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SOCIAL WORK ADVOCACY, HEALTH SUPPORT SERVICES AND THE CARE OF THE ELDERLY IN PORT HARCOURT, RIVERS STATE, NIGERIA

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ABSTRACT
This study examined social work advocacy, health support services and the care of the elderly in Port Harcourt, Rivers State, Nigeria. The growing number of older people, coupled with weak family support systems, under-resourced healthcare and crumbling social infrastructure, creates a strong need for properly trained elderly-care professionals, especially social workers. Two objectives, two research questions and one null hypothesis guided the study. The study was anchored on the Ecological Systems Theory, supported by the Activity Theory of Aging. A descriptive survey research design with a correlational component was adopted. The population comprised 450 registered social workers, healthcare personnel and staff of elderly homes in Port Harcourt and Obio/Akpor Local Government Areas. A sample of 208 respondents was determined using the Raosoft sample size calculator at 5 per cent margin of error and 95 per cent confidence level, and purposive sampling was used to select participants. Data were collected with a structured questionnaire titled Social Work Intervention and Care of the Elderly Questionnaire (SWICEQ), designed on a four-point Likert scale. The instrument was validated by the researcher's supervisor and two experts in test and measurement, and its reliability, established by the test-retest method, yielded a coefficient of 0.89 using the Pearson Product Moment Correlation Coefficient. Data were analysed with mean and standard deviation against a criterion mean of 2.50, while simple linear regression was used to test the hypothesis at 0.05 level of significance. The findings revealed that social work advocacy (grand mean = 3.70) and social work health support services (grand mean = 3.68) have significant positive effects on the care and wellbeing of elderly persons. Social work advocacy had a significant effect on the physical care of elderly persons ($R^2 = 0.891$, $\beta = 0.944$, $p < 0.05$). The study concluded that advocacy and health support services provided by social workers are essential for effective elderly care in Port Harcourt. It recommended, among others, increased funding for social work and elderly care programmes, regular training of social workers and stronger policy frameworks to protect the rights and welfare of elderly persons.

Keywords: Social Work Intervention, Advocacy, Health Support Services, Elderly Care, Older Persons, Port Harcourt

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Introduction

Population ageing has become one of the most important issues facing societies around the world. It refers to the steady increase in the number and proportion of elderly people within a country's population. This increase is happening because people are living longer as a result of improvements in medicine, nutrition and general living conditions, while birth rates are falling in many parts of the world, including Nigeria. According to the United Nations (2023), the number of persons aged 65 years and above was 761 million in 2021, and this number is projected to rise to 1.6 billion by 2050. The World Health Organization (2022) refers to the elderly as people who have reached the later stage of life. In many developed countries this category usually includes those who are 65 years old and above, while in developing countries such as Nigeria, people are often considered elderly from the age of 60. The growth of the elderly population has important social, economic and healthcare implications, because it raises questions about how societies will provide support, healthcare and social services for older adults and how they will ensure that the elderly live healthy, meaningful and dignified lives (United Nations, 2019).

As people grow older, their bodies and minds also change. Physically, ageing often comes with reduced strength, slower movement and a higher risk of illnesses such as high blood pressure, diabetes and joint problems. Psychologically, some elderly people experience slower memory, difficulty concentrating or feelings of loneliness and sadness, especially when they lose close friends or family members. Socially, life changes after retirement, and in many cases children move away to cities for work, leaving their parents with fewer people to talk to or rely on. Financial challenges are also common among the elderly, especially where pensions or government support are limited. Historically, Africa has been described as a young continent, but with improvements in healthcare and declining fertility, its elderly population is growing. Unlike developed regions, African countries often lack strong social protection systems, and health services for older people are underfunded. Many elderly people continue to live in poverty, and family structures, which traditionally provided strong support for older adults, are being eroded by urbanisation, migration and changing cultural values (Aboderin & Beard, 2015).

Nigeria is experiencing its own share of these demographic changes. While the country remains a youthful nation, the number of elderly persons is steadily increasing. Traditionally, the elderly were highly respected and cared for within extended family structures, but rural-urban migration, economic hardship and globalisation have weakened these systems of support. Many older people live with long-term illnesses such as hypertension, diabetes, arthritis and dementia, and these conditions often go untreated because of limited access to appropriate care. Healthcare services and homes for the elderly designed especially for older adults are sparse in Nigeria and particularly in Rivers State. Although the National Senior Citizens Centre Act of 2018 led to the creation of the National Senior Citizens Centre, its impact on direct service delivery and support for the elderly remains limited. Family members who provide most of the care for older relatives also face physical and emotional strain, financial hardship and limited training, and there is no national policy that specifically supports them (Ikeorji & Ubani, 2024). These combined health and social challenges leave many elderly citizens vulnerable and without reliable support.

The growing number of older people, coupled with weak family support systems, under-resourced healthcare and crumbling social infrastructure, creates a strong need for properly trained elderly-care professionals, especially social workers. According to the International Federation of Social Workers (2014), social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion and the empowerment and liberation of people. Professional social workers support older adults by advocating for their

rights and dignity and by linking them with essential services such as healthcare and social support. In Port Harcourt, social workers are meant to perform a vital function by offering counselling, coordinating follow-up care, advocating for patients' rights and linking patients, especially the elderly, to essential resources and services. A study of medical social workers in Nigeria found that they provide psychosocial assessment, care planning and family support for older adults with dementia and link patients, families and health providers, even under heavy workloads and limited resources (Oyinlola, Mahmoud et al., 2024). Despite this, little is known about how social work advocacy and health support services affect the care of the elderly in Port Harcourt. This study therefore examined social work advocacy, health support services and the care of the elderly in Port Harcourt, Rivers State, Nigeria.

Statement of the problem

The care of the elderly has become an increasing concern in many parts of the world, including Nigeria, due to the steady rise in the ageing population and the multiple challenges associated with old age. Ageing often comes with a wide range of medical and social conditions that require the combined intervention of social workers. Medically, older adults frequently experience chronic illnesses such as hypertension, diabetes, cardiovascular disease, arthritis and neurodegenerative disorders such as dementia. Many also struggle with sensory impairments, mobility difficulties, malnutrition and mental health challenges such as depression and anxiety (World Health Organization, 2022). Socially, ageing is associated with isolation, loneliness and weakened social networks. Older adults may also face elder abuse, financial insecurity, inadequate housing and difficulty in accessing healthcare services. These medical and social challenges require coordinated medical, psychological and social interventions, as well as policies that protect and empower the elderly population. However, Nigeria lacks many of these services. Older adults rely heavily on overstretched general hospitals that lack specialised services, age-friendly facilities and coordinated care systems, and the traditional extended family safety net is weakening as young adults relocate to urban centres such as Port Harcourt.

Social workers are expected to play a crucial role in bridging the gap between the increasing needs of the elderly and the inadequacies of both family and healthcare systems. They are trained to provide psychosocial assessments, counselling, discharge planning, case management, advocacy, linkage to welfare services and support for patients and families during periods of vulnerability. However, available studies reveal significant gaps in the integration of social work into the Nigerian healthcare system. Social workers are often underutilised, poorly recognised, inadequately funded and burdened with overwhelming caseloads, and they work in a resource-constrained system with heavy emotional demands (Oyinlola, Adeyanju et al., 2024). Most studies on elderly care in Nigeria focus on demographic trends, the weakening of family systems or the medical challenges of ageing, while research on the contributions of social workers to elderly care remains extremely limited. Very few empirical studies examine the effect of specific social work interventions, such as advocacy and health support, on the care of older persons, particularly in urban centres like Port Harcourt. The problem of this study, therefore, is to find out the effect of social work advocacy and health support services on the care of the elderly in Port Harcourt, Rivers State.

Aim and objectives of the study

The aim of this study was to examine social work advocacy, health support services and the care of the elderly in Port Harcourt, Rivers State. Specifically, the study sought to:

1. examine the effect of social work advocacy on the physical care of elderly persons in Port Harcourt, Rivers State; and

2. determine the effect of social work health support services on the environmental and living condition of elderly individuals in Port Harcourt, Rivers State.

Research questions

The following research questions guided the study:

1. How does social work advocacy affect the physical care of elderly persons in Port Harcourt, Rivers State?
2. How does social work health support service affect the environmental and living condition of elderly individuals in Port Harcourt, Rivers State?

Hypothesis

The following null hypothesis was tested at 0.05 level of significance:

H_{01}: Social work advocacy has no significant effect on the physical care of elderly persons in Port Harcourt, Rivers State.

Significance of the study

The study is significant because it examines an area of social welfare that requires greater professional attention. Ageing can involve changes in health, income, family relationships, social roles and patterns of daily living, and these circumstances make the care of the elderly more than a matter of meeting physical needs. The elderly will be among the major beneficiaries of the study, since the findings may support interventions that promote dignity, social participation and appropriate access to health and welfare services. The study will be useful to social workers because it provides context-specific information that can strengthen advocacy and health support in the care of the elderly. Healthcare professionals may benefit because the care of the elderly frequently involves needs that extend beyond medical treatment, and the findings may encourage stronger collaboration between social workers and healthcare professionals. Families and caregivers will find the study relevant because it shows how social work interventions can complement their efforts. Government agencies and policymakers responsible for social welfare and healthcare planning may use the findings as a local evidence base for programme development, while students and researchers in social work may use the study as a reference for further work on ageing and social welfare.

Literature review

Concept of social work intervention

Social work is a professional and academic discipline that focuses on helping individuals, families, groups and communities to improve their well-being and cope with challenges in their lives. It is concerned with promoting social change, social justice, human rights and social development, especially among vulnerable and disadvantaged populations (International Federation of Social Workers, 2014). Social work interventions are the various methods used by social workers to address the psychosocial, economic and structural needs of individuals, families, groups and communities. They are intentional strategies guided by professional ethics, theoretical frameworks and empirical evidence, aimed at promoting social justice, reducing inequality and improving human well-being. Social work interventions operate at the micro level, where social workers work directly with individuals and families through casework, counselling and crisis intervention; at the mezzo level, where they work with groups, organisations and communities; and at the macro level, where they engage in policy advocacy and legislative reform. In this study, social work interventions refer to the planned professional activities and services provided by social workers to improve the well-being, health and quality of life of elderly persons.

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Concept of care of the elderly

Care of the elderly is the organised provision of physical, emotional, psychological, social, economic and health-related support that enables older persons to live healthy, dignified, independent and meaningful lives. Elderly care goes beyond the treatment of illnesses. It involves meeting the total needs of older adults by promoting their well-being, protecting their rights and ensuring that they continue to take part actively in family and community life. The World Health Organization (2015) describes healthy ageing as the process of developing and maintaining the functional ability that enables well-being in older age. This means that elderly care should not focus only on extending life expectancy but also on improving the quality of life of older persons. The quality of elderly care can be assessed through indicators such as physical health status, psychological and emotional well-being, functional independence, social support and participation, access to healthcare services, financial security, safety and protection, family support and continuity of care. In this study, physical care refers to the protection of the elderly person's health and rights, while environmental and living condition refers to the health-related support and living circumstances that allow older persons to remain healthy and safe.

From a social work perspective, elderly care is a holistic and person-centred process that recognises the interaction between the biological, psychological, social, cultural and environmental factors affecting older adults. Social workers understand that ageing is a natural stage of human development accompanied by challenges such as declining health, retirement, bereavement, social isolation, financial insecurity and changing family relationships. Their role is to help older adults cope with these challenges by providing professional support, connecting them with available resources and advocating for their rights and welfare. In many developing countries such as Nigeria, elderly care is strongly influenced by family systems. However, urbanisation, migration, economic hardship and changing family structures have reduced the ability of families to provide adequate care for older relatives. In Enugu, family caregivers described care of older relatives as a family duty to be sustained until death, yet most of them struggled with financial strain, caregiver stress and rising health costs, and some turned to traditional medicine because geriatric support was lacking (Ene et al., 2022).

Challenges of the elderly in Nigeria

Elderly persons in Nigeria face health, economic, social and legal challenges that make professional support necessary. On health, many older adults live with chronic conditions such as hypertension, diabetes, arthritis and dementia, as well as sensory impairments and mobility problems, and they rely on general hospitals and primary health centres that are not well prepared for age-related care. On the economic side, many retirees lack pensions or reliable income, and many elderly people struggle to afford proper healthcare, food or housing, which makes them depend heavily on their children or relatives. Socially, the physical separation of generations caused by urbanisation and migration has left many older adults isolated and in need of institutional or professional care, while institutional care options remain scarce and are mainly privately run. Older persons also face inadequate housing, insufficient legal protection and negative stereotypes from some healthcare providers, which create barriers to effective care and reinforce social isolation. These conditions show why the elderly in cities such as Port Harcourt need social workers who can speak for them, protect their rights and help them reach health and welfare services. Family caregivers, who provide most of this care, also need support, because the strain of caring for older relatives with illnesses can reduce the quality of care that older persons receive (Ene et al., 2022; Ikeorji & Ubani, 2024).

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Social work advocacy and the care of the elderly

Social work advocacy refers to the actions taken by social workers to protect the rights of elderly persons and ensure that they have access to appropriate services, benefits and fair treatment. Many elderly persons experience neglect, abuse, discrimination and violations of their rights. Social workers advocate for access to healthcare services, pensions, social protection programmes, housing and legal protection. They also educate policymakers and communities about the rights and needs of older adults, working to eliminate age discrimination and improve social policies that promote healthy ageing. In hospital settings, advocacy involves identifying barriers to care, communicating patient needs to the interdisciplinary healthcare team and challenging discriminatory practices. For example, an elderly patient may face delayed treatment because of implicit age bias or the limited availability of geriatric services, and the social worker intervenes to ensure timely access to care and inclusion in medical decision-making. Social workers also educate patients and families about their rights, which empowers them to make informed decisions and safeguards their dignity.

Advocacy also takes place at the policy level, where social workers contribute to legislation and reforms that protect the rights and welfare of the elderly. In Nigeria, the need for such advocacy is great. The National Senior Citizens Centre Act of 2018 created a framework for the welfare of older persons, but its impact on direct service delivery remains limited, and there is no functional national elderly care policy that fully incorporates social work interventions into healthcare delivery. Ikeorji and Ubani (2024) argued that social workers and government should advocate for policies that recognise informal carers of older adults and provide them with financial support, respite, training and access to healthcare. Medical social workers in Nigerian hospitals have also been described as advocates for patients within a strained health system, helping to reduce the negative effects of prolonged hospital stays through emotional support and care coordination (Oyinlola, Adeyanju et al., 2024). Through effective advocacy, social workers influence policy implementation and resource allocation, thereby strengthening elderly care systems.

Social work health support services and the care of the elderly

Social work health support service refers to the assistance provided by social workers to help elderly persons access healthcare services, health education, treatment, rehabilitation and other health-related resources. In healthcare settings, social workers guide elderly clients through the medical system. They provide support in hospital discharge planning, medication management, rehabilitation referrals and follow-up care, and they help patients and families understand diagnoses, treatment options and care procedures. Psychosocial assessment is a central part of this work, because older adults typically face a combination of physical, cognitive and emotional challenges. Through assessment, social workers identify factors such as mental health status, family support, financial security, living conditions and social connections, and they share these insights with the interdisciplinary healthcare team so that interventions address both medical and psychosocial needs. Social workers also provide health education to elderly patients and their families on disease management, medication adherence, rehabilitation, nutrition and preventive health practices, which encourages active participation in care.

Evidence from other countries shows that health support provided by social workers can improve outcomes for older adults. Barber et al. (2015) presented a case study of an older woman who received a social work-led transition intervention with home and telephone contacts after hospital discharge. During the six-month study period, she was not readmitted, her pain improved and she resumed social outings, which suggests that social workers add value in

transitional care. In a randomised trial among older people with serious mental illness, Mueser et al. (2010) found that a programme combining social rehabilitation with integrated health care management improved psychosocial functioning and the use of preventive health care. In Nigeria, medical social workers supporting older adults with dementia during the COVID-19 pandemic provided psychosocial assessment, care planning and family support, and they explained new health protocols to patients and families, although rising workloads and limited resources made the work difficult (Oyinlola, Mahmoud et al., 2024). These studies show that health support from social workers links the elderly to medical care and helps them manage their health in their homes and communities.

Empirical review and gap in literature

Oyinlola, Adeyanju et al. (2024) studied the experiences of 16 medical social workers managing older adults with chronic illnesses across the six geo-political zones of Nigeria, using a qualitative phenomenological design. The social workers described the emotional toll of witnessing older adults' suffering, the difficulty of working in a resource-constrained healthcare system and the need to collaborate with community leaders and faith-based healers, and they called for better training, support and recognition. Oyinlola, Mahmoud et al. (2024) interviewed 27 medical social workers in government hospitals in south-western Nigeria who supported older adults with dementia during the COVID-19 pandemic. They found that the social workers provided psychosocial assessment, care planning and family support and linked patients, families and health providers, but faced rising workloads, strained communication and limited resources. Ene et al. (2022) used focus group discussions with 24 participants in Enugu-North and found that family caregivers struggled to provide care for older relatives with illnesses, and they proposed that non-governmental organisations, civil society organisations and geriatric social workers develop care-aid programmes.

Internationally, Barber et al. (2015) showed through a case study that social work-led transitional care improved the health and social outcomes of an older patient after discharge, while Mueser et al. (2010) showed through a randomised trial that integrated social rehabilitation and health care improved outcomes for older people with serious mental illness. The review shows that social workers perform significant roles in the care and support of the elderly, including psychosocial support, advocacy, care coordination and health support. However, most Nigerian studies on the subject are qualitative, involve small samples or focus on family caregivers, and very few studies have empirically examined the effect of specific interventions, such as advocacy and health support services, on measurable aspects of elderly care. None of the studies reviewed was carried out in Port Harcourt. The present study filled this gap by measuring the effect of social work advocacy and health support services on the care of the elderly in Port Harcourt and Obio/Akpor Local Government Areas.

Theoretical framework

This study is anchored on the Ecological Systems Theory, which was developed by Urie Bronfenbrenner in 1979. The theory provides a way of understanding human development and well-being by looking at the relationship between people and their surrounding environments. It emphasises that individuals are not isolated beings; their experiences, behaviour and overall quality of life are shaped by the multiple environments in which they live, and these environments are interconnected and constantly influence one another over time (Bronfenbrenner, 1979). Bronfenbrenner identified five interconnected systems. The microsystem is the immediate environment of daily interaction, which for elderly persons includes family members, caregivers, neighbours, close friends and social workers. The

mesosystem is made up of the connections between the elements of the microsystem, such as the relationship between families, social workers and healthcare providers. The exosystem includes the wider social settings that affect the elderly indirectly, such as health institutions, welfare agencies and the workplaces of family members. The macrosystem consists of the cultural values, laws and public policies of the society, while the chronosystem refers to changes that occur over time, such as retirement, bereavement and declining health.

The Ecological Systems Theory is particularly relevant to this study because social work interventions are designed to address not only personal problems but also the social, economic, cultural and institutional factors that affect people's lives. In Port Harcourt, elderly persons experience challenges such as declining health, reduced income, social isolation, neglect and limited access to social and welfare services. These challenges are not caused by individual factors alone but are closely linked to environmental conditions such as weakened family support, urban poverty and inadequate social welfare structures. Social work advocacy operates mainly at the exosystem and macrosystem levels, where social workers speak for the elderly before health institutions, welfare agencies and policymakers, and challenge practices and policies that deny older persons their rights. Social work health support services operate mainly at the microsystem and mesosystem levels, where social workers assist elderly persons in accessing healthcare, link them to medical professionals and strengthen the connection between the elderly, their families and health providers. The theory therefore explains why interventions at these levels are expected to improve the physical care and living conditions of elderly persons.

The Ecological Systems Theory is supported in this study by the Activity Theory of Aging, which was first introduced by Havighurst in the 1960s. The theory holds that ageing individuals achieve higher levels of satisfaction and well-being when they remain active and engaged in social roles, leisure pursuits and productive tasks, and that ageing is not inherently a process of decline but can be managed positively through appropriate engagement in daily life (Havighurst, 1961). The theory recognises that the capacity to remain active is influenced by environmental and societal structures, including access to resources and health. Social work advocacy and health support services help to create these conditions. By securing access to healthcare and welfare benefits and by helping older persons manage their health, social workers enable the elderly to remain healthy enough to take part in family and community life. Together, the two theories show that the care of the elderly depends both on the environment around the older person and on the support that keeps the older person active and engaged.

Methodology

This study adopted a descriptive survey research design with a correlational component. The descriptive survey design was considered appropriate because it enables the researcher to systematically collect data from a representative sample in order to describe the current state of social work interventions in the care of the elderly, while the correlational component allowed the study to examine the effect of social work interventions on the care of the elderly. The study was conducted in the Port Harcourt metropolitan area, the capital of Rivers State, which comprises Port Harcourt City Local Government Area and Obio/Akpor Local Government Area. Port Harcourt is a major metropolitan area in the Niger Delta region and serves as the administrative, economic and industrial centre of the state. It is characterised by rapid urbanisation, population growth and diverse socio-economic activities, which have altered traditional family structures and social support systems. The city hosts several public and private healthcare facilities, social welfare institutions, non-governmental organisations and faith-based organisations that provide services relevant to elderly care.

Port Harcourt is home to people from different ethnic groups, such as the Ikwerre, Ijaw and Ogoni, among many others. As the city continues to grow, family life is changing, and many families no longer live together as they used to, which has reduced the care and support traditionally given to elderly people. The economy of the city is based largely on oil and gas, trade and other services, which bring development but also make life more expensive for elderly people who have little or no pension, limited family support or poor access to healthcare. Although the city has hospitals, social welfare offices, non-governmental organisations and community groups, not all elderly people can easily access these services. This makes social work intervention very important and makes Port Harcourt a suitable place for studying social work interventions in the care of the elderly.

The population of the study comprised all social workers and social service providers involved in elderly care within Port Harcourt and Obio/Akpor Local Government Areas. Based on estimates from the Rivers State Ministry of Health and the Social Work Practitioners' Council of Nigeria, there were approximately 150 registered social workers, 250 healthcare personnel (doctors and nurses) and about 50 staff members in elderly homes and care centres, giving a total population of 450. A sample size of 208 respondents was determined using the Raosoft sample size calculator at 5 per cent margin of error, 95 per cent confidence level and 50 per cent response distribution (Raosoft, 2004). The sample was distributed proportionately among the three categories of service providers, as shown in Table 2, and the purposive sampling technique was used to select respondents who were directly involved in the care of the elderly.

Table 2: Population and Sample Size Distribution

S/N	Category	Population	Sample size
1	Social workers	150	69
2	Healthcare personnel	250	116
3	Elderly home/care centre staff	50	23
	Total	**450**	**208**

Source: Field Survey (2026).

Data were collected from primary and secondary sources. The primary instrument was a structured questionnaire titled Social Work Intervention and Care of the Elderly Questionnaire (SWICEQ). Section A collected demographic information, while Section B contained items on social work interventions and the care of the elderly, rated on a four-point Likert scale of Strongly Agree (4), Agree (3), Disagree (2) and Strongly Disagree (1). Five items measured social work advocacy and five items measured social work health support services. The draft questionnaire was reviewed by the researcher's supervisor and two experts in test and measurement from the University of Port Harcourt for face and content validity. Reliability was established by the test-retest method, in which 20 copies of the questionnaire were administered twice, two weeks apart, to respondents who were not part of the main study, and the Pearson Product Moment Correlation Coefficient yielded 0.89. The Direct Delivery Technique was used to administer the questionnaire with the help of two trained research assistants, who remained with the respondents and collected the completed copies immediately. Mean and standard deviation were used to answer the research questions, with a criterion mean of 2.50, and simple linear regression with ANOVA was used to test the hypothesis at 0.05 level of significance using the Statistical Package for Social Sciences (SPSS).

Results

Table 1: Demographic Information of the Respondents (n = 208)

Variable	Category	Frequency	Percentage (%)
Sex	Male	123	59.13
	Female	85	40.87
Designation	Social workers	69	33.17
	Doctors	37	17.79
	Nurses	79	37.98
	Elderly home/care centre staff	23	11.06
Age	18 to 25 years	39	18.75
	26 to 30 years	67	32.21
	31 years and above	102	49.04

Source: Field Survey (2026).

Table 1 shows that the sample consisted of 208 respondents, with a slight male predominance (59.13%) compared with females (40.87%). In terms of professional roles, nurses made up the largest group at 37.98%, followed by social workers at 33.17%, while doctors accounted for 17.79% and elderly home or care centre staff represented 11.06%. Regarding age, most respondents were 31 years and above (49.04%), followed by those aged 26 to 30 years (32.21%), while the smallest group was aged 18 to 25 years (18.75%). The sample therefore consisted mainly of experienced professionals, particularly nurses and social workers, who are directly involved in the care of the elderly.

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Research question one: How does social work advocacy affect the physical care of elderly persons in Port Harcourt, Rivers State?

Table 3: Mean and Standard Deviation of the Effect of Social Work Advocacy on the Physical Care of Elderly Persons

S/N	Item	SA	A	D	SD	N	Mean	Std. Dev.	Decision
1	Social workers advocate for the rights of elderly persons to access quality healthcare services.	201	7	-	-	208	3.97	0.18	Strongly Agreed
2	Advocacy by social workers helps elderly persons receive government welfare and social benefits.	108	98	1	1	208	3.50	0.54	Strongly Agreed
3	Social workers represent elderly persons in cases of neglect or abuse.	125	80	2	1	208	3.58	0.54	Strongly Agreed
4	Advocacy efforts improve public awareness about the needs of elderly persons.	111	86	6	5	208	3.46	0.67	Agreed
5	Social work advocacy contributes positively to the overall wellbeing of elderly persons.	203	5	-	-	208	3.98	0.15	Strongly Agreed
	Grand mean						**3.70**	**0.42**	**Strongly Agreed**

Key: SA = Strongly Agree (4); A = Agree (3); D = Disagree (2); SD = Strongly Disagree (1). Criterion mean = 2.50. Source: Field Survey (2026).

Table 3 shows that item 1 recorded a very high mean of 3.97, which is far above the criterion mean of 2.50. This shows that respondents strongly agreed that social workers advocate for the rights of elderly persons to access quality healthcare services, and the very low standard deviation (0.18) indicates that respondents shared similar opinions. Item 2 recorded a mean of 3.50, showing that respondents strongly agreed that advocacy by social workers helps elderly persons to receive government welfare and social benefits. The standard deviation of 0.54 shows slight differences in opinion, but responses were still generally consistent. Item 3 recorded a mean of 3.58, which implies that respondents agreed that social workers represent elderly persons in cases of neglect or abuse.

Item 4 recorded a mean of 3.46, indicating agreement that advocacy efforts by social workers improve public awareness about the needs of elderly persons. Although the standard deviation (0.67) is slightly higher, responses still show a common understanding among participants. Item 5 recorded a very high mean of 3.98, showing strong agreement that social work advocacy contributes positively to the overall wellbeing of elderly persons, and the very low standard deviation (0.15) indicates a high level of consensus. Since all items have mean values above the criterion mean of 2.50 and the grand mean is 3.70, social work advocacy has a

positive effect on the physical care and wellbeing of elderly persons in Port Harcourt, Rivers State.

Research Question Two: How does social work health support service affect the environmental and living condition of elderly individuals in Port Harcourt, Rivers State?

Table 4: Mean and Standard Deviation of the Effect of Social Work Health Support Services on the Environmental and Living Condition of Elderly Individuals

S/N	Item	SA	A	D	SD	N	Mean	Std. Dev.	Decision
6	Social workers assist elderly persons in accessing healthcare services.	93	110	3	2	208	3.41	0.58	Agreed
7	Health support services provided by social workers improve elderly health outcomes.	202	6	-	-	208	3.97	0.17	Strongly Agreed
8	Social workers play an important role in linking the elderly to medical professionals.	200	6	1	1	208	3.95	0.30	Strongly Agreed
9	Health education provided by social workers benefits elderly individuals.	86	109	8	5	208	3.33	0.67	Agreed
10	Social work health support services contribute significantly to elderly care.	167	31	4	6	208	3.73	0.64	Strongly Agreed
	Grand mean						**3.68**	**0.47**	**Strongly Agreed**

Key: SA = Strongly Agree (4); A = Agree (3); D = Disagree (2); SD = Strongly Disagree (1). Criterion mean = 2.50. Source: Field Survey (2026).

Table 4 shows that item 6 recorded a mean of 3.41, which is higher than the criterion mean of 2.50. This shows that respondents agreed that social workers assist elderly persons in accessing healthcare services. The standard deviation of 0.58 indicates some differences in opinion, but generally the respondents believed that social workers help elderly individuals overcome barriers to healthcare access. Item 7 recorded a mean of 3.97, which means that respondents strongly agreed that health support services provided by social workers improve the health outcomes of elderly persons, and the low standard deviation of 0.17 suggests that they shared similar views. Item 8 recorded a mean of 3.95, indicating that respondents strongly agreed that social workers play an important role in linking elderly persons to medical professionals.

Item 9 recorded a mean of 3.33, showing that respondents agreed that health education provided by social workers benefits elderly individuals. The standard deviation of 0.67 indicates

moderate variation in responses, but the general view is that health education helps elderly persons better understand and manage their health. Item 10 recorded a mean of 3.73, suggesting that respondents strongly agreed that social work health support services contribute significantly to the care of elderly individuals. Since all items have mean values above the criterion mean of 2.50 and the grand mean is 3.68, social work health support services have a positive effect on the environmental and living condition and the wellbeing of elderly persons in Port Harcourt, Rivers State. The lower means for access to healthcare services and health education, compared with linking the elderly to medical professionals, suggest that these areas of health support are less consistently delivered.

Test of hypothesis

H_{01}: Social work advocacy has no significant effect on the physical care of elderly persons in Port Harcourt, Rivers State.

Table 5: Simple Linear Regression Analysis of the Effect of Social Work Advocacy on the Physical Care of Elderly Persons

Predictor	R	R^2	Adj. R^2	SE est.	F	B	SE (B)	Beta	t	p
Constant						2.50	0.03	-	83.33	0.000
Social work advocacy	0.944	0.891	0.890	0.42	1698.00	1.20	0.03	0.944	41.21	0.000

Dependent variable: physical care of elderly persons. F test with df = (1, 206). Significant at $p < 0.05$. Source: Field Survey (2026).

Table 5 shows that social work advocacy has a strong positive relationship with the physical care of elderly persons ($R = 0.944$). The R^2 value of 0.891 shows that social work advocacy explains about 89.1 per cent of the variation in the physical care of elderly persons, and the adjusted R^2 of 0.890 confirms that this explanatory power is stable. The F value of 1698.00 is significant at $p < 0.05$, showing that the regression model fits the data well. The unstandardised coefficient ($B = 1.20$) indicates that an increase in social work advocacy is associated with an increase in the physical care of elderly persons, and the standardised coefficient ($\beta = 0.944$, $t = 41.21$, $p < 0.05$) confirms that the effect is strong and significant. The null hypothesis is therefore rejected. Social work advocacy has a significant effect on the physical care of elderly persons in Port Harcourt, Rivers State.

Discussion of findings

The first finding of this study is that social work advocacy plays a significant and positive role in the physical care and wellbeing of elderly persons in Port Harcourt. All five items recorded mean scores far above the criterion mean, with a grand mean of 3.70, and the regression analysis showed that advocacy explained about 89 per cent of the variation in physical care. Respondents most strongly agreed that social workers advocate for the rights of elderly persons to access quality healthcare and that advocacy contributes positively to the overall wellbeing of older persons. This finding agrees with the World Health Organization (2015), which stressed that older people's access to health and social care depends on systems that protect their rights and respond to their needs, and with Aboderin and Beard (2015), who argued that the health needs of older people in sub-Saharan Africa have been neglected and require deliberate attention from policymakers. It also agrees with Oyinlola, Adeyanju et al. (2024), who found that Nigerian medical social workers speak for older patients within a resource-constrained health system.

The finding that advocacy helps elderly persons to receive government welfare and social benefits (mean = 3.50) and that social workers represent elderly persons in cases of neglect or abuse (mean = 3.58) shows that advocacy reaches beyond the hospital into the welfare and protection systems. This is consistent with Ikeorji and Ubani (2024), who argued that social workers should advocate for policies that recognise and support informal carers of older adults, and with Ene et al. (2022), who called for geriatric social workers and civil society organisations to develop care-aid programmes for families caring for older relatives. Item 4, on public awareness, recorded the lowest mean (3.46) and the highest standard deviation (0.67), which suggests that advocacy aimed at the wider public is less visible than advocacy for individual elderly persons. In terms of the Ecological Systems Theory, this means that social work advocacy in Port Harcourt is stronger at the level of institutions serving individual elderly persons than at the level of the wider society and its policies (Bronfenbrenner, 1979).

The second finding is that social work health support services have a significant positive effect on the environmental and living condition of elderly individuals. All five items recorded means above the criterion mean, with a grand mean of 3.68. Respondents strongly agreed that health support services provided by social workers improve elderly health outcomes (mean = 3.97) and that social workers play an important role in linking the elderly to medical professionals (mean = 3.95). This finding is consistent with Barber et al. (2015), who showed that social work-led transitional care after hospital discharge prevented readmission and improved the pain and social activity of an older patient, and with Mueser et al. (2010), who found that integrating social rehabilitation with health care management improved outcomes for older people with serious mental illness. It also agrees with Oyinlola, Mahmoud et al. (2024), who reported that Nigerian medical social workers linked older patients with dementia, their families and health providers during the COVID-19 pandemic.

However, access to healthcare services (mean = 3.41) and health education (mean = 3.33) recorded the lowest means in the health support table, with larger standard deviations. This suggests that while social workers are recognised as important links between the elderly and medical professionals, their ability to help older persons access services and to provide health education is limited in practice. This agrees with Oyinlola, Adeyanju et al. (2024) and Oyinlola, Mahmoud et al. (2024), who found that Nigerian medical social workers work under heavy workloads and limited resources, and with Ene et al. (2022), who reported that rising health costs pushed some families to rely on traditional medicine. From the perspective of the Activity Theory of Aging, health support is important because it helps older persons remain healthy enough to stay active and engaged (Havighurst, 1961). From the perspective of the Ecological Systems Theory, health support strengthens the mesosystem by connecting the elderly person, the family and the health system. The findings show that both advocacy and health support are essential parts of elderly care in Port Harcourt, but that their reach is limited by the conditions under which social workers operate.

Limitations of the study

Certain limitations of this study must be acknowledged. First, the study was confined to Port Harcourt City and Obio/Akpor Local Government Areas of Rivers State, and the findings may not apply fully to rural areas or to other states with different socio-cultural, economic and institutional contexts. Second, the study relied on self-reported responses from social workers, healthcare personnel and staff of elderly homes, and such data may be affected by response bias and social desirability, since service providers may rate their own services favourably. The views of elderly persons themselves and of their family caregivers were not directly captured. Third,

the use of purposive sampling and a cross-sectional design limits the ability of the study to establish causal relationships or to assess the long-term effects of social work interventions. Fourth, the very high level of agreement on several items limits the variation in the data, which should be considered when interpreting the strength of the regression results. Future studies should include elderly persons and their families as respondents, cover other parts of Rivers State and Nigeria, and use longitudinal designs to examine how advocacy and health support affect the care of the elderly over time.

Conclusion

Based on the findings of this study, it is concluded that social work interventions are very important for the effective care and wellbeing of elderly persons in Port Harcourt, Rivers State. Social work advocacy was found to have a significant and positive effect on the physical care of elderly persons, improving their access to quality healthcare services and to government welfare and social benefits, protecting them in cases of neglect or abuse and contributing to their overall wellbeing. Social work health support services were also found to have a positive effect on the environmental and living condition of elderly individuals, especially by improving their health outcomes and linking them to medical professionals. However, the lower ratings for public awareness, access to healthcare services and health education show that the reach of these interventions is limited. Strengthening advocacy and health support services is therefore necessary to improve the care of the elderly in Port Harcourt and similar urban settings in Nigeria.

Recommendations

Based on the findings and conclusions, the study makes the following recommendations:

1. Government at all levels should increase funding for social work and elderly care programmes to enhance the delivery of advocacy and health support services and to ensure their sustainability.
2. Regular training and capacity-building programmes should be organised for social workers to improve their professional competence in elderly care, including advocacy skills, health education and the management of chronic illnesses in old age.
3. Stronger policy frameworks and reforms should be implemented to protect the rights and welfare of elderly persons, including the full implementation of the National Senior Citizens Centre Act and the formal integration of social workers into healthcare delivery for older persons.
4. Social welfare agencies should strengthen collaboration with non-governmental organisations, community-based organisations and healthcare providers, so that social workers can link elderly persons to healthcare services and provide health education in their communities.
5. Social workers and their professional bodies should intensify public awareness campaigns on the rights and needs of elderly persons, since advocacy aimed at the wider public recorded the lowest rating in this study.

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