lagos State. The homes are the Blessed Family, Elderly Individuals' Home and Winiseph Care Home. The Blessed Family Home for the old was founded by Regina Mundi Catholic Church and situated at 142/144 Agege. This home started in 1982 with the untiring effort of the congregation of the Little Sisters of the Poor whose main responsibility is the care for the elderly. Since its inception over 30 years ago, they have over 50 residents of various categories. Amongst the residents were those abandoned by families, those with irreconcilable and intractable family problems, those brought in by families for professional care, and others picked up around the town.

Elderly Individuals' Home is an NGO under the Lagos State Service of Youth and Social Advancement set up in 1961 by the old western area and situated at No.1 Lancaster Rd. Sabo, Yaba. It has a capacity for 30 clients. This home also accommodates two categories of residents; the homeless and those brought in by their relatives. This home is managed by the Lagos State government.

Winiseph Care Home is situated at 326 Adeyemo Akapo St, Isheri Lagos, inside the Omole phase one, a couple of kilometers from the Ojodu Junior Language Structure School, Lagos Nigeria. Winseph Care Home was established in the year 2009. The home started as a humanitarian service, which was the gathering of the elderly from churches, mosques, and also in the vicinity. It involved identifying the elderly who are in need and finding ways of helping them out the problems. The home after years has grown to be a home that provides professional social services to the elderly and can now house 20 senior citizens conveniently. The home has medical doctors, nurses, social workers, and also staff that help with the sanitation of the home.

Sampling procedure data collection and analysis

The target populations for the study are residents of Blessed Family Home, Elderly Individual Home, and Winiseph Care Homes, all in Lagos State. The homes have a total of 100 senior citizens. The study employed a purposive sampling technique to select 3 resident homes for the elderly with age bracket (65 years and above) in Lagos State. The sample size is a subset of the population that will be taken to be representative of the entire population. The sample size was 96 older persons at the geriatric centres in Lagos State. The instrument for data collection was a structured questionnaire titled: (Social Support Services and Psychosocial Wellbeing Questionnaire (SSSPWQ). The participants were made to fill out consent forms before being given a questionnaire by the researcher. The participants were informed not to write their names on the questionnaire. They were informed about the nature of the study and the reason they were being asked to fill out the questionnaires. In addition, all questionnaires were numbered for easy retrieval and monitoring. Respondents who needed further clarification and guidance on how to fill out the questionnaires were guided by the researcher. After completion, the questionnaires were retrieved by the researcher for analysis. Percentages, frequencies, and mean were used to analyze the data.

Results

Table 1: General demographic characteristics of respondents (N=96)

Variables	Categories	Frequency	Percentage
Gender	Male	55	57.3
	Female	41	42.7
Age	60-65years	24	25.0
	66-70years	16	16.7
	71-75years	25	26.0
	76-80years	15	15.6
	80years and above	16	16.7
Religion	Christianity	49	51.0
	Islam	46	47.9
	Traditional	1	1.0
Family background	Polygamous	56	58.3
	Monogamous	30	31.3
	Others	10	10.4
Marital Status	Never married	19	19.8
	Married	62	64.6
	Separated	15	15.6
Ethnic group	Yoruba	77	80.2
	Igbo	14	14.6
	Others	5	5.2
Level of Education	No formal education	30	31.3
	Primary education	18	18.8
	Secondary education	20	20.8
	Post-sec. education	28	29.2
Source of income	Family	17	17.7
	Religious organization	7	7.3
	Current occupation	19	19.8
	Investment/Insurance	32	33.3
	Pension	18	18.8
	Others	3	3.1

*Source***: Field Survey, 2020**

According to Table 1, male respondents are 57.3%, female are 42.7% of the elderly in the homes, the majority of the elderly 26% are between the ages of 71-75years, 51% of the respondents are Christian by faith, 31.3% are polygamous family setting, while 31.3% are from Monogamous family setting. 64.6% of the respondents are married, 19.8% are never married, 15.6% are separated. The majority of the elderly are predominantly from the Yoruba tribe 80.2%, 14.2% are from the Igbo tribe. Some (31.3%) of the respondents had no formal education, 29.2% had post-secondary school education while 20.8% had secondary school education and 18.8% had primary school education. Also, 33.3% of the respondents receive their income from investment and insurance, 18.8% of the respondents earn their pension, 19.8% earn their income from their current occupation, 17.7% reported income comes from their family member

and 7.3% reported income comes from religious organization including other sources.

Opinion on emotional support of the elderly in Lagos State.
Table 2: Frequency and percentage distribution of respondents emotional support (N=96)

S/N	Emotional Support	Strongly Agree	Agree	Strongly Disagree	Disagree	X
1	On the whole, I am satisfied with myself and receive support when needed	25(26%)	33(34.4%0	7(7.3%)	31(32.3%)	2.46
2	I enjoy all the services provided by the care givers in the home	25(26%)	31(32/3%)	34(35.3%)	6(6.3%)	2.22
3	I feel that I have a number of good qualities	45(46.9%)	12(12.5%)	12(12.5%)	27(28.1%)	2.22
4	I am able to do things as well as most other people	14(14.6%)	55(57.3%)	25(26%)	2(2.1%)	2.16
5	My caregivers are very supportive to my needs and aspirations	25(26%)	50(52.1%)	13(13.5%)	8(8.3%)	2.05
6	I feel I don't have so much to be proud of	48(50%)	12(12.4%)	9(9.4%)	27(28.1%)	2.16
7	I have someone to help me whenever I feel worthless about myself	40(41.7%)	31(32.3%)	14(14.8%)	11(11.5%)	2.50

Source: **Field Survey, 2020**

Table 2 showed that 60% of the respondents agreed that on the whole they are satisfied with themselves and receive support when needed while 40 disagreed. 42% of the respondents disagreed that they enjoy all the services provided by the caregivers in the home while 58% agreed. Also, 59% of the respondents feel that they had good qualities; while the majority 72% of the respondents agreed that they are able to do things as well as most other people, 28% disagreed. Also, 78% of the respondents agreed that caregivers are very supportive of their needs and aspirations while 22% disagreed; also 62% of the respondents agreed that they feel they don't have so much to be proud of, 38% disagreed and 74% agreed that they have someone to help them whenever they feel worthless about themselves while 26% disagreed. The above responses from the participants show that the elderly are being supported emotionally.

Views of the elderly on tangible support

Table 3: Frequency and percentage of respondents on tangible support (N=96)

S/N	Tangible Support	Strongly Agree	Agree	Strongly Disagree	Disagree	X
1	I receive consistent pension as at when due	11(11.5%)	42(43.8%)	30(31.3%)	13(13.5%)	2.47
2	My children pay my monthly allowance to my social worker/care workers	30(31.3%)	33(34.4%)	33(34.4%)	0(0%)	2.03
3	I find it easy to schedule appointment with transport agencies for mobility	35(36.5%)	30(31.3%)	22(22.9%)	9(9.4%)	2.05
4	I sometimes find it hard to buy foods and my medications	19(19.8%)	34(35.4%)	19(19.8%)	24(25%)	2.50
5	People come to donate money and materials for my welfare	38(39.6%)	27(28.1%)	13(13.5%)	18(18.8%)	2.12
6	The care givers are clean in the discharge of their duties	13(13.5%)	38(39.6%)	27(28.1%)	18(18.8%)	2.52

*Source***: Field Survey, 2020**

Table 3 indicates the level of tangible support for the elderly, 55% of the respondents agreed that they receive a consistent pension as and when due while 45% disagreed, 66% of the respondents agreed that their children pay their monthly allowance to their social worker/care workers while 34% disagreed, also 68% of the respondents agreed that they find it easy to schedule appointments with transport agencies for mobility while 32% disagreed, 55% of the respondents agreed that sometimes they find it hard to buy foods and their medications while 45% disagreed, 68% of the respondents agreed that people come to donate money and materials for their welfare while 32% disagreed and 53% agreed that their caregivers are clean in the discharge of their duties while 47% disagreed. The responses above show that some of the elderly had access to tangible support though majority found it hard to buy food and their medications.

Opinion on information support of the elderly in Lagos State
Table 4: Frequency and percentage of respondents showing on Information support (N=96)

S/N	Information Support	Strongly Agree	Agree	Strongly Disagree	Disagree	X
1	My social worker guides me	49(51%)	34(35.4%)	7(7.3%)	6(6.3%)	2.56
2	I have access to magazines and newspapers in the home	21(21.9%)	39(40.6%)	35(36.5%)	1(1%)	2.17
3	I have access to internet services in the home	26(27.1%)	26(27.1%)	37(38.5%)	7(7.3%)	2.15
4	I have access to television and radio	39(40.6%)	41(42.7%)	15(15.6%)	1(1%)	1.77
5	I receive education in the home consistently	18(18.8%)	31(32.3%)	47(49%)	0(0%)	2.30
6	I have access to recent news in the country	37(38.5%)	25(26%)	28(29.2%)	6(6.3%)	2.03
7	I find it easy to communicate with my social worker	27(28.1%)	41(42.7%)	26(27.1%)	2(2.1%)	2.03
8	I call my social worker/care workers when there is emergency	30(31.3%)	44(45.8%)	20(20.8%)	2(2.1%)	1.94
9	My social worker respond promptly to my call	35(36.5%)	32(33.3%)	23(24%)	6(6.3%)	2.19

Source: Field Survey, 2020

Table 4 presented above indicates the level of information support for the elderly, 86% of the elderly agreed that their social workers guide them while 14% disagreed; majority of the respondents 62% agreed that they had access to magazines and newspapers in the home while 38% disagreed, also the majority of the elderly disagreed that they had access to internet services in the home, 83% of the respondents agreed to have access to television and radio while 17% disagreed. Also, 65% of the respondents agreed that they had access to recent news in the country while 35% disagreed, 71% of the respondents agreed that they found it easy to communicate with their social worker. Also, 77% of the respondents agreed that they can call their social worker/care workers when there is an emergency while 23% disagreed and 70% of the respondents agreed

that their social worker responds promptly to their call while 30% disagreed. The responses above show that the elderly had access to informational support.

Views of the elderly on their psychosocial wellbeing
Table 5: Frequency and percentage of respondents on psychosocial well-being
　　　　(N=96)

Variables	Categories	Frequency	Percentage
How do you feel when you see families, friends and neighbors offering assistance when you need them?	Happy	35	36.5
	Excited	36	37.5
	Furious	25	26.0
How do you feel knowing you have people around you that loves and cares for you?	Happy	70	72.9
	Sad	26	27.1
Are you healthy enough to have your independence	Yes	59	61.5
	No	37	38.5

Source: Field Survey, 2020

Table 5 presented above indicates that majority of the elderly 37.5% are always excited whenever they see their families, friends and neighbors offering assistance when they need it. Majority of the elderly 72.9% are happy that there are people around them that love and care for them while 61.5% feel healthy enough to have their independence. The responses above show that emotional, informational and tangible supports are needed by the elderly to boost their psychosocial wellbeing.

From the findings above, it does appear to a large extent that the majority of the respondents/ participants agreed that they enjoy all the services provided by the caregivers, sometimes find it hard to buy food and their medications, find it easy to communicate with their social worker in the home and excited whenever they see their families, friends, and neighbors offering assistance when they need it among others. By doing this, the psychosocial well-being of the elderly will to some extent be boosted.

Discussion
The study explored social support services and the psychosocial well-being of the elderly in Lagos State, Nigeria and implications for social work. Findings from the study revealed that majority of the respondents received emotional support in the form of caregivers being very supportive of their needs and aspirations and also 74% said they had someone to help whenever they felt worthless about themselves. Having someone around to assist whenever in need of support can go a long way to affect positively the psychosocial well-being of the elderly. This can be the reason the participants feel excited when they see family, friends and neighbours offering assistance when they need it. The result

corroborates with the findings of Sijuwade (2018) that emotional support for the elderly has a positive impact on their psychosocial well-being. The study is consistent with the findings of Akpan (2011) that poor emotional support from family members, which includes emotional abuse, which involves inflicting mental pain, anguish, or distress on an elder person through verbal acts or nonverbal acts can affect their psychosocial wellbeing. Furthermore, Togonu-Bickersteth (2014) reported that emotional support for the elderly is very important for improved recovery as there are different social dimensions of caring for the elderly in Nigeria.

The findings also revealed that 66% of the participants agreed that their children pay monthly allowances to their caregivers. This is a form of tangible support that the participants had access to. The result contradicts the findings of Abraham (2007) that tangible support is mostly provided by the government of the country while from a comparative analysis of two different developing countries (Ghana and Nigeria), there are a lot of differences in financial services available for older persons and its impact on their wellbeing. Tangible support was discovered to be more productive when engaging elderly widows in vocational activities for the sustainability of their homes (Ajomale, 2012).

Additionally, the study showed that informational support was available for the elderly. 83% of the respondents agreed to have access to television and radio while 71% found it easy to communicate with their social worker. Stryker (1968) emphasizes that the social world at large is the most viable and vibrant intellectual framework because of the concept of the wider community people live in, and this is made possible because of communication, which fuels symbolic interactionism. Information access can improve social interaction which can boost the psychosocial wellbeing of the elderly. The result is in tandem with the findings of Adeniyi (2014) found that information access can foster improved social interaction, engage older people in their communities, and promote high-quality face-to-face contact, especially in advice-giving. Additionally, Oyinlola & Folaranmi (2016) observed that focusing on elders' group forums, community meetings as well as digital participation for addressing isolation among elderly groups improves their emotional well-being. Furthermore, Aboderin (2016) opined that there is a close line between information access and social interaction of the elderly especially in the African diaspora. It is believed that the scope of information, participation and engagement is an essential ingredient in improving older people's psycho-social wellbeing. In a similar study, Okoye (2013) observed that information access for the elderly tends to engage and give them a voice in the development of the country. Chopik (2016) observed that access and usage of information by older people has potential social benefits such as reduction of isolation and increased social participation and interaction. Information is not merely an end

in itself but can be a means to enable older people to renew and develop social contacts and engage actively in their communities.

The findings of this study have significant policy and practice implications for Nigerian social workers. Social work is essential for designing, implementing, monitoring, and sustaining the psychosocial well-being of the elderly in Nigeria. As policy experts, social workers should be consulted or included by organizations in their human resource departments. Other roles of social workers with the elderly include: Restorative services for those who require institutional care: The aged in need of institutional care are carefully evaluated by social workers. Institutional care of the aged (e.g. care for the elderly in nursing homes) is not encouraged except in such situations as serious health and mental health problems. The institutional care that is quite restorative and encouraged by the social workers for the aged is recreational. This is where the aged come together to talk and have some indoor games that are not energy-sapping (e.g. Ayo games, checker card, etc.) read newspapers and magazines and watch television programmes. This is a pursuit of meaningful activity in a way (Skidmore, Thackeray & Farley, 1997)

Older adults are caught up in several contradictions that do not affect people at an earlier stage of life (Laura, 2012). Because these contradictions are incompatible with the desired quality of life, the aged are caught up in a social problem. Therefore, the main goal of social work practice among the aged is to enhance the quality of life and promote the independence and dignity of the aged. The social workers work very closely with the family of the aged since the family is the primary provider of care for the aged. Social work is based on respect for the inherent worth and dignity of all people, and the rights that follow from this. The aged are sometimes not respected by the people because of ageism, that is, the notion that old people are no longer as useful as they think. Social work does not support this notion. Social workers uphold and defend each person's physical, psychological, emotional, and spiritual integrity and well-being. In other words, social workers respect the right to self-determination, the right to make their own choices and decisions irrespective of their age, provided this does not threaten the rights and legitimate interests of others.

Social workers work in solidarity with other professionals who have an interest in the well-being of the aged. They, therefore must challenge social conditions that contribute to social exclusion, stigmatization or subjugation and to work towards an inclusive society (IFSW, 2004). One of the major psychological factors affecting the aged is psychological instability. The children, and probably the spouse, may not be with the aged and the feeling of loneliness (empty nest) sets in, colleagues or mates are almost all dead. The living may not meet as often as before. One or all of these may lead to depression. The

social help in reducing repressive feelings by encouraging the aged to visit their children, friends, neighbors, and relatives or ask for their assistance to take them out.

There is usually a lack of support for most of the aged. This lack may be financial, material, medical, peers, and family (Staehelin, 2015). Gjonca, Brockmann, and Maier (2010) observed that a depressed individual, especially an aged has many issues to deal with such as bereavement, especially the loss of a spouse; increased awareness of one's physical vulnerability i.e. that one's own life is limited; and the prospect of dependency on others to have one's basic needs met.

Conclusion
The study looked into the social support available for the elderly in three geriatric homes in Lagos State, Nigeria, and how it affects their psychosocial well-being and the implications for social work practice. The emphasis was on the provision of emotional, tangible and informational support and their effect on the psychosocial well-being of the elderly and the role of social workers. The study concluded that support services (emotional, tangible, and informational) should be made available for older persons and should be comparable with other developed countries of the world.

It was therefore recommended that social workers should expedite action on the policy implementation to cater to the elderly people in the country. It may be necessary for the government of the country to consider establishing neighborhood adult day care centers where elderly persons can meet each other during the day which is managed by trained and qualified social workers and other healthcare professionals. There should be a framework for supportive and protective care that comprises those services provided to frail, ill, or disabled older people to support them and their caretakers maintaining their capacity to live in the community.

There is a need for social workers to update their knowledge about quality care for older adults as they work with the elders, their families, and the caseworkers for the frail and disabled elderly in the community. They should provide services to institutionalized aged persons. There should be specialized certification programmes for caregivers and social workers in old people's homes, hospitals and other government agencies with a specific focus on health and social care for the elderly in the country and West-Africa Sub-region.

References
Aboderin, I. (2016). *Intergenerational support and old age in Africa.* Transaction Publisher, New Jersey, ISBN 13: 978-0765803931, 207.

Abraham, H.O. (2007). *Beyond three score and ten*. Age concern, Mitcham**.**

Adebayo, L.A. (2017). Socio-economic factors as determinants of caring for the elderly retired civil servants in Ibadan Metropolis, Nigeria, *UniQua Research Chronicle*, *4* (1), 124-135.

Adebowale, S. A., Atte, O., & Ayeni, O. (2012). Elderly Well-being in a Rural Community in North Central Nigeria, sub-Saharan Africa. *Public Health Research 2*(4), 92-101. doi: 10.5923/j.phr.20120204.05.

Adegbite O.L., Omozusi M.O., Oduyoye O.O., & Afolabi O. M. (2019). Psychological factors as predictors of social wellbeing of the elderly in geriatric centres in Lagos state. Ife psychologIA. *An International Journal of Psychology in Africa*. 27. No 1. ISSN:1117-1421.

Adeniyi, A.A. (2014). Social support and quality of life prostate cancer patients after radiotherapy treatment. *European Journal of Cancer Care*, *19*, 251-259.

Ajomale, O. (2012). Country report: Ageing in Nigeria current state, social and economic implications. *African Gerontological Society. Retrieved from http://rcllsociology- of-aging.org/system/files/Nigeria%202007_0.pdf.*

Akanni, A .A. (2009). Old age as a factor influencing high demand for children among the Ijesas of South-western Nigeria. *African Population Studies, 23* 1-18

Akpan, J.O. (2011). Clarifying the functions of social support in later life. *Research on Aging*, *16*, 251 – 279.

Animasahun V. J., & Chapman H. J. (2017). Psychosocial health challenges of the elderly in Nigeria: a narrative review. *African Health Science.;17*(2):575-583. doi: 10.4314/ahs.v17i2.35. PMID:29062356; PMCID: PMC5642086.

Birditt, K.S., & Newton, N.K. (2016). Theory of Social Support and Aging. In: Pachana, N. (eds) *Encyclopedia of Geropsychology.* Springer, Singapore. https:///doi.org/10.1007/978-981.

Chopik, W.J. (2016). The benefits of social technology use among older adults are mediated by reduced loneliness. *Cyberpsychology Behavior and Social Networking*. *19*(9), 551-6. doi: 10.1089/cyber.2016.0151. Epub 2016 Aug 19. PMID: 27541746; PMCID: PMC5312603.

Diener, A. (2018). The employment cost of caregiving in Norway, *International Journal of Health Care Finance and Economics, 12* (4), 269-283.

Diener, H. (2014). Reviewing the definition of "elderly". *Geriatric Gerontological Institute,* 6, 149-158.

Forgeard, F.O., Jayawickreme, J.O., Kern, U.O., & Seligman, A.S. (2017). Eldreomsorgen I Norge: Helt utilstrekkelig – eller best I verden*?* (In Norwegian, Eldercare in Norway: *Completely inadequate – or best in the world*?), SINTEF A11522 rapport, SINTEF Helsetjenesteforskning.

Foster, A. (2016). Older persons after hospitalization: A controlled study of home aide service. *American Journal of Public Health*, *62*, 1094–1101.

Fox, G. (2015). Quality of life, ethics and philosophy of science. Nordic *Journal of Psychiatry*, *46*, 75-77.

Gjonca, F.O., Brockmann, L.A., & Maier, R.O (2010) e-Welfare as a client driven service concept, In Tsihrintzis, G.A. & Jain L.C. (eds) *Multimedia Services in Intelligent Environment, 3*, 283-298, Springer-Verlag Berlin Heidelberg.

Gureje, O. (2016). Culture and social support: Who seeks it and why?" *Journal of Personality and Social Psychology, 87*, 354–62.

Hägg, S., & Jylhävä, J. (2021). Sex differences in biological aging with a focus on human studies. Elife. 2021 May 13; 10:e63425. doi: 10.7554/eLife.63425. PMID: 33982659; PMCID: PMC8118651.

Holt-Lunstad, J., & Uchino, B.N. (2015). Social support and health. In: Glanz K, Rimer BK, Viswanath K, eds. *Health Behavior*: Theory, Research, and Practice. John Wiley & Sons; 183–242.

Ibitoye, O., Sanuade, O., Adebowale, A., & Ayeni, O. (2014). Psychological well-being of the elderly in Nigeria. *The Nigerian Journal of Sociology and Anthropology, 12*, 74-85. 10.36108/NJSA/4102/12(0150).

Johnson, D. (2016). Editorial, *Ageing and Society*, *1*(1), 1-3.

Keyes, S., Schmotkin, J.O., & Ryff, F.O. (2017). Lost solidarity' or 'changed solidarity': a comparative European view of normative family solidarity, *Aging & Society, 23*(5), 537-560.

Michaelson, G.O., Abdallah, A.D., Steuer, O.A., Thompson, A.F., & Marks, O.P. (2016). Labor market work and home care's unpaid caregivers: A systematic review of labor force participation rates, predictors of labor market withdrawal, and hours of work. *The Milbank Quarterly, 85*(4), 641-690.

O'Conor, R., Benavente, J.Y., Arvanitis, M. *et al.* (2019). Perceived adequacy of tangible social support and associations with health outcomes among older primary care patients. *Journal of General Internal Medicine, 34,* 2368–2373. https://doi.org/10.1007/s11606-019-05110-7.

Odunsi, W. (2019). Nigeria: UN puts life expectancy at 55 years. Daily News. Published on May 1, 2019.

O'Keefe, G.O. (2018). *How can health systems respond to popu-lation aging*? In: Health systems and policy analysis (WHO: policy brief 10).

Okoye, U. O. (2013). Community-based care for home bound elderly persons In Nigeria; A policy option. *International Journal of Innovative Research in Science, Engineeringand Technology, 2*(12), 7086-7089.

Oyinlola, O., & Folaranmi, O. (2016). Assessment of the effect of information access on emotional well-being of the elderly in Ibadan. *Journal of Gerontological Geriatric Research, 5*, 298.

Oyinlola, O. (2016). End of life care; emerging roles of medical social workers in Nigeri: *Journal of Gerontological Geriatric Research, 2*, 138.

Rees, A.D., & Bath, L.O. (2010). Your next in kin or your own career? Caring and working among the 50+ of Europe, *Journal of Health Economics 27*(3), 718-738.

Seligman, J.L. (2015). Contextual and socio-demographic antecedents of institutionalization among aged welfare recipients. *Medical Care, 19*, 907–921.

Sijuwade, P. O. (2018). Elderly care by family member: Abandonment, abuse and neglect. *The Social Science*, *3*(8), 542-547.

Skidmore, F.A., Thackeray, L.O., & Farley, A.D. (1997). Quality of life and new interpretation of rehabilitation. In Erjanti, H. & Ogasawara, K. (eds.) Refurbishing elderly care, the new streams and organizational transformation in Finland and Japan. Laurea University of Applied Sciences publication B 35, Vantaa, Edita Prima Oy, Helsinki, pp 12-39.

Solar, O., & Irwin, A. (2010). *A Conceptual Framework for Action on the Social Determinants of Health.* Geneva: World Health Organization.

Tanyi, P.L., André, P., & Mbah, P. (2018). Care of the elderly in Nigeria: Implications for policy, Cogent Social Sciences, 4:1, DOI: 10.1080/23311886.2018.1555201.

Tilden, F.O., & Weinert, R.O. (2017). Informal and formal care among single-living elderly in Europe, *Health Economics, 17*(3), 393-409.

Togonu-Bickersteth, F. (2014). Ageing is not an emergency: Preparing for the new realities of ageing in Nigeria. Inaugural lecture delivered at Obafemi Awolowo University, Ile-Ife, Osun State.

Uchino B.N. (2004).Social support and health: a review of physiological processes potentially underlying links to disease outcomes. *Journal of Behavioral Medicine, 29*, 377–387.

UN Global Ageing Report (2016). Human Development Report New York.

Walker (2015). The care of the elderly people on industrial society: A conflict between the family and the State. In Krishman P. Mahadera K. (Eds). *The elderly population in developing world: Policies, problem and perspectives* (3-28). Delhi: B.R publishing.

Wathen, D.F., & Harris, K.O. (2016). Quality of life and new interpretation of rehabilita-tion. In Erjanti, H. & Ogasawara, K. (eds.) *Refurbishing elderly care, the new streams and organizational transformation in Finland and Japan*. Laurea University of Applied Sciences publication B 35, Vantaa, Edita Prima Oy, Helsinki, pp 12-39.

Wolff, J.L., Feder, J., & Schulz, R. (2016). Supporting family caregivers of older Americans. *N Engl J Med., 375* (26), 2513–5.

World Health Organization (2022). United Nations decade of healthy ageing (202-2030). Ageing and Health.