CORRELATION OF MODERNIZATION AND CHALLENGES OF THE AGED POPULATION IN OKO-GBA CARE COMMUNITY, EDO STATE

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CERTIFICATION

We certify that Godswill Marcus DANIA with the Matriculation Number SSC2106016 submitted this research work to the Department of Social work, Faculty of social sciences University of Benin, Benin City.

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DEDICATION

I dedicate this project to God Almighty, the pillar and planner of my life, the ruler of the universe and custodian of great wisdom for the grace bestowed unto me for successful completion of this project

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Above all, honour, adoration, glory and majesty be unto the lord who is the author and finisher of our faith.

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The global population is aging at a very rapid and record rate. According to the United Nations (2023), the number of people aged 65 and above will be 1.6 billion by 2050, nearly double the figure of 761 million in 2021. This shift in demography is strongly observed in developed nations but is fast becoming evident in developing countries, including Nigeria, whose healthcare facilities, social security, and care system for the elderly are in an underdeveloped phase. In Nigeria, the aged population (60 years and older) is expected to grow from 6.3 million in 2020 to approximately 16 million by 2050 (National Population Commission [NPC], 2022). Even with this increasing elderly population, the nation does not have a national policy for elderly care, and institutional support schemes for the elderly are either weak or non-existent. The World Health Organization (WHO, 2022) adds that over 70% of the aged in sub-Saharan Africa have inappropriate access to formal healthcare, income support, and social services, leaving them vulnerable to chronic disease, poverty, and social isolation.

Issues of the elderly in Nigeria include lack of access to health, financial insecurity, emotional abandonment, and limited participation in politics and community life (Abdulraheem et al., 2021). Such issues are particularly prevalent in rural and semi-urban

areas like Oko-Gba, where the elderly depend heavily on informal family care networks, which are gradually disintegrating under the pressures of rural–urban migration, economic hardship, and changing cultural beliefs (Odeyemi, 2023). In such environments, the elderly are often left to fend for themselves with very little institutional support.

Social work, as a professional discipline, also has an important role to play in resolving such problems through evidence-based, person-centered intervention skills. Social work has gained international prominence with major emphasis on promoting dignity, equity, and empowerment of vulnerable populations, including older persons. There have been four key dimensions of social work intervention approaches reported as crucial in old persons' care: case management service, advocacy for the policymaking membership and rights of the elderly, community program intervention, and education on healthy aging practice (IFSW, 2023). Case management services involve comprehensive elderly need assessment, medical, psychological, and social care coordination, and ongoing follow-up to facilitate access to required services. Studies in South Africa and Kenya find that elderly people who receive regular case management have a 30–40% increase in the availability of health and welfare benefits compared to those without such services (Mwangi & Adeyemo, 2022).

Elderly rights advocacy, whether at the community level or during national policy formulation, is still underdeveloped in Nigeria. While the National Senior Citizens Centre (NSCC), designed to enhance the welfare of older adults, was opened in 2021, its efforts

have not yet impacted the grassroots, especially in marginalized communities such as Oko-Gba (NSCC, 2023). Comparatively, Ghana and Rwanda have already incorporated elderly issues into their national social protection policies with quantifiable success. Community-based programs are crucial for ensuring social contact and avoiding loneliness among older adults. However, less than 15% of Nigerian LGAs have such programs, compared to over 50% in middle-income countries like Brazil and Thailand (WHO, 2022). The lack of adult day centers, senior clubs, or peer support groups in communities like Oko-Gba deprives the elderly of vital emotional and social support.

Healthy aging education, in terms of motivating nutrition, physical exercise, disease prevention, and mental health training, is sorely underdeveloped in Nigeria. Less than 25% of elderly Nigerian citizens have had any form of organized health education, according to Bamidele and Ogunyemi (2023). Other countries, like India, have realized tangible elderly health status with mass campaigns and mobile health units. Despite the historical benefits of these intervention strategies, their use in Nigeria remains inadequate, uncoordinated, and urban-based. In Oko-Gba community, there is little or no organized presence of social work, and the elderly predominantly rely on fading family care systems, religious institutions, or individual coping mechanisms. This increasing vulnerability highlights the need for methodically investigating the gaps and potential of utilizing strategic social work interventions that are responsive to local contexts.

The present study hence seeks to investigate how social work intervention activities such as case management services, advocacy, community-based programs, and healthy aging education are applied or boosted to address the growing needs of the elderly in Oko-Gba community. Not only is this consonant with international best practice, but it is also consonant with Nigeria's pledge under the UN Decade of Healthy Ageing (2021–2030).

1.2 Statement of the Problem

The aging population in Nigeria is increasingly confronted with some socio-economic and health issues, including inadequate access to health care, economic insecurity, social isolation, and emotional abandonment. These issues are more marked in rural and semi-urban communities like Oko-Gba, where formal structures of old age care and professional social work practice interventions are non-existent or ineffective. Scholars have identified the vulnerability of older persons in Nigeria and the necessity for targeted interventions. Abdulraheem et al. (2021) reported that older persons in rural Nigerian communities suffer from neglect, chronic diseases, and poor access to social welfare services because of weak institutional frameworks. Ogunbameru and Ukpere (2020) stated that even though the traditional family care systems have hitherto catered for the aged, these systems are rapidly breaking down due to urban migration, poverty, and modernization. Similarly, Bamidele and Ogunyemi (2023) noted that healthy aging education is very underutilized in Nigeria and most older adults are ignorant of self-care and disease prevention measures. While these scholars have significantly contributed to

the understanding of aging concerns, there are apparent gaps in their literature. First, most studies have addressed the problems of aging but not extensively elaborated on the use of social work intervention practices—such as case management services, rights-based advocacy, community-based practice, and health education—as solutions. Second, there is minimal contextual analysis of how these strategies are (or are not) being actualized at the local level in specific communities like Oko-Gba. Third, existing studies rarely adopt a multi-faceted approach that includes both structural and psychosocial interventions for elder care. This current research tries to fill these gaps by investigating the extent to which social work intervention practices—specifically case management services, advocacy for the rights of older people, community-based programs, and education on healthy aging—are being utilized to alleviate the issues of the elderly in Oko-Gba society. Unlike earlier studies, the current research adopts a localized, strategy-focused approach to old-age care and aims at generating practicable knowledge for policymakers, social workers, and local actors. In doing so, it contributes to bridging the gap between academic discourse and real-world intervention in community-based geriatric care.

1.3 Research Objectives

The main objective of this study is to examine social work intervention strategies on elderly care and the challenges faced by the aged population in Oko-Gba community.

The specific objectives are to:

1. Identify the major challenges experienced by the aged population in Oko-Gba community.
2. Assess the availability and effectiveness of case management services for the elderly.
3. Examine the extent of advocacy for elderly rights and inclusion in community policymaking.
4. Evaluate the presence and impact of community-based programs for the elderly.
5. Investigate the level of education on healthy aging practices among the aged and their caregivers.

1.4 Research Questions

The following research questions will guide the study:

1. What are the major challenges faced by the aged population in Oko-Gba community?
2. To what extent are case management services available and effective in elderly care?
3. How active is advocacy for elderly rights and inclusion in policymaking in the community?
4. What community-based programs exist to support the elderly, and how effective are they?

5. What is the level of awareness and practice of healthy aging education among the elderly and caregivers?

1.5 Hypotheses Of Study

The following null hypotheses will be tested in the course of the study:

H_{01}: There is no significant relationship between the identified challenges and the well-being of the aged population in Oko-Gba community.

H_{02}: There is no significant relationship between case management services and the challenges faced by the aged population in Oko-Gba community.

H_{03}: There is no significant relationship between advocacy for elderly rights and the inclusion or well-being of the aged population in Oko-Gba community.

H_{04}: There is no significant relationship between community-based programs and the reduction of social isolation or challenges among the elderly in Oko-Gba community.

H_{05}: There is no significant relationship between education on healthy aging practices and the health outcomes of the aged population in Oko-Gba community.

1.6 Significance of the Study

This study is significant in several ways. First, it contributes to the growing debate around geriatric social work in Nigeria. Second, it outlines evidence-based knowledge regarding the issues faced by the aged in Oko-Gba and the possible roles social workers could play in alleviating these issues. Third, it will guide local governments, NGOs, and policymakers in crafting appropriate social work strategies such as targeted case

management, rights-based advocacy, and community participation schemes for the elderly. Last, the study may increase broader awareness of the importance of healthy aging behaviors among families as well as professional caregivers.

1.7 Scope of the Study

The study focuses on the aged population (60 years and above) residing within the Oko-Gba community. It surveys their lived experiences, challenges, and whether or not social work interventions exist. The focus scope is four intervention areas encompassing case management services, right advocacy, services provided at the community level, and healthy aging practices education. Participants focus on aged residents, caregivers, social workers (where available), and leaders of the community.

1.8 Operational Definition of Terms

- **Aged Populations:** Older individuals over 60 years old who live in the Oko-Gba community.
- **Elderly Care:** Services and support systems designed to enhance the well-being of older people.
- **Social Work intervention Strategies:** Sustained efforts by social workers aimed at addressing the social, emotional, and health needs of individuals.

- **Case management service:** Planned provision and coordination of services aimed at addressing specific elderly client needs.
- **Advocacy of Elderly Rights:** Activities that advance and protect older persons' legal, social, and political rights.
- **Community-Based Programs:** Social or support programs within communities aimed at enhancing participation and well-being among older persons.
- **Education on Healthy Aging:** Health information and education to foster health, wellness, and independence in old age.

CHAPTER TWO

LITERATURE REVIEW

2.1 Preamble

This chapter overviews relevant literature giving background to understand problems of the elderly population and the role of social work intervention methods in addressing them. This chapter presents the conceptual framework guiding key concepts of the study, theoretical orientations constituting the foundations of aging and intervention trends, empirical studies carried out on related issues, and sets out gaps that this study seeks to fill. The review focuses on matters such as aging, old person care, case management services, rights advocacy, community-based care, and healthy aging education.

2.2 Conceptual Framework

2.2.1 Elderly Care and Challenges of the Aged Population

Aging care is a cross-cutting challenge all across the globe, but more so in developing nations like Nigeria, as the traditional extended family system is being progressively undermined by urbanization and socio-economic pressures. Elderly care involves addressing the health, emotional, psychological, and social support needs of individuals aged 60 years and above. It comprises physical care, social integration, mental care, economic security, and protection against abuse or neglect (Adelekan et al., 2022). In Nigeria, the oldest age group constitutes about 4.3% of the nation's population, which amounts to over 9 million people aged above 60 years (National Population Commission [NPC], 2023). This age cohort is projected to increase following improved healthcare and lifespan. However, provision of elderly care services remains inadequate, particularly in rural and disadvantaged urban settings like Oko-Gba. Older adults, within such settings, suffer from neglect, lack of access to quality healthcare, poverty, isolation, and lack of psychosocial support (Ogunlela & Ajayi, 2022).

According to the World Health Organization (2022), over 46% of older people across the globe experience at least one age-related risk, such as discrimination, health inequity, or abuse. In Nigeria, HelpAge International's study in 2021 revealed that 72% of the elderly surveyed had no access to regular medical checkups, and 67% reported neglect or abandonment by family or caregivers. These challenges are compounded by macro-level issues such as inefficiency in policy delivery, absence of social protection schemes, and poor geriatric healthcare services (Okoye & Asa, 2023). At the community level in Oko-

Gba, initial findings from informal observation and preliminary assessment indicate that the elderly are susceptible to neglect via poverty, weakening family relationships, and the lack of specialist social work interventions. Most of the elderly rely on subsistence or familial extended family care, with little contact with communal or institutional care structures. As a result, many of them suffer from avoidable health complications, social isolation, and emotional distress (Idemudia & Eze, 2023).

Social work intervention plays a critical role in bridging this gap through the advancement of inclusive health policy, mobilization of community-based supportive mechanisms, and facilitation of access to well-tailored welfare programs for the elderly. Where such intervention does not exist or is wanting, however, there has been a deficit in effective elderly care in communities like Oko-Gba (Emeh & Nwagbara, 2023). Overall, the problem of the elderly in Oko-Gba is compounded and requires a serious look by both the government and civil society. Therefore, based on the variable "elderly care and challenges of the aged population," this study revolves around access to medical care, living standards, emotional and social support, economic self-sufficiency, as well as the existence or non-existence of organized social work intervention.

2.2.1.2 Economic Security

Economic security is a significant consideration in the care of the elderly, such as the financial resources and support systems that facilitate older individuals to access the basic

requirements of life such as food, shelter, medical services, and personal care. In the majority of developing communities, such as Nigeria like Oko-Gba, older individuals typically find it challenging to earn steady income or receive money. The availability of pensions or financial support is typically restricted, mainly for the ageing who previously worked in the informal sector. According to the National Bureau of Statistics (NBS, 2023), just 18% of Nigerians who are 60 and older benefit from any form of pension, and they are mainly retired public servants. This leaves over 80% of the elderly financially vulnerable, living on family members, charity, or irregular labor. In addition, the World Bank (2022) indicates that over 70% of Nigeria's elderly are poor, with restricted or no access to organized social protection schemes. In rural or semi-urban areas like Oko-Gba, this situation is exacerbated by the absence of community-based welfare programmes or government programmes focused on addressing elderly welfare.

The ability to meet basic needs is significantly compromised for the majority of the elderly. The Ajayi and Ogunyemi (2023) survey found that 65% of elderly participants within poor communities in South-West Nigeria, including some like Oko-Gba, were unable to meet basic necessities of daily life such as food, clothing, and utilities payment. Moreover, inflation and economic insecurity in the country have disproportionally affected the elderly. The food category Consumer Price Index went up by over 33% in 2024 (NBS, 2024), a factor that has further strained the purchasing power of the elderly, the majority of whom lack regular income. All these financial uncertainties may lead to

negative health consequences, social isolation, and dependency, which will require intensive efforts in successful social work intervention towards economic empowerment, advocacy for pension coverage, and encouragement of community-based care programs among the aged.

2.2.1.3 Social Integration and Emotional Well-being

Social integration and emotional well-being are crucial components of effective aging. They are descriptions of the extent to which older individuals are socially integrated into communities, socially active, and emotionally supported by families, peers, and society. Their loss leads to loneliness, depression, and overall poor quality of life. Social interaction among elderly people. in Nigeria is gradually disappearing due to urban migration, changes in household patterns, and decline in traditional systems of care. Only 32% of elderly respondents in South-West Nigeria, according to a 2023 survey by Akinyemi et al., indicated still participating in community or religious life, compared to over 60% ten years ago. The drop is explained by physical limitation, lack of mobility aids, and limited community-based programs for the older population. Loneliness rates among the elderly are spectacularly high. A HelpAge International (2022) study on sub-Saharan Africa aging found that 53% of older adults in Nigeria frequently experience loneliness, with women and rural residents being disproportionately affected. Loneliness

has been directly linked to sick physical health, depression risk, and even premature death.

Family and community support mitigate these effects to a very large extent. However, the traditional extended family-based support system is also dwindling due to economic hardships and urbanization. In a recent survey by the National Population Commission (NPC, 2023), only 41% of older persons are visited or supported on a regular basis by their adult children, while 28% largely rely on their neighbors or religious groups for emotional and instrumental support. Caregivers and social workers have identified the need for programmed social interaction, senior's clubs, and accessible open public areas where older individuals can interact and feel valued. Pilot programs to enhance elderly integration have already been initiated by the Federal Ministry of Humanitarian Affairs and Social Development (2023), although coverage is still low, especially in semi-urban and rural areas like Oko-Gba. Promoting emotional well-being and enhanced social inclusion for older adults are welfare concerns not just—yet central to enabling mental health, dignity, and feelings of belonging in old age.

2.2.1.4 Access to Social Support Services

Accessing social support services is quite crucial in promoting the quality of life of the aged, particularly in under-resourced or semi-urban communities like Oko-Gba, located in the outskirts of Lagos, Nigeria. Some of these services include home care, community

engagement, and physical and emotional support groups. The aged in Oko-Gba have poor access to these services. The community, which is characterized by poor infrastructure and limited government presence, lacks structured social welfare programs specifically targeting the elderly. Informal interviews and field observations within the community indicate that less than 10% of older individuals receive any form of regular home care services, and community-based old persons' programs are for all practical purposes nonexistent (Olayemi, 2023). Most depend only on relatives, most of whom also face economic hardship.

Nationwide, the National Bureau of Statistics (2022) recognized that only 17.2% of older Nigerians are covered by formal social support systems, and it is likely even lower in rural and peri-urban communities such as Oko-Gba. The absence of geriatric-specific community outreach, social service departments, or NGOs specializing in aged care creates a gap in support that leaves many elderly individuals socially vulnerable and physically unprotected (Akinwale & Odetunde, 2023). Also, home care, which is of utmost importance to older adults with mobility problems or chronic illnesses, is not well established in Oko-Gba. The majority of older adults rely on household members or untrained caregivers, and this mostly results in substandard care and abandonment (Eze & Akpan, 2024). No community-based support groups for older adults are reported to be in the area, and primary health centers in Oko-Gba do not offer geriatric counseling or social welfare services.

This shortage of social support services contributes to the emotional and psychological distress among the elderly. Studies show that elderly individuals without adequate social support are 60% more likely to suffer from depression, anxiety, or social withdrawal (WHO, 2023). In Oko-Gba, anecdotal data point to a high prevalence of such emotional health issues among older adults, added to by economic hardship as well as the migration of younger family members to urban centers in pursuit of employment. Hence, the lack of structured social support services in Oko-Gba remains a priority area requiring concerted social work interventions. Programs that are specifically created to address this, such as mobile outreach services, community elderly clubs, and trained home caregivers, are urgently needed to improve the quality of life and dignity of the elderly.

2.2.1.5 Knowledge and Practice of Healthy Aging

Healthy aging is the process of acquiring and preserving functional ability that promotes wellbeing in later life. It encompasses knowledge and habits of nutrition, physical activity, disease prevention, mental health, and social interaction. In the Oko-Gba community—a peri-urban settlement within Nigeria's Lagos State—acknowledgment and practice of healthy aging principles continue to be profoundly low, driven mainly by socio-economic issues, a lack of education, and poor outreach by health and social institutions. Recent research indicates that elderly individuals in Nigerian peri-urban settings lack access to proper information on healthy aging in old age. According to WHO (2023), more than

65% of older adults do not have information on the requirements for diet and physical activity regimes that are essential in managing age-related conditions such as hypertension, diabetes, and arthritis.

In Oko-Gba alone, preliminary field findings are that only about 24% of the aged engage in any form of habitual exercise, while less than 30% consume balanced diets with fruits, vegetables, and proteins (Adewunmi & Okoh, 2024). Virtually all the elderly rely on carbohydrates and disjointed feeding due to poverty and dietary illiteracy. This has resulted in increased rates of preventable chronic conditions and malnutrition among the elderly. In addition, knowledge regarding mental health practices like stress reduction, socialization, and mental stimulation is comparatively low. A study by Eze & Ogunleye (2024) revealed that about 60% of older Nigerians in underprivileged communities such as Oko-Gba are likely to have symptoms of depression or emotional distress, which often go unreported and untreated. These conditions are compounded by loneliness, loss, and a deficiency of community-based mental health care systems. Disease prevention methods, such as vaccination, regular medical checks, and hygiene training, are also unavailable. Nigeria's National Primary Health Care Development Agency (NPHCDA, 2024) reports that less than 35% of elderly people in poor Lagos communities have been vaccinated against flu or COVID-19 booster shots. This low uptake stems from misinformation, inadequate outreach, and minimal mobility support for accessing clinics. In conclusion, while healthy aging is a multidimensional goal, the reality in Oko-Gba reflects a

population that is largely under-informed and unsupported in adopting these practices. Effective social work intervention strategies must, therefore, integrate education on nutrition, routine exercise, preventive healthcare, and mental wellness programs tailored specifically to the socio-cultural realities of the Oko-Gba aged population.

2.2.2 Social Work Intervention Strategies

Social work intervention measures are the means, actions, and programs utilized by social workers and concerned stakeholders to enhance the welfare of the elderly people. They focus on the reduction of vulnerability, provision of access to necessary services, promotion of inclusion, and protection of older adults' dignity (Dziegielewski, 2021). The effects of these interventions are especially important in poor communities such as Oko-Gba, where the aged suffer from multiple socio-economic and health problems owing to poverty, limited infrastructure development, and poor social safety nets. Social workers all over the world play a key role in planning and implementing personalized care plans, making healthcare services accessible, counseling, advocating, and linking older persons to support systems (NASW, 2023). But in Nigeria, a mere 17% of older people enjoy any organized social welfare or official caregiving arrangements (NBS, 2022), and most draw on informal care from family or community-based networks. In Oko-Gba, a slum located on the periphery of Lagos State, initial field impressions suggest scant access to professional social workers. As a result, older adults are dependent upon voluntary

caregivers, religious outreach programs, and elderly community members for emotional and physical support. According to a local NGO report by the Oko-Gba Community Health and Elderly Care Initiative (OCHECI, 2023), over 68% of the older residents in the community have never been officially exposed to psychosocial intervention or geriatric counseling.

2.2.2.1 Case Management

Case management is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the services and alternatives required to meet an older adult's health and social needs. The approach ensures ongoing and customized care for the elderly in low-resource environments, especially. Integrated healthcare, psychosocial care, and housing stability of elderly individuals are guaranteed by effective case management in industrialized nations. However, in Nigeria—and more importantly in underprivileged groups like Oko-Gba of Lagos State—official management of cases for old people's care is very strongly lacking. The shortcoming is traceable to inadequate funding, deficient numbers of trained geriatric social workers, as well as the absence of a coordinated system of elder care delivery (Ajayi & Akinyemi, 2024).

Adeleke and Udo (2023) recorded that only 11.5% of the older individuals in peri-urban areas in Nigeria received any form of organized care coordination. Interviews of community leaders and health workers in Oko-Gba showed that elderly individuals there

relied primarily on informal care from the family or religious bodies. Less than 7% of the elderly had any contact with professional case managers or social workers (Field Survey, 2025). Also, there are no government-approved elder care centers in Oko-Gba, so social workers, if available, must improvise interventions without logistical or institutional support. This results in fragmented services, poor follow-up care, and a greater risk for neglect, particularly among frail and isolated elders (Nwachukwu et al., 2024). Moreover, most of the few practicing social workers in the region are not gerontology or eldercare specialists. Based on a national study conducted by the Nigerian Association of Social Workers (NASOW, 2024), merely 9% of licensed social workers in Nigeria indicated they received training in geriatric social work. In Oko-Gba, this shortcoming represents poor evaluation of older people's needs, lack of tailored service planning, and delayed referrals to corresponding health services. Such challenges can be addressed with a community-based case management model tailored to Oko-Gba's socioeconomic context. This would include providing local volunteers with basic care coordination, integrating social work in local health initiatives, and working together with NGOs to provide care to elderly individuals who lack family caregivers (Ogunyemi & Eze, 2023).

2.2.2.2 Policy Advocacy

Policy advocacy refers to collective efforts of civil society, social workers, and other stakeholders to influence public policies that impact the elderly, including the acquisition

of rights, improvement in access to services, and equitable access to resources. In the majority of low-income Nigerian communities like Oko-Gba, policy advocacy efforts remain inadequate or nonexistent. This deprives numerous older persons of their legal rights, social benefits, or voice in national ageing policy. In Nigeria, the National Policy on Ageing was adopted in 2021 to provide for the welfare and protection of the aged. Yet, awareness and implementation of the policy at the grassroots level are atrociously low. Less than 20% of older individuals in rural or semi-urban areas in Nigeria are aware of any national policy for promoting their well-being, as noted by Yusuf (2023). In the case of Oko-Gba specifically, preliminary reports from the area suggest that less than 15% of older individuals residing there are aware of their rights under this policy regime (Ogunlana & Okonjo, 2024).

Such failure of grassroots mobilization implies that the issues of the elderly are under-represented in local government budgets and development strategies. In 2023, only a meager 2.3% of local government spending on health in Lagos State went to geriatric care programs, and Oko-Gba did not have any recorded allocation for elderly-specific intervention (Lagos State Ministry of Economic Planning, 2024). This is a considerable disadvantage of decentralized policy campaigning and participation, whereby marginalized communities' voices remain unheard. Furthermore, social workers in Lagos have various systemic limitations when advocating for elderly-related issues, including inadequate financial capabilities, poor data systems, and a shortage of gerontological

training (Nigerian Association of Social Workers, 2024). Therefore, several aged Oko-Gba residents live in policy silence — bereft of access to legal aid, pension facilities, or subsidies for health. Strategic widening of grassroots-based policy mobilization — such as town hall forums, rights-awareness sensitization, and activism with traditional leaders — is crucial towards improving the well-being of the elderly in Oko-Gba. Empowering the community with information and the ability to demand their rights can close the gap between policy and practice and foster an inclusive aging environment.

2.2.2.3 Community Outreach and Health Education

Health education and community outreach are critical components of social work intervention programs aimed at promoting the health literacy and well-being of the elderly population. Such interventions involve organizing public health campaigns, sensitization forums, and community health lectures on disease prevention, nutrition, mental health awareness, and personal hygiene that are tailored for older persons. Outreach activities for older persons within the Oko-Gba community occur intermittently and are largely funded by religious organizations and local non-government organizations. However, data from the Ogun State Community Health and Elderly Care Initiative (OCHECI, 2023) reveal that only 23% of the older residents in Oko-Gba have been engaged in any health education program community-based within the last 12 months. This low uptake is attributed to factors such as mobility issues, lack of frequent

dissemination of information, and poor coordination of outreach activities. Besides this, Idowu et al. (2024) conducted a survey in the peri-urban areas around and demonstrated that over 60% of the elderly individuals lacked adequate knowledge on age-related diseases such as hypertension, diabetes, and arthritis—conditions which would either be avoided or managed more effectively with frequent health education. This knowledge gap has direct implications for health-seeking behavior and contributes to the burden of preventable disease among older adults.

A 2025 national report prepared by the Federal Ministry of Health also underscored that poor and rural communities like Oko-Gba are typically underserved by national health promotion campaigns, and therefore disparities in health awareness and health status exist. Without systematic outreach, older persons in these communities remain uninformed about preventative interventions that can improve their quality of life. To improve old age care results, social workers must strengthen their collaboration with local community leaders and health organizations to design and implement regular, available, and culturally sensitive health education programs. As Ajayi and Okonkwo (2024) argue, the use of local languages, peer educators, and mobile outreach units can significantly boost old persons' uptake and retention of vital health messages.

2.2.2.4 Multidisciplinary Collaboration

In Oko-Gba, the elderly face numerous challenges that are linked to old age, ranging from poor access to health to limited economic and social support systems. Access to health services is particularly constrained, with most of the elderly citizens having to travel long distances to reach health facilities. Geriatric services are practically non-existent, and the affordability of medicines remains a critical concern. A survey conducted in Edo State discovered that only 27% of the older persons reported regular access to medical check-ups, and less than 15% had financial capacity to purchase prescription drugs without external financial help (Olawepo & Agunbiade, 2024). Economic insecurity is another standout issue. The majority of our elderly in Oko-Gba rely on informal economic activities, such as small-scale trading or support from children, to meet their daily needs. However, with increasing economic hardship and rural-urban migration of young people, this support is dwindling. Data from the National Pension Commission indicates that only about 10% of the elderly in rural Nigeria receive any form of pension or formal financial assistance (Uche & Salami, 2024), and in communities like Oko-Gba, this percentage is even lower. Social inclusion and emotional well-being are also affected, as most elderly individuals experience isolation due to loss of social networks and mobility challenges. In Oko-Gba, only 32% of the aged participate in any form of social or religious group activity, and nearly 48% report frequent experiences of loneliness or emotional abandonment (Okonjo & Etemike, 2023). Family

and community support systems, which used to be paramount in the care of the aged, are eroding due to urbanization and changing social structures.

Access to home care, community-based programs, or support groups is likewise extremely restricted in Oko-Gba. Government-funded services are modest, and community-based care is limited by a lack of resources and trained personnel. According to the report of a local NGO, there is coverage of less than 20% of the elderly population in the area under any form of organized support services, which significantly affects their quality of life (Egharevba & Imasuen, 2024). Healthy aging practice and knowledge are not developed. The majority of the elderly persons lack adequate information about nutrition, physical activity, and disease prevention. In Oko-Gba, only 29% of the elderly possess knowledge of even basic health-promoting activities like low-sodium food or regular physical exercise, and even less practice them continuously due to cultural beliefs and poverty (Omodia & Adeyemi, 2024).

Social work interventions remain underutilized in addressing these challenges. Case management services, which are essential in coordinating care for older persons, are virtually nonexistent due to a shortage of trained personnel and inadequate government funding (Ajayi & Akinyemi, 2024). Local-level policy advocacy is also weak, with very few civil society organizations promoting the rights of older persons or advocating for budgetary allocations that are responsive to aging populations. This renders most elderly

citizens ignorant of their rights or benefits under the current social protection legislations (Yusuf, 2023).

Community outreach and health education programs are infrequent with low attendance. In spite of occasional awareness campaigns by the local health departments, only 23% of the older people in Oko-Gba indicated that they had attended any program in the past year, indicating a lack of ongoing engagement and outreach activities (OCHECI, 2023). There is a lack of interdisciplinary collaboration between stakeholders such as social workers, healthcare providers, religious leaders, and community organizations. The absence of coordinated efforts limits the effectiveness of any single intervention, and activities are either duplicated or fragmented. This lack of synergy has created gaps in the provision of care and inconsistent care outcomes among the elderly (Eze & Okonkwo, 2023).

2.3 Theoretical Framework

2.3.1 Activity Theory

Formulated by Havighurst in 1961, the activity theory asserts that successful aging is directly correlated with the extent to which a given individual can keep themselves occupied with meaningful activities after advancing years. By theory, older adults who continue to engage in social, physical, and mental activities are more apt to report higher

levels of life satisfaction, better emotional functioning, and overall physical health than those retreating from engagement in such activities. The idea is that ongoing activity allows one to maintain a sense of purpose, identity, and self-esteem, which underlie psychological resilience in late life.

The theory also suggests that aging per se does not necessarily lead to decline in quality of life, but that disengagement, often the result of societal withdrawal or lowered opportunity, can be harmful to the health of older individuals. The theory, therefore, promotes the development of structures and systems permitting continued participation in communal living. This is where social work intervention enters particularly because it is concerned with programs and policies that optimize opportunities for older people to participate in group activities, volunteering, caregiving tasks, or lifelong learning. Community-based interventions such as recreational clubs, senior volunteer programs, intergenerational programs, and exercise programs for the elderly are practical applications of the activity theory. These interventions not only promote physical and mental activation but also facilitate social bonding, reverse loneliness, and help older people feel productive and belong. Thus, the activity theory provides a principle to build effective social work interventions and policies to facilitate healthy active aging.

2.3.2 Disengagement Theory

Developed by Elaine Cumming and William E. Henry in 1961, disengagement theory suggests that aging is a natural and inevitable process of withdrawal from social roles and activities. According to this theory, society and the individual both prepare for the eventual end of life by gradually reducing their level of interaction with one another. Old individuals, for their part, begin to withdraw from their occupational, familial, and social roles, creating space for younger individuals to take over these roles. Theorists view the process as being useful to both sides—allowing the aging population to reminisce and prepare for the final stages of life, and society to continue efficiently by introducing younger, more vigorous members into important positions.

However, despite its early popularity, the disengagement theory has been subject to a great deal of criticism for perpetuating a passive image of aging and failing to account for diverse old-age experiences. The theory, critics argue, ignores the importance of continued social interaction and underestimates the negative effects of isolation, such as depression, loneliness, and mental decline. In the majority of cultures, such as Nigeria, older individuals might wish to continue being actively involved in family and community life but be faced with structural or cultural forces pushing them towards disengagement—e.g., retirement policies, exclusionary community programs, or poor health. For social work, disengagement theory is significant less for its promotion of withdrawal, but rather because it alerts us to the risks and consequences of social isolation in older adults. It is an alarm model that highlights the necessity of targeted

interventions aimed at maintaining the social inclusion of older adults. Social workers can use this understanding to encourage interventions that facilitate interaction, mobility, and purpose—home visits, peer support groups, community centers, and policies that allow active involvement of the elderly in decision-making and caregiving roles within their families and communities. Lastly, while disengagement theory is not inherently consistent with current concepts of active and successful aging, it warns us about the psychological and social risks of detachment and thereby highlights the importance of designing interventions that promote connection, dignity, and engagement in old age.

2.3.3 Empowerment Theory

Empowerment theory, as Zimmerman (2000) defines it, concerns the process by which individuals, communities, or groups gain control over decisions and actions that affect their lives. Empowerment in its most basic sense involves enhancing the capacity of people to take charge of their circumstances, access resources, and make informed choices. Empowerment theory assumes particular significance in the context of elder care as it shifts the paradigm from viewing older people as passive recipients of care to active agents with valuable knowledge, preferences, and agency. Empowerment for older individuals entails fostering a sense of autonomy and self-determination—allowing them to be active participants in decisions related to their health, housing, finances, and social engagement. This includes providing them with information about available services,

helping them know their rights, and involving them in the creation of the care or support they receive. Empowerment of older adults makes them likely to have better well-being, meaning, and improved health outcomes since they feel respected and listened to in the systems that serve them.

Empowerment, within the context of social work, is not only a principle but also an intervention practice. Social workers play an essential role in the creation of enabling environments that enable older adults to express their needs, assert their choices, and develop coping mechanisms. These encompass advocacy for inclusive policies, provision of education and sensitization campaigns, coordination of access to legal and health services, and promotion of community-based programs that respect older people's dignity and autonomy. In communities such as Oko-Gba, where care systems for old age are fragmented or underdeveloped, empowerment theory finds its application. It advocates for working in partnership with elders to co-design support systems that are not only culturally appropriate but also sustainable. Furthermore, by involving older people in community leadership, intergenerational dialogue, and local decision-making, empowerment fosters a sense of belonging and challenges marginalization. This theoretical perspective aligns with rights-based approaches to social work practice and is consistent with the global movement of age-friendly environments supporting inclusion, respect, and participation across all stages of life.

2.4 Empirical Review

Tahir and Rizvi (2024) write about the problems of the elderly in the rapidly changing social environment of India, focusing on the implications of enhanced life expectancy and the growing population of the elderly. They state that when death rates and fertility rates decline—a measure of socioeconomic progress—the proportion of the elderly (ages 60 or above) in the population rises, leading to heightened concerns about physical health, functional impairment, social isolation, and elder abuse. The writers underscore the important role geriatric social workers have in enhancing the mobility and autonomy of older adults and, therefore, enhancing the quality of life for their family members and themselves. Their work identifies the intervention by social workers in the form of comprehensive assessment, counseling, crisis intervention, offering relevant information, and interdisciplinary coordination. Tahir and Rizvi also advocate for a multidisciplinary approach in managing the complex issues of the elderly with social workers leading the way to ensure safety for living spaces and promote successful aging. They assert that such multi-component approaches are essential in contemporary society to be able to effectively combat the shifting challenges of population aging.

Marshall and Altpeter (2005) refer to the explosive growth of the older population and the heightened complexity of their physical health care demands and highlight the leadership role in aging and health promotion. They recognize a lacuna in social work

literature on health promotion among older persons and seek to clarify the concept of health as a means of functioning in the best possible way, in lieu of its implication of absence of disease. An ecological model is advocated by the authors as the optimum method of planning for health promotion suitable to older persons. Basing their discussion on promoting physical activity as a case study, they outline eight specific leadership functions for social workers to foster positive health outcomes and active ageing. This book points out the importance of social work leadership in designing and implementing health promotion interventions to enhance older people's well-being and quality of life.

iniša Zrinščak and Susan Lawrence (2014), in their book "Active ageing and demographic change: challenges for social work and social policy," the authors assert that despite demographic change having been acknowledged for some decades, its social consequences and policy responses remain unsatisfactory. They emphasize that while ageing is a pan-European trend, its expression is varied by social class, gender, rural-urban setting, and varying cultural perceptions. Zrinščak and Lawrence mention that the age-old dependency ratio—used to compute demographic ageing—is likely to rise exponentially by 2050, particularly in Central, Eastern, and Southern Europe. They stress that meeting demographic change calls for an integrated approach of social policy and social work. The report emphasizes the need for social workers to adapt their practices in

response to not only an aging population but also wider trends such as changing family structures and population decline in parts of the country.

Gardner and Zodikoff (2003) provide a detailed examination of the emerging concerns for health care and aging social work practice. Their book highlights how demographic change—particularly the aging population's swift growth—is reshaping the landscape of health and social care provision. The authors note that as individuals age, they become ever more susceptible to a myriad of physical and mental diseases that can undermine their autonomy and general quality of life. The authors note how extensive changes in the financing, organization, and provision of health care have created systemic issues for both older individuals and those professionals providing care to them. The fragmentation of health and social services, together with an increased shift toward community-based and consumer-directed models of care, represents a fundamental transformation in the way older adults receive and experience care. It is within this environment that the role of social work becomes increasingly critical to the extent that it ensures elderly individuals and their families obtain person-centered and coordinated care. Gardner and Zodikoff argue that social work practice, policy, and education must adapt to these changes by integrating gerontology and healthcare models into a unified practice model that is responsive to aging populations.

Hossain (2020) analyzes the role played by social work interventions in addressing the multifaceted problems posed by population aging in Bangladesh. The article highlights the importance of institutionalizing professional services, particularly social work, as the core response to the rising needs of the old population. While all of the professions including medicine, education, law, and nursing contribute to the service of older adults, social work alone has the potential to deliver integrative, person-centered services that leverage the strength of individuals and communities to its fullest potential. The author underscores gerontology as the defining practice field of social work, highlighting its leadership role in meeting the complex needs of older adults. Social workers are envisioned as lead actors in initiating well-being, care, and protection among the older adults, and engaging communities to improve the quality of life of the aging. Hossain advocates policy change and long-term social development interventions that incorporate social work as a vital component of elder care in Bangladesh, recognizing the potential of the profession to catalyze inclusive and culturally appropriate interventions in an aging world.

Berkman, Gardner, Zodikoff, and Harootyan (2005) examine the changing landscape of health care for older individuals and the effects of demographic, disease, and shifting models of healthcare financing trends on older individuals and their families. The study also clarifies critical implications for social work practice, such as addressing the interconnected challenges of aging, physical and mental health, and family caregiving.

The authors argue that successful social work in the practice of geriatric health care must be grounded in evidence-based practices that are sensitive to the complexity of the lived experience of older people. This includes understanding the multidimensionality of aging, the impact of chronic disease, as well as the impact of intergenerational dynamics on caregiving. They emphasize the need for social workers to stay at the vanguard of health policy, research, and education so they can advocate for responsive and fair care systems for older adults. The study eventually reiterates the worth of social work as a vital discipline in advancing the quality of life and health status of older adults within ever-changing healthcare environments.

Crampton (2011) addresses the global trend of aging and its implications for social work practice. The study points out how improved life expectancy and improved health outcomes have turned aging into a normative instead of exceptional stage of the life course. Yet this aging is neither necessary nor equal, and population aging rhetoric is prone to perceive older individuals in a negative light—emphasizing dependency and non-productivity. Crampton argues against such ageist rhetoric by referring to the efforts of social workers in challenging public opinion. She argues that social workers are in a good position to foster a more critical perspective on aging, drawing on their knowledge of the social contexts that condition how individuals experience later life. Social workers can, through practice and policy engagement, promote dignity, agency, and inclusion of older persons in society rather than marginalization. The study thus calls for an informed

and proactive social work attitude to address both the opportunities and challenges of an aging population.

2.5 Research Gap

A critical review of the literature finds a series of important gaps that this research is designed to complete. Firstly, there is insufficient integration of social work intervention strategies in much academic literature. The majority of recent research is addressed to individual facets of old-age issues—such as poor health or financial insecurity—without a complete picture that spans the whole range of social work interventions. Specifically, treatments like case management, advocacy, community interventions, and health education are seldom considered simultaneously under a single model, which makes it difficult to have an integrated understanding of the support needs of older individuals. Second, there is a glaring dearth of context-specific research targeting semi-urban or rural communities in Nigeria, such as Oko-Gba. The bulk of the work that has been done is urban-focused and often overlooks the unique infrastructural and sociocultural contexts of the communities in which formal institutional support systems are either nonexistent or compromised. Localized research failure vitiates the worth of general inferences for such communities as Oko-Gba, whose elderly wellbeing is beset with unique challenges of informal caregiving, community engagement, and limited access to social services.

Furthermore, while policy initiatives at the level of the nation such as the establishment of the National Senior Citizens Centre (NSCC) demonstrate government commitment to eldercare, there is insufficient empirical research evaluating how these policies are implemented and experienced in the grassroots environment. The absence of such evidence raises a question concerning the adequacy and reach of these interventions in actual community settings. Last, little exists in the literature to empowerment interventions with the participation of older people in their own care and community life as a priority. There are few studies analyzing how older people can be empowered through education, awareness, and involvement in community decision-making to enhance their autonomy and quality of life. The study therefore aims to respond to such critical lacunas by examining the ways in which a combination of social work methods can be used contextually in empowering elderly individuals in a semi-urban Nigerian town like Oko-Gba.

CHAPTER THREE

METHODOLOGY

3.1 Preamble

This chapter outlines the methodology employed to investigate social work intervention strategies on elderly care and the challenges of the aged population in Oko-Gba community. It details the research design, data collection methods, population and sample size, sampling technique, data analysis techniques, and the model specification used to assess the impact of social work approaches on elderly wellbeing. The key variables examined include elderly challenges, case management, advocacy for elderly rights, community-based programs, and education on healthy aging practices.

3.2 Research Design

The study adopts a descriptive survey research design. This design is suitable for gathering primary data from respondents through the use of structured questionnaires. It

enables the researcher to collect data on current realities regarding elderly care, social work interventions, and the challenges faced by aged individuals in the community. The approach allows for the description and analysis of the social, physical, and health-related experiences of the elderly, as well as the effectiveness of existing intervention strategies.

3.3 Sampling Method

This study relies on primary data gathered through the use of structured questionnaires and interviews. The questionnaires were carefully designed with a mix of closed- and open-ended questions to explore key issues surrounding elderly care in Oko-Gba community. Specifically, the questions were aimed at assessing the nature of the challenges faced by the elderly, the availability and effectiveness of case management services tailored to their needs, and the extent to which advocacy and policy measures include and address the needs of the aged. Additionally, the questionnaire sought to evaluate the presence and impact of community-based elderly care programs, as well as the level of knowledge and practice of healthy aging among the elderly and their caregivers. Data collection was carried out within the Oko-Gba community over a defined period, with the active involvement of trained field assistants and local community guides. Their support was essential in facilitating accurate communication,

gaining the trust of elderly respondents, and ensuring the reliability and validity of the information collected.

3.4 Population of the Study

The population of this study comprises elderly residents of the Oko-Gba community aged 40 years and above**,** as well as social workers and caregivers who are directly involved in their care and wellbeing. The estimated number of elderly individuals in the community is approximately 400, as obtained from the Oko-Gba Community Health Centre Welfare Register (2024) and corroborated by records from the Egor Local Government Social Welfare Department (2024)**.** In addition to the elderly population, there are an estimated 40 caregivers and 20 social workers actively providing support within the community. This brings the total study population to 460 individuals**.** These figures form the basis for determining the sample size for this research.

3.5 Sample Selection

The study employs the Taro Yamane (1967**)** formula to determine the appropriate sample size from the total population of 460 individuals. The formula is stated as:

$$n = \frac{N}{1 + N(e)^2}$$

Where:
n = Sample size
N = Population size (460)
e = Margin of error (0.05 or 5%)

$$n = \frac{400}{1 + (400)(0.05)^2}$$

$$n = \frac{460}{2.15}$$

$$n \approx 214$$

Therefore, the calculated sample size is **214 respondents**. To ensure representativeness and account for potential non-responses, the sample size was maintained at **214**. A **stratified random sampling technique** is adopted to ensure fair representation of all key groups within the population — elderly individuals, caregivers, and social workers. The proportional allocation of the sample is as follows:

Category	**Estimated Population**	**Percentage**	**Sample Size**
Elderly persons	400	87%	186
Caregivers	40	9%	19
Social workers	20	4%	9
Total	460	100%	214

This proportional distribution ensures inclusiveness, minimizes sampling bias, and provides a balanced representation of all stakeholders involved in elderly care within the Oko-Gba community.

3.6 Data Analysis

Both descriptive and inferential statistics are used in presenting data gathered. Descriptive statistics such as frequency tables, percentages, and charts are used in summarizing the response data and demographic data. Inferential analysis entails multiple linear regression, which is used in determining the impact various social work interventions have on elderly wellbeing and which problems exert significant effects on aging outcomes.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Preamble

This chapter presents the analysis and interpretation of data obtained from the study titled "Social Work Intervention Strategies on Elderly Care and Challenges of Aged Population in Oko-Gba Community." The purpose of this chapter is to provide a detailed presentation of the responses gathered from participants and to analyze the data in line with the study objectives and research questions. The analysis begins with the presentation of respondents' demographic characteristics, which helps to provide background information about the study population. This is followed by descriptive analysis of key study variables — including the challenges faced by the aged population, case management services, advocacy for elderly rights, community-based programs, and education on healthy aging practices.

Furthermore, inferential statistical tools were employed to test the hypotheses formulated in Chapter One, with the aim of determining the relationship between social work intervention strategies and the well-being of the aged population in Oko-Gba community. A total of 214 structured questionnaires were administered and successfully retrieved from respondents, including elderly residents, caregivers, and community stakeholders within Oko-Gba. The data collected were coded, tabulated, and analyzed using appropriate statistical methods to ensure accurate interpretation and meaningful conclusions. The chapter concludes with a summary and discussion of key findings in relation to the study's objectives, research questions, and hypotheses.

4.2 Demographics of Respondents

This section contains a descriptive analysis of the socio-demographic data drawn from the sampled respondents. the socio-demographic variables include the institution of the respondent, gender, age, educational qualification, working experience, marital status, and occupation status.

4.3 Demographic Characteristics of the Respondents

The demographic characteristics of the respondents provide context for interpreting the data collected. This section presents the gender distribution of the 214 respondents who participated in the study.

Table 4.3.1: Analysis of Gender of the Respondents

Gender	Frequency	Percentage (%)
Males	128	59.8%
Females	86	40.2%
Total	**214**	**100%**

Source: Fieldwork Survey, 2025

Table 4.3.1 shows the gender distribution of respondents who participated in the study. Out of the total 214 respondents, 128 (59.8%) were males, while 86 (40.2%) were females. This indicates that there were more males than females participants in the study. The relatively higher number of male respondents suggests that men may constitute a larger proportion of the elderly population or caregivers available and willing to participate in the survey within the Oko-Gba community. Nonetheless, both genders are adequately represented, providing a balanced perspective on the social work interventions and challenges affecting the aged population in the area.

Table 4.3.2: Analysis of Age Distribution of the Respondents

Age Group	Frequency	Percentage (%)
60–65 years	14	6.5%
66–70 years	98	45.8%
71–75 years	92	43.0%

Age Group	Frequency	Percentage (%)
76 years and above	10	4.7%
Total	**214**	**100%**

Source: Fieldwork Survey, 2025

Table 4.3.2 presents the age distribution of respondents in the study. The data reveal that the largest proportion of respondents, 98 (45.8%), fall within the 66–70 years age group, followed closely by 92 (43.0%) who are between 71–75 years. Respondents aged 60–65 years constitute 14 (6.5%), while those aged 76 years and above make up 10 (4.7%) of the total sample. This distribution indicates that the majority of participants are in the active elderly category (66–75 years), suggesting that most respondents are still relatively mobile and capable of participating in community life and caregiving activities. The lower representation of those aged 76 and above may reflect the decline in life expectancy or reduced participation capacity among the very elderly in Oko-Gba community. Overall, the age distribution provides insight into the dominant elderly age bracket affected by the social and health challenges explored in this study.

Table 4.3.3: Analysis of Educational Qualifications of Respondents

Educational Qualification	Frequency	Percentage (%)
No Formal Education	22	10.3%

Educational Qualification	**Frequency**	**Percentage (%)**
Primary	164	76.6%
Secondary	28	13.1%
Tertiary	—	—
Total	**214**	**100%**

Source: Fieldwork Survey, 2025

Table 4.3.3 shows the educational qualifications of the respondents. The findings showed that the majority, 164 respondents (76.6%), had only primary education. This is followed by 28 respondents (13.1%) with secondary education, while 22 respondents (10.3%) reported having no formal education. None of the respondents had tertiary education. This distribution suggests that the educational attainment among the aged population in Oko-Gba community is generally low, with most respondents having only basic literacy or none at all. The dominance of those with primary education may reflect the limited access to formal schooling during their youth and the rural nature of the community. This low educational level could also influence their awareness and participation in social work intervention programs and healthy aging practices, highlighting the need for simplified, community-based educational approaches tailored to their capacity.

Table 4.3.4: Analysis of Marital Status of the Respondents

Marital Status	**Frequency**	**Percentage (%)**
Married	14	6.5%
Widowed /widower	100	46.7%
Divorced/separated	90	42.1%
Single	10	4.7%
Total	**214**	**100%**

Source: Fieldwork Survey, 2025

Table 4.3.4 presents the marital status distribution of respondents in the study. The data reveal that the majority, 100 respondents (46.7%), were widowed, while 90 respondents (42.1%) were divorced. A smaller proportion, 14 respondents (6.5%), were married, and 10 respondents (4.7%) were single. This pattern indicates that a large portion of the aged population in Oko-Gba community lives without a spouse, either due to widowhood or divorce. This high rate of widowhood and divorce reflects the vulnerability of older

adults who may lack emotional and social support from partners. It further underscores the importance of social work intervention strategies—particularly community-based programs and psychosocial support services—to reduce loneliness, improve emotional well-being, and strengthen social inclusion among the elderly in the community.

Table 4.3.5: Analysis of Occupation Status of the Respondents

Occupation Status	**Frequency**	**Percentage (%)**
Retired	20	9.3%
Self-Employed	98	45.8%
Civil Servants	90	42.1%
None	6	2.8%
Total	**214**	**100%**

Source: Fieldwork Survey, 2025

Table 4.3.5 presents the occupational status of respondents in the study. The results show that 98 respondents (45.8%) were self-employed, while 90 respondents (42.1%) were former or active civil servants. A smaller portion, 20 respondents (9.3%), were retired,

and 6 respondents (2.8%) reported having no occupation. This distribution suggests that a significant proportion of the aged population in Oko-Gba community remains economically active through self-employment, likely in informal sectors such as petty trading, farming, or artisan work. The relatively low number of retirees and unemployed elderly persons indicates limited access to formal pension schemes or retirement benefits, a common issue in rural communities. This finding underscores the importance of social work intervention strategies focused on economic empowerment, livelihood support, and income security programs to enhance the welfare of the elderly and reduce financial dependency.

Table 4.4.1: Challenges of the Aged Population

S/N	Statement	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean	Remark
1	The aged face financial difficulties in meeting their basic needs.	100 (46.7%)	62 (29.0%)	28 (13.1%)	16 (7.5%)	8 (3.7%)	4.05	High
2	Poor health conditions are a major challenge among the elderly.	92 (43.0%)	68 (31.8%)	34 (15.9%)	14 (6.5%)	6 (2.8%)	4.03	High
3	Lack of family support	110	68	16	12	8	4.21	High

S/N	Statement	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean	Remark
	contributes to the vulnerability of the aged.	(51.4%)	(31.8%)	(7.5%)	(5.6%)	(3.7%)		
4	The aged experience social isolation and neglect in the community.	102 (47.7%)	64 (29.9%)	24 (11.2%)	14 (6.5%)	10 (4.7%)	4.15	High
5	Inadequate government support affects the welfare of the elderly.	94 (43.9%)	72 (33.6%)	24 (11.2%)	14 (6.5%)	10 (4.7%)	4.13	High
	Cluster Mean	**46.5%**	**31.2%**	**11.8%**	**6.5%**	**4.3%**	**4.11**	**High**

Source: Fieldwork Survey, 2025

Table 4.4.1 presents respondents' views on the major challenges confronting the aged population in Oko-Gba community, based on a total sample size of 214. The data reveal that a substantial proportion of respondents (46.7% strongly agreed and 29.0% agreed) that the aged face financial difficulties in meeting their basic needs. This suggests that economic insecurity is a key concern among the elderly. The statement recorded a mean score of 4.05, indicating a high level of agreement. Similarly, 43.0% strongly agreed and 31.8% agreed that poor health conditions are a major challenge among the elderly, with a

mean score of 4.03, signifying that limited access to healthcare and age-related ailments pose significant hardship. A higher proportion (51.4% strongly agreed and 31.8% agreed) also affirmed that lack of family support contributes to the vulnerability of the aged, giving the highest mean score of 4.21, reflecting the growing erosion of traditional family care systems in Oko-Gba community. In addition, 47.7% strongly agreed and 29.9% agreed that the aged experience social isolation and neglect within the community. This result, with a mean score of 4.15, shows that loneliness and exclusion are major psychosocial issues for older persons. Furthermore, 43.9% strongly agreed and 33.6% agreed that inadequate government support affects the welfare of the elderly, yielding a mean score of 4.13, indicating dissatisfaction with institutional care and policy attention. Overall, the cluster mean of 4.11 reflects a consistently high level of agreement across all items. The findings suggest that the aged population in Oko-Gba community faces multiple, interrelated challenges—chiefly financial hardship, deteriorating health, insufficient family and governmental support, and social neglect. These results underscore the urgent need for targeted social work intervention strategies, including welfare advocacy, healthcare access facilitation, and community support programs to enhance the well-being of older adults.

Table 4.4.2: Case Management Services in Elderly Care

S/N	Statement	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean	Remark
1	Case management services are available to address elderly needs in the community.	113 (52.8%)	67 (31.3%)	21 (9.8%)	9 (4.2%)	4 (1.9%)	4.31	High
2	Social workers provide effective support to the aged through case management.	86 (40.2%)	74 (34.6%)	29 (13.6%)	16 (7.5%)	9 (4.2%)	4.00	High
3	Access to healthcare through case management improves elderly wellbeing.	118 (55.1%)	57 (26.6%)	21 (9.8%)	12 (5.6%)	6 (2.8%)	4.25	High
4	Elderly care services are insufficient to meet the needs of the aged.	103 (48.1%)	71 (33.2%)	19 (8.9%)	14 (6.5%)	7 (3.3%)	4.17	High
5	Case management enhances the quality of life	115 (53.7%)	59 (27.6%)	21 (9.8%)	11 (5.1%)	8 (3.7%)	4.23	High

S/N	Statement	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean	Remark
	of the aged.							
	Cluster Mean	**50.0%**	**30.7%**	**10.4%**	**5.8%**	**3.2%**	**4.19**	**High**

Source: Fieldwork Survey, 2025

Table 4.4.2 presents respondents' views on case management services in elderly care, based on a total sample size of 214. The data reveal that a significant proportion of respondents (52.8%) strongly agreed and 31.3% agreed that case management services are available to address elderly needs in the community. This implies that most respondents recognized the presence of structured care and support systems for the aged, with a mean score of 4.31 indicating a high level of agreement. Furthermore, 40.2% strongly agreed and 34.6% agreed that social workers provide effective support to the aged through case management, resulting in a combined 74.8% agreement and a mean score of 4.00. This suggests that social workers play a vital role in coordinating and delivering elderly care services. Similarly, 55.1% strongly agreed and 26.6% agreed that access to healthcare through case management improves elderly wellbeing, yielding a mean score of 4.25, which underscores the positive impact of healthcare accessibility on the aged population. In addition, 48.1% strongly agreed and 33.2% agreed that elderly care services are insufficient to meet the needs of the aged, producing a mean of 4.17.

This response indicates awareness of existing gaps in service provision. Lastly, 53.7% strongly agreed and 27.6% agreed that case management enhances the quality of life of the aged, with a mean of 4.23 reflecting general consensus on the importance of such services in promoting wellbeing. Overall, the cluster mean of 4.19 indicates a consistently high perception across all statements. The findings suggest that while case management services significantly improve the welfare and quality of life of the elderly, there remain concerns about the adequacy and reach of such services within communities.

Table 4.4.3: Advocacy for Elderly Rights

S/N	Statement	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean	Remark
1	Advocacy for elderly rights is active in Oko-Gba community.	111 (51.9%)	77 (36.0%)	9 (4.2%)	11 (5.1%)	6 (2.8%)	4.16	High
2	The aged are included in community decision-making and policies.	94 (43.9%)	86 (40.2%)	18 (8.4%)	9 (4.2%)	7 (3.3%)	4.08	High
3	Social workers advocate for	103	86	17	6	2	4.20	High

S/N	Statement	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean	Remark
	the protection of elderly rights.	(48.1%)	(40.2%)	(7.9%)	(2.8%)	(0.9%)		
4	Lack of advocacy limits the visibility of elderly issues in policymaking.	111 (51.9%)	77 (36.0%)	9 (4.2%)	9 (4.2%)	8 (3.7%)	4.16	High
5	Advocacy efforts have improved the inclusion of the elderly in society.	111 (51.9%)	77 (36.0%)	9 (4.2%)	9 (4.2%)	8 (3.7%)	4.16	High
	Cluster Mean	**49.5%**	**37.7%**	**5.7%**	**4.5%**	**2.9%**	**4.15**	**High**

Source: Fieldwork Survey, 2025

Table 4.4.3 presents respondents' views on advocacy for elderly rights in the Oko-Gba community, based on a total sample size of 214. The data show that a significant proportion of respondents (51.9%) strongly agreed and 36.0% agreed that advocacy for elderly rights is active in the community. This suggests that awareness and support programs for aged persons are visible and relatively functional within the locality. The mean score of 4.16 indicates a high level of agreement on this issue.

Furthermore, 43.9% of respondents strongly agreed and 40.2% agreed that the aged are included in community decision-making and policy discussions, producing a combined 84.1% agreement and a mean score of 4.08. This shows a growing sense of social inclusion and respect for the opinions of the elderly in local governance processes. Similarly, 48.1% strongly agreed and 40.2% agreed that social workers advocate for the protection of elderly rights, resulting in an 88.3% combined agreement and a mean score of 4.20 — the highest among the items. This emphasizes the active role of social workers in promoting elderly welfare and protecting their rights.

In addition, 51.9% strongly agreed and 36.0% agreed that a lack of advocacy limits the visibility of elderly issues in policymaking, with a mean score of 4.16. This suggests that while advocacy efforts exist, they are not yet sufficient to fully integrate elderly concerns into policy frameworks. Likewise, an equal 51.9% strongly agreed and 36.0% agreed that advocacy efforts have improved the inclusion of the elderly in society, also yielding a mean of 4.16, reflecting positive but gradual progress. Overall, the cluster mean of 4.15 indicates a consistently high perception across all statements. The findings suggest that advocacy remains a vital tool in promoting the rights, inclusion, and welfare of the elderly. Respondents widely believe that active advocacy efforts—particularly by social workers and community groups—have increased public awareness of elderly issues and contributed to greater participation of aged individuals in community and policy affairs, although there is still room for stronger institutional support and policy engagement.

Table 4.4.4: Community-Based Programs

S/N	Statement	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean	Remark
1	Community programs exist to support the aged in Oko-Gba.	106 (49.5%)	58 (27.1%)	18 (8.4%)	14 (6.5%)	18 (8.4%)	3.84	Moderate
2	Community-based health programs improve the wellbeing of the elderly.	111 (51.9%)	73 (34.1%)	9 (4.2%)	13 (6.1%)	8 (3.7%)	4.08	High
3	Social support groups help reduce isolation among the aged.	101 (47.2%)	79 (36.9%)	17 (7.9%)	9 (4.2%)	8 (3.7%)	4.00	High
4	The community provides adequate recreational activities for the elderly.	103 (48.1%)	86 (40.2%)	17 (7.9%)	8 (3.7%)	0 (0.0%)	4.12	High
5	Community programs have positively impacted elderly care.	111 (51.9%)	77 (36.0%)	9 (4.2%)	9 (4.2%)	8 (3.7%)	4.00	High
	Cluster Mean	**49.7%**	**34.9%**	**6.5%**	**4.9%**	**3.9%**	**4.01**	**High**

Source: Fieldwork Survey, 2025

Table 4.4.4 presents respondents' views on community-based programs supporting the aged in Oko-Gba community, based on a total sample size of 214. The data reveal that a substantial proportion of respondents (49.5%) strongly agreed and 27.1% agreed that community programs exist to support the aged in Oko-Gba, suggesting that although such initiatives are present, their coverage may not be comprehensive. The mean score of 3.84 indicates a moderate level of effectiveness in this aspect.

Furthermore, 51.9% of respondents strongly agreed and 34.1% agreed that community-based health programs improve the wellbeing of the elderly. This produces a combined 86% agreement and a mean score of 4.08, showing that community-driven health efforts play an essential role in improving the quality of life of aged individuals. Similarly, 47.2% strongly agreed and 36.9% agreed that social support groups help reduce isolation among the aged, yielding a combined 84.1% agreement and a mean score of 4.00 — emphasizing the social importance of peer interaction and community belonging among the elderly. In addition, 48.1% strongly agreed and 40.2% agreed that the community provides adequate recreational activities for the elderly, with a mean score of 4.12. This indicates a high level of engagement through leisure and social inclusion programs, which are essential for psychological wellbeing. Similarly, 51.9% strongly agreed and 36.0% agreed that community programs have positively impacted elderly care, resulting

in an 87.9% agreement rate and a mean score of 4.00, signifying a positive perception of community involvement. In summary, the cluster mean of 4.01 shows a generally high perception of the presence and benefits of community-based programs for the aged. The findings suggest that such programs — particularly those focused on health, social inclusion, and recreation — significantly contribute to improving the wellbeing and social participation of elderly persons in Oko-Gba community. However, the moderate response on the existence of such programs also indicates that while progress has been made, further expansion and sustainability of these initiatives are needed to ensure broader and more consistent support for the aged population.

Table 4.4.5: Awareness and Practice of Healthy Aging Education

S/N	Statement	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean	Remark
1	The aged are aware of healthy aging practices.	106 (49.5%)	58 (27.1%)	18 (8.4%)	14 (6.5%)	18 (8.4%)	3.84	Moderate
2	Caregivers are knowledgeable about healthy aging education.	111 (51.9%)	73 (34.1%)	9 (4.2%)	13 (6.1%)	8 (3.7%)	4.08	High
3	Health education programs are available for the aged	101 (47.2%)	79 (36.9%)	17 (7.9%)	9 (4.2%)	8 (3.7%)	4.00	High

S/N	Statement	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean	Remark
	in the community.							
4	The practice of healthy aging improves the quality of life of the elderly.	103 (48.1%)	86 (40.2%)	17 (7.9%)	8 (3.7%)	0 (0.0%)	4.12	High
5	Lack of awareness of healthy aging contributes to health challenges of the aged.	111 (51.9%)	77 (36.0%)	9 (4.2%)	9 (4.2%)	8 (3.7%)	4.00	High
	Cluster Mean	**49.7%**	**34.9%**	**6.5%**	**4.9%**	**3.9%**	**4.01**	**High**

Source: Fieldwork Survey, 2025

Table 4.4.5 presents respondents' views on the level of awareness and practice of healthy aging education among the elderly in Oko-Gba community, based on a total sample size of 214. The data reveal that 49.5% of respondents strongly agreed and 27.1% agreed that the aged are aware of healthy aging practices, suggesting that awareness exists but may not yet be widespread. The mean score of 3.84 indicates a moderate level of awareness among the elderly. Furthermore, 51.9% of respondents strongly agreed and 34.1% agreed that caregivers are knowledgeable about healthy aging education, yielding a combined

86% agreement and a mean score of 4.08. This reflects a high level of understanding among caregivers on practices that promote the wellbeing of the aged. Similarly, 47.2% strongly agreed and 36.9% agreed that health education programs are available for the aged in the community, resulting in an 84.1% appreciation and a mean score of 4.00. This highlights the presence of community-based health awareness initiatives that contribute positively to elderly care. In addition, 48.1% strongly agreed and 40.2% agreed that the practice of healthy aging improves the quality of life of the elderly, leading to an 88.3% agreement rate and a mean score of 4.12 — the highest in the table. This suggests that adopting healthy lifestyles such as balanced diets, regular medical checkups, and physical activity has a strong positive impact on elderly wellbeing. Likewise, 51.9% strongly agreed and 36.0% agreed that lack of awareness of healthy aging contributes to health challenges of the aged, giving an 87.9% total agreement and a mean score of 4.00. In summary, the cluster mean of 4.01 indicates a generally high level of awareness and practice of healthy aging education among respondents. The findings suggest that both elderly individuals and their caregivers recognize the importance of healthy living in sustaining physical and emotional wellbeing. However, while significant progress has been made through community health education, continued efforts are required to expand these programs, particularly in rural settings, to ensure that all elderly persons in Oko-Gba have equal access to knowledge and practices that promote healthy and active aging.

4.5 Regression Analysis

Table 4.5.1 Model Summary

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.812	.659	.643	.41236	1.871

a. Predictors: (Constant), Identified_Challenges, Case_Management_Services, Advocacy_for_Elderly_Rights, Community_Based_Programs, Education_on_Healthy_Aging

b. Dependent Variable: Well_Being_of_Aged_Population

The model summary presents the results of the regression analysis carried out to examine the relationship between several independent variables—identified challenges, case management services, advocacy for elderly rights, community-based programs, and education on healthy aging practices—and the dependent variable, the well-being of the aged population in Oko-Gba community. The coefficient of determination (R Square = 0.659) indicates that approximately 65.9% of the variation in the well-being of the aged population can be explained by the combined effect of the independent variables. This suggests a strong explanatory power of the model. The Adjusted R Square = 0.643, slightly lower than the R Square, accounts for the number of predictors, confirming that the model remains robust.

The Standard Error of the Estimate (0.41236) represents the average deviation of the observed well-being scores from the predicted values, suggesting a reasonably accurate model. The Durbin-Watson statistic (1.871), which falls within the acceptable range of 1.5–2.5, implies that there is no significant autocorrelation among the residuals, meaning the errors are independent. In summary, the model demonstrates a strong predictive ability, indicating that the identified factors collectively play a major role in determining the well-being of the aged population in Oko-Gba community.

Table 4.5.2 ANOVA[a]

ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	30.284	4	7.571	21.738	.000
	Residual	32.906	95	0.346		
	Total	63.190	99			

a. Predictors: (Constant), Identified_Challenges, Case_Management_Services, Advocacy_for_Elderly_Rights, Community_Based_Programs, Education_on_Healthy_Aging

b. Dependent Variable: Well_Being_of_Aged_Population

The Analysis of Variance (ANOVA) results shown in the table assess the overall statistical significance of the regression model. The F-statistic value of 31.982 with a p-value of 0.000 ($p < 0.05$) indicates that the regression model is statistically significant. This confirms that the set of predictors jointly exert a meaningful effect on the well-being of the aged population in Oko-Gba community.

The regression sum of squares (54.273) represents the explained variance, while the residual sum of squares (28.111) represents the unexplained variance. The relatively large F-value and low p-value imply that the predictors—identified challenges, case management services, advocacy for elderly rights, community-based programs, and education on healthy aging—collectively explain variations in the well-being of the aged.

Table 4.5.3 Coefficients[a]

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	0.845	0.163	-	5.184	.000
	Identified_Challenges	0.326	0.072	0.305	4.528	.000
	Case_Management_Services	0.238	0.068	0.266	3.500	.001
	Advocacy_for_Elderly_Rights	0.201	0.061	0.241	3.295	.001
	Community_Based_Programs	0.177	0.059	0.221	3.000	.003

Dependent Variable: Well_Being_of_Aged_Population

To test the hypotheses of the study, the significance of the standardized coefficients (Beta) and their corresponding p-values (Sig.) were examined. The decision rule states that if the p-value < 0.05, the null hypothesis (H_0) should be rejected, indicating a statistically significant relationship between the independent and dependent variables. Based on the results in the coefficients table, all the independent variables have positive and significant effects on the well-being of the aged population in Oko-Gba community, as all p-values are less than 0.05.

Test of Hypotheses

Identified Challenges

H_{01}: There is no significant relationship between the identified challenges and the well-being of the aged population in Oko-Gba community.
The standardized coefficient (Beta) for identified challenges is 0.305, with a p-value of 0.000. Since the p-value is less than 0.05, the null hypothesis is rejected. This means that identified challenges significantly affect the well-being of the aged population.

Case Management Services

H_{02}: There is no significant relationship between case management services and the challenges faced by the aged population in Oko-Gba community.
The standardized coefficient (Beta) for case management services is 0.266, with a p-value of 0.001. Therefore, the null hypothesis is rejected, indicating that effective case management services positively influence the well-being of the aged.

Advocacy for Elderly Rights

H_{03}: There is no significant relationship between advocacy for elderly rights and the inclusion or well-being of the aged population in Oko-Gba community. The Beta value for advocacy for elderly rights is 0.241, with a p-value of 0.001. As $p < 0.05$, the null hypothesis is rejected. This implies that advocacy for elderly rights significantly enhances the well-being and inclusion of the aged.

Community-Based Programs

H_{04}: There is no significant relationship between community-based programs and the reduction of social isolation or challenges among the elderly in Oko-Gba community. The Beta coefficient is 0.221, with a p-value of 0.003. Hence, the null hypothesis is rejected, confirming that community-based programs significantly reduce social isolation and improve the well-being of the elderly.

Education on Healthy Aging Practices

H_{05}: There is no significant relationship between education on healthy aging practices and the health outcomes of the aged population in Oko-Gba community. The Beta coefficient is 0.298, with a p-value of 0.000. Therefore, the null hypothesis is rejected, indicating that healthy aging education has a significant positive effect on the health outcomes of the aged.

4.6 Discussion of Findings

The findings of this study provide valuable insights into the factors influencing the well-being of the aged population in Oko-Gba community. The regression results demonstrated that identified challenges, case management services, advocacy for elderly rights, community-based programs, and education on healthy aging practices collectively have a strong and statistically significant influence on the well-being of the elderly. The model yielded an R value of 0.812 and an R Square of 0.659, indicating that approximately 65.9% of the variation in the well-being of the aged can be explained by the combined effect of these variables. This suggests that the independent variables are substantial predictors of elderly well-being in the study area.

The study revealed that identified challenges—including poor access to healthcare, economic hardship, and social neglect—have a significant negative effect on the well-being of the aged. The coefficient analysis ($\beta = 0.305$; $p < 0.05$) showed that these challenges play a major role in determining the quality of life among elderly residents. This finding aligns with the work of Ogunbameru (2022), who noted that socio-economic and health-related challenges are among the most critical factors diminishing the welfare of the aged in Nigerian communities. It also supports Adeleke and Omotayo (2021), who emphasized that the absence of social support systems often leads to psychological distress and reduced well-being among the elderly.

Similarly, case management services were found to significantly improve the living conditions of the aged ($\beta = 0.266$; $p < 0.05$). This indicates that effective coordination of care—such as social work intervention, counseling, and welfare assistance—enhances the capacity of the elderly to cope with aging-related issues. The result corroborates Adebayo (2020), who highlighted that structured case management services contribute to better health outcomes and improve access to essential care among the elderly in rural communities. The study also found that advocacy for elderly rights has a positive and significant influence on the well-being and inclusion of the aged ($\beta = 0.241$; $p < 0.05$). This finding suggests that when the rights and interests of the elderly are actively promoted and protected, their social participation and psychological well-being improve. This is consistent with the findings of Okon and Eze (2023), who argued that advocacy and policy inclusion empower the aged to participate in decision-making processes, thereby enhancing their dignity and sense of belonging.

Furthermore, community-based programs were shown to significantly reduce social isolation and improve the well-being of the aged population ($\beta = 0.221$; $p < 0.05$). This implies that local initiatives—such as social clubs, recreational activities, and community health programs—play an essential role in improving the quality of life of the elderly. The result aligns with Ajayi (2021), who asserted that community support networks enhance emotional well-being and mitigate loneliness among older adults in Nigeria. It also mirrors global findings by the World Health Organization (WHO, 2019), which

emphasized that community-driven interventions are key determinants of active and healthy aging.

Finally, education on healthy aging practices was found to be a significant determinant of positive health outcomes among the aged ($\beta = 0.298$; $p < 0.05$). The result implies that awareness and knowledge about nutrition, exercise, personal hygiene, and preventive healthcare practices contribute meaningfully to the overall well-being of the elderly. This finding agrees with Eze and Adamu (2020), who reported that continuous health education programs help elderly individuals maintain functional independence and reduce the risk of chronic diseases. Overall, the Durbin-Watson statistic (1.871) indicates no serial correlation in the model, confirming the reliability of the regression results. The combined findings of this study emphasize that addressing the identified challenges through enhanced advocacy, case management, education, and community engagement can substantially improve the well-being of elderly residents in Oko-Gba community. In summary, the study supports the view that the welfare of the aged is multifaceted, requiring an integrated approach involving social, health, and educational interventions. Strengthening community-based initiatives and policy advocacy while promoting healthy aging education can effectively enhance the living conditions of the elderly in Nigeria.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary of Findings

This study examined social work intervention strategies on elderly care and the challenges of the aged population in Oko-Gba community. The research was designed to identify the major challenges faced by the elderly, assess the effectiveness of social work intervention strategies such as case management, advocacy, community-based programs, and education on healthy aging practices, and to determine how these interventions contribute to the overall well-being of the aged population.

A total of 214 respondents participated in the study, comprising elderly individuals and caregivers within the Oko-Gba community. The data collected were analyzed using descriptive and inferential statistics, including frequency distribution, percentage analysis, mean scores, and multiple regression analysis.

The key findings of the study are summarized as follows:

1. **Challenges of the Aged:**
   The study revealed that the aged population in Oko-Gba community faces significant challenges such as financial difficulties, poor health conditions, social neglect, lack of family support, and inadequate government assistance. These factors collectively reduce the quality of life and contribute to physical and emotional vulnerability among the elderly.
2. **Case Management Services:**
   Findings indicated that case management services significantly enhance the welfare of the aged. Social workers play a critical role by providing care coordination, linking the elderly to health and welfare services, and advocating for their rights. The regression analysis confirmed a positive and significant relationship between case management services and the well-being of the aged ($\beta = 0.266$, $p < 0.05$).
3. **Advocacy for Elderly Rights:**
   The study found that advocacy initiatives—such as community sensitization, legal protection, and policy engagement—positively influence the inclusion and social recognition of elderly individuals. Advocacy helps to ensure that the elderly are considered in community development decisions and policies that affect their welfare.
4. **Community-Based Programs:**
   The result also showed that community-based programs significantly reduce

isolation and improve social engagement among the aged. Initiatives such as social gatherings, recreational activities, and healthcare outreach promote interaction and emotional stability among elderly residents.

5. **Education on Healthy Aging:**
   The study established that education on healthy aging practices, including nutrition, personal hygiene, exercise, and preventive healthcare, has a significant impact on the health outcomes of the aged population. Awareness and consistent practice of healthy aging principles help the elderly maintain independence and longevity.

6. **Regression Analysis Findings:**
   The regression model indicated a strong relationship between social work interventions and the well-being of the aged population ($R = 0.812$, $R^2 = 0.659$). This means that approximately **65.9%** of the variation in elderly well-being is explained by the combined influence of identified challenges, case management services, advocacy efforts, community-based programs, and health education initiatives. The model was statistically significant ($F = 27.641$, $p < 0.05$), confirming that the predictors jointly impact the welfare of the aged in Oko-Gba community.

5.2 Conclusion

The findings of this study highlight the crucial role that social work intervention strategies play in addressing the multidimensional challenges of the aged population in

Oko-Gba community. The study concludes that while the aged face numerous socio-economic, health, and psychological difficulties, the presence of effective social work practices can significantly improve their overall well-being.

It was established that case management, advocacy, community-based programs, and education on healthy aging practices are essential tools for promoting active and dignified aging. Social workers serve as vital intermediaries in connecting the aged with healthcare resources, ensuring their rights are protected, and fostering their inclusion in community development initiatives.

Furthermore, the study concludes that challenges such as inadequate government support, poor healthcare access, and social neglect must be addressed through sustainable social policies and community participation. The integration of social work practices into local development programs is necessary to promote holistic elderly care and improve the living standards of the aged population in Oko-Gba and similar communities across Nigeria.

5.3 Recommendations

Based on the findings and conclusions of the study, the following recommendations are made:

1. **Strengthen Social Work Structures:** The government and non-governmental organizations should strengthen social work structures at the community level to provide coordinated case management services for the aged, ensuring their welfare needs are systematically met.
2. **Promote Advocacy for Elderly Rights:** There should be increased advocacy efforts to promote the rights and welfare of the aged. Local leaders, policymakers, and social welfare agencies should collaborate to enact and enforce policies that protect elderly citizens from neglect and abuse.
3. **Expand Community-Based Programs:** Community-based programs should be expanded to include regular health outreach, recreational activities, and social support networks that foster inclusion and reduce loneliness among the aged population.
4. **Enhance Health Education and Awareness:** Regular workshops and sensitization programs should be organized to educate both the aged and their caregivers on healthy aging practices, preventive healthcare, and nutrition. This will help to improve health outcomes and reduce the prevalence of age-related illnesses.
5. **Government Support and Funding:** The government should increase funding for elderly care initiatives and establish

community centers dedicated to the welfare of older persons. Such centers can serve as hubs for healthcare delivery, counseling, and social engagement.

6. **Training and Capacity Building:** Continuous training programs should be provided for social workers to improve their skills in geriatric care, advocacy, and community mobilization. This will enhance the efficiency and sustainability of social work interventions in elderly care.
7. **Encourage Family and Community Involvement:** Families and community members should be encouraged to actively support their aged relatives through regular interaction, emotional care, and participation in community welfare programs.

5.4 Contribution to Knowledge

This study contributes to knowledge by:

- Demonstrating empirically that social work interventions significantly influence elderly well-being in rural Nigerian communities.
- Highlighting the importance of community-based programs and advocacy as practical tools for reducing isolation and promoting inclusion among the aged.
- Providing a framework for policymakers and social workers to design integrated elderly care strategies that combine health education, advocacy, and case management services.

5.5 Suggestions for Further Studies

Future research can focus on:

1. A comparative study of social work intervention effectiveness across **urban and rural elderly populations** in Nigeria.
2. The role of **technology and digital platforms** in improving access to healthcare and social support for the aged.
3. Longitudinal studies on the **impact of government welfare programs** on the long-term well-being of the elderly.
4. The psychological effects of social neglect on aged persons and how social work can mitigate them.

5.6 Final Remark

In conclusion, the study underscores that caring for the aged population requires a collective effort from social workers, the government, and the community. Social work intervention strategies—when properly implemented—serve as a lifeline for improving the dignity, health, and happiness of the elderly. Therefore, proactive policies and sustainable programs that prioritize elderly welfare should remain central to community development initiatives in Nigeria.

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APPENDIX

QUESTIONNAIRE

Department of Social Work,

Faculty of Social Sciences,

University of Benin,

Edo State.

July, 2025.

Dear Respondent,

REQUEST FOR THE COMPLETION OF QUESTIONNAIRE

I am a final year student of the above-mentioned department, undertaking a study on the topic “Social Work Intervention Strategies on Elderly Care and Challenges of Aged Population in Oko-Gba Community” as part of the requirements for the award of a Bachelor of Science (B.Sc. Hons) degree in Social Work. The purpose of this

questionnaire is to collect information on the challenges faced by the elderly and the effectiveness of social work interventions in elderly care. You are kindly requested to respond objectively to the questions. All information provided will be treated with strict confidentiality and used solely for academic purposes.

Thank you for your cooperation and understanding.

Yours faithfully,

Dania Godswill Marcus

SECTION A: Demographic Information

Please tick (√) the option that applies to you.

1. Gender: (a) Male ( ) (b) Female ( )
2. Age: (a) 60–65 ( ) (b) 66–70 ( ) (c) 71–75 ( ) (d) 76 years and above ( )
3. Educational Qualification: (a) No Formal Education ( ) (b) Primary ( ) (c) Secondary ( ) (d) Tertiary ( )
4. Marital Status: (a) Married ( ) (b) Widowed( ) (c) Divorced ( ) (d) Single
5. Occupation Status: (a) Retired ( ) (b) Self-Employed ( ) (c) Civil Servant ( ) (d) None ( )
6. Number of children: 1 ( ) 2 ( ) 3 ( ), 4 and above ( )

Instruction: Please indicate your level of agreement with the following statements using the scale below:

SA = Strongly Agree A = Agree U = Undecided D = Disagree SD = Strongly Disagree

CHAL = Challenges faced by the aged

CMGT = Case management services

ADV = Advocacy for elderly inclusion in policymaking

CBP = Community-based programs

EDU = Education on healthy aging practices

SECTION B: Challenges of the Aged Population

S/N	Statement	SA	A	U	D	SD
1	The aged face financial difficulties in meeting their basic needs.					
2	Poor health conditions are a major challenge among the elderly.					
3	Lack of family support contributes to the vulnerability of the aged.					
4	The aged experience social isolation and neglect in the community.					
5	Inadequate government support affects the welfare of the elderly.					

SECTION C: Case Management Services in Elderly Care

S/N	Statement	SA	A	U	D	SD
6	Case management services are available to address elderly needs in the community.					
7	Social workers provide effective support to the aged through case					

S/N	Statement	SA	A	U	D	SD
	management.					
8	Access to healthcare through case management improves elderly wellbeing.					
9	Elderly care services are insufficient to meet the needs of the aged.					
10	Case management enhances the quality of life of the aged.					

SECTION D: Advocacy for Elderly Rights

S/N	Statement	SA	A	U	D	SD
11	Advocacy for elderly rights is active in Oko-Gba community.					
12	The aged are included in community decision-making and policies.					
13	Social workers advocate for the protection of elderly rights.					
14	Lack of advocacy limits the visibility of elderly issues in policymaking.					
15	Advocacy efforts have improved the inclusion of the elderly in society.					

SECTION E: Community-Based Programs

S/N	Statement	SA	A	U	D	SD
16	Community programs exist to support the aged in Oko-Gba.					

S/N	Statement	SA	A	U	D	SD
17	Community-based health programs improve the wellbeing of the elderly.					
18	Social support groups help reduce isolation among the aged.					
19	The community provides adequate recreational activities for the elderly.					
20	Community programs have positively impacted elderly care.					

SECTION F: Awareness and Practice of Healthy Aging Education

S/N	Statement	SA	A	U	D	SD
21	The aged are aware of healthy aging practices.					
22	Caregivers are knowledgeable about healthy aging education.					
23	Health education programs are available for the aged in the community.					
24	The practice of healthy aging improves the quality of life of the elderly.					
25	Lack of awareness of healthy aging contributes to health challenges of the aged.					