

THE INFLUENCE OF SOCIAL SUPPORT SYSTEM NETWORKS ON THE QUALITY OF LIVES OF ELDERLY INDIVIDUALS IN AMUWO-ODOFIN COMMUNITY OF LAGOS STATE

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Abstract

This study explores the social support networks accessible to elderly individuals in the Amuwo-Odofin Local Government Area of Lagos State, Nigeria, and their influence on their well-being. As global aging populations expand, understanding the role of social connections in enhancing the quality of life for elderly residents becomes increasingly crucial. Employing a cross-sectional survey design and simple random sampling, the study selected 387 elderly participants from Amuwo-Odofin, using questionnaires for data collection. The results reveal a high level of family support networks among respondents (mean = 1.73, SD = 0.44). Conversely, community-based support networks showed limited impact on well-being (mean = 1.60, SD = 0.48). Quantitative surveys assessed the types and extent of social support received from family, friends, neighbors, and community organizations, alongside perceived quality of life across physical health, mental well-being, and social engagement. Findings highlight the importance of robust social support networks in enhancing the quality of life for elderly individuals in Amuwo-Odofin. Strong interpersonal connections, marked by reciprocity, emotional closeness, and practical assistance, emerged as significant contributors to well-being. However, the study identifies areas for improvement, such as reducing social isolation, expanding access to support services, and promoting community engagement among older adults. This research underscores the critical role of social support networks in fostering the well-being of elderly residents in Amuwo-Odofin, Lagos State. By understanding and leveraging existing support structures, policymakers, community organizations, and healthcare professionals can collaborate to develop tailored interventions that address the diverse needs of older adults and enhance their overall quality of life.

Keywords: Family, friends, community, policymakers, social networks, reciprocity, dynamics, older adults, social support, Amuwo-Odofin, Lagos State.

Introduction

The global population is experiencing unprecedented growth, with Nigeria at the forefront of this demographic shift. The country has seen an increase in life expectancy attributed to heightened awareness of environmental hygiene, improved sanitary conditions, and reduced mortality rates (Ebomgbo and Okoye, 2021). However, this prolonged lifespan presents challenges, particularly in the realm of psychological well-being among older adults, who often encounter more severe psychological health issues compared to other age groups (Li, Jiang, Zhang, 2019; Awick, Ehlers, Aguiñaga, Daugherty, Kramer, McAuley, 2017; Chen et al., 2019; Olena & Lyubov, 2018). Depression and anxiety are prevalent psychological symptoms among older adults, exacerbated by declining cognitive function and feelings of loss (Ebrahimi, Hosseini, Rashedi, 2018). Contributing factors include concerns about becoming dependent on family members, medication side effects, and limited social support (Balsamo, Cataldi, Carlucci, Fairfield, 2018)

These psychological symptoms can escalate into more severe conditions such as dementia and Alzheimer's disease, significantly impacting the quality of life for cognitively normal older individuals (Mohd, Raud,

Noran, Wan, 2019; Donovan, Locascio, Marshall, Gatchel, Hanseeuw, Rentz, Johnson, Sperling, 2018). Addressing these challenges requires comprehensive strategies to enhance psychological support and social care for older adults in Nigeria and beyond. By understanding the complex interplay of factors influencing psychological health in aging populations, interventions can be tailored to mitigate risks and improve overall well-being. Social support plays a critical role in mitigating psychological symptoms and reducing their negative impact on older adults. Effective social network structures can significantly enhance mental health outcomes and improve older adults' ability to cope with stressful events (Chen Alston, Guo, 2019; Santini, 2020). Numerous studies have highlighted the importance of social support from family and friends in managing psychological symptoms among older adults (Chen et al., 2019; Li et al., 2019; Mohd et al., 2019; Unsar et al., 2016). Despite these findings, the distinct contributions and specific roles of various levels of social support from friends and family—whether high, moderate, or low—on psychological symptoms among older adults remain under explored.

This study aims to assess the specific roles that different levels of family and friend social support play in influencing psychological symptoms among older adults. It also seeks to predict the influence of socio-demographic variables on levels of depression and anxiety in this population. Late adulthood, beginning at age 65 and extending to near death, presents unique challenges. The family is typically the primary source of social support, and its functionality is closely correlated with an individual's health (Oyinlola, 2016). While support from friends and significant others is necessary, it often falls short in compensating for deficiencies when family support is lacking. In many cases, the family serves as the primary caregiver, especially for those with chronic illnesses, rather than healthcare providers. Family members assist with physical demands such as preparing special meals, administering insulin injections, or operating a home dialysis machine. However, the economic burden and lack of institutional frameworks for elderly care in Nigeria can lead to physical and emotional abuse of elderly parents.

Social support encompasses relationships that provide material assistance, emotional assurance, and a sense of belonging, making individuals feel part of a community (Pilisuk, 1982; Behrendt, 2023). It is a crucial determinant of an external environment. Researchers have proposed various categories of social support, such as instrumental/emotional support (Otsuka, Tomata, Zhang, Tanji, Sugawara, Tsuji, 2019), receiving/providing support (Liao et al., 2015), and negative support. Previous studies have shown that social support is associated with better self-rated health and lower mortality rates (Matud et al., 2019; Freak-Poli et al., 2021). Instrumental and emotional support, the most frequently utilized category, has been linked to reduced depressive symptoms and suicidal ideation among middle-aged and older adults (Wei-Min Chu et al., 2023). Conversely, "negative support"—stemming from disturbed behavior, negative attitudes, or inappropriate remarks from significant others—is associated with negative psychological outcomes, such as anxiety and depression (Meng-Chih Lee, 2022).

Assessment of social support typically involves questions regarding its availability, frequency, and sources. Evidence suggests that different types of support are often provided by different sources. For example, Seeman and Berkman found that ties with children were primarily related to instrumental support, whereas ties with close friends were more often associated with emotional support (Tange, 2022). Understanding the source of support is therefore essential for evaluating its effectiveness.

Frailty emerged as a core concept in the 2000s through the work of multiple researchers. Although no single definition exists, frailty is universally recognized as leading to future disability, multiple comorbidities, a diminished quality of life (Vanleerberghe et al., 2019; Kojima et al., 2018), and increased mortality. Frailty results in the dysregulation of the body's innate systems, reducing internal reserves and making frail older adults particularly vulnerable to external stressors. Current risk factors for frailty include age, physical inactivity, malnutrition, polypharmacy, impaired cognitive function, unemployment, and poor self-rated health (Chu et al., 2021a; Chu et al., 2021b; Hoogendijk et al., 2019; Norazman et al., 2020; Shmuel et al., 2019; Mehta et al., 2021).

Social support is also linked to frailty. Several studies have reported that perceived social support from family or the community is associated with a lower prevalence of frailty (Anantapong et al., 2020; Li et al., 2018; Liu et al., 2020). However, most of these studies were cross-sectional and did not explore the effects of different types of social support, such as positive or negative support, or whether the support originated from within or outside the family.

Social relationships significantly impact mental health, behaviour, physical health, and mortality. Sociologists have been central in defining the relationship between social networks and health outcomes. The influence of social networks on health, healthcare demand, service utilization, and health-related quality of life has garnered significant international research interest. Both loneliness and social networks are linked to emotional well-being, self-esteem, and reduced stress impact (Sarla et al., 2020).

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Research has found that the characteristics of one's social support network (size, closeness, and frequency of contacts) and its function (social support) can influence physical, cognitive, and mental health outcomes, as well as overall social function and engagement in older adults (Ashida; Cornwell & Laumann, 2015). Researchers have also begun discussing whether the quantity (characteristics) and quality (social support) of social support networks influence health differently (Windsor et al., 2016; Xing et al., 2017). The characteristics and quality of social support networks are significantly influenced by cultural factors. Different types of social support networks affect various health aspects depending on cultural background (Bélanger, 2016). For instance, support from partners and friends is most associated with well-being among older adults in Canada, while in Latin America, family support is linked to better emotional and physical health. This study aims to explore the distinct roles and impacts of different types of social support, including both positive and negative support from within and outside family networks, on frailty and overall health in older adults. By understanding these dynamics, we can develop targeted interventions to improve the quality of life and health outcomes for the ageing population.

Statement of the Problem

Despite numerous efforts aimed at enhancing the quality of life for elderly individuals in the Amuwo Odofin Local Government Area of Lagos State, significant challenges continue to impede their overall well-being. These obstacles include inadequate social support systems, limited access to essential services, socio-economic constraints, and prevalent health-related issues commonly associated with ageing. The repercussions of these challenges are evident in the form of physical and mental health problems, diminished social participation, and a general decline in life satisfaction. Considering the context of a rapidly ageing

global population, it is increasingly vital to understand and address these issues to ensure that the elderly can lead fulfilling and dignified lives.

Furthermore, there is a noticeable gap between policy implementation and its actual effectiveness on the ground. Although various interventions have been introduced, their impact on the quality of life of the elderly in this specific locality remains under-explored. Consequently, it is imperative to conduct an in-depth investigation into these challenges within the unique cultural, social, and economic context of the Amuwo-Odofin area. This study seeks to bridge this gap by providing a comprehensive analysis of the factors affecting the well-being of the elderly in this region, with the aim of informing more effective policies and interventions.

Objectives

The main objective of this study is to examine the influence of social support system networks on the quality of life of elderly individuals in Amuwo Odofin community of Lagos State. Specific objectives are to:

1. assess the extent to which family support networks impact the psychological well-being of elderly individuals.
2. determine the influence of community-based support networks on the physical health and mobility of the elderly.
3. examine the role of friend network support in enhancing the social interactions and sense of belonging among elderly residents.

Literature Review

Social Support Frailty

Frailty in older adults is characterized by a deregulation of innate physiological systems, resulting in reduced resilience to external stressors. Key risk factors include advanced age, physical inactivity (Hoogendijk et al., 2019), malnutrition (Norazman et al., 2020), polypharmacy (Shmuel et al., 2019), impaired cognitive function (Mehta et al., 2021), unemployment (Chu et al., 2021b), and poor self-rated health (Chu et al., 2021a). Social support has also emerged as a crucial factor, with studies indicating that perceived social support from family or community is associated with a lower prevalence of frailty (Anantapong et al., 2020; Li et al., 2018; Liu et al., 2020). However, these studies mainly focus on cross-sectional data and do not delve into the nuances of positive versus negative support or support from within versus outside the family unit.

Frailty is increasingly recognized as a multidimensional construct encompassing physical, cognitive, and social dimensions. Despite being the least understood, social frailty is prevalent among community-dwelling older adults, with reported rates of 7.7% to 20.5% for social frailty and 25.0% to 32.1% for social pre-frailty (Ma et al., 2018; Yamada & Arai, 2018). Social frailty is consistently linked to adverse outcomes in late adulthood, including increased disability and mortality, independent of physical frailty, cognitive impairments, and depression (Makizako et al., 2015; Yamada & Arai, 2018). Social frailty occurs when essential social needs are inadequately fulfilled or threatened, encompassing access to social resources, social behaviors, and general resources, with the former two being most crucial in diminishing an individual's social capital and resilience (Bunt et al., 2017).

The mechanistic underpinnings of social frailty are not well understood, though deficits in social cognition are noteworthy. Social cognition, which includes perceiving, interpreting, and responding to social cues, is crucial for effective interpersonal relationships and social integration (Henry, 2016). Age-related declines in social cognitive domains, such as social perception and theory of mind, have been documented (Henry, 2013; McKay, 2022) and may contribute to social frailty by impairing an individual's ability to engage meaningfully with others, potentially leading to social isolation or loneliness (Ruffman, 2016). The psychological correlates of social frailty extend beyond depression to include resilience, life satisfaction, social anxiety, and apathy, each influencing older adults' well-being differently (Davidson, 2022). Understanding these correlates is essential for mitigating the adverse effects of social frailty and enhancing the quality of life among older populations.

Psychological Support of the Elderly

Older adults' mental health is significantly influenced by both their past experiences and the specific stressors of aging. Factors such as loss in intrinsic capacity, declining functional ability, bereavement, reduced income, and diminished sense of purpose post-retirement contribute to psychological distress. Ageism also profoundly impacts the mental well-being of the elderly. Social isolation and loneliness, affecting about a quarter of older individuals, are major risk factors for mental health issues in later life, along with abuse, which can lead to depression and anxiety. The burden of caregiving for spouses with chronic conditions further exacerbates mental health challenges, and those living in dire conditions, with poor health, or without access to quality services are at heightened risk of depression and anxiety (Domènech-Abella, Mundó J, Haro, Rubio-Valera, 2019).

The aging population is rapidly increasing with projections indicating that the number of people aged 65 or older will be more than double from 727 million in 2020 to over 1.5 billion by 2050. In the U.S., 20% of the population is expected to be 65 or older by 2030, a demographic shift that will outnumber children for the first time in history. This growing population faces mental health challenges such as depression, dementia, and generalized anxiety disorder, often exacerbated by loneliness and social isolation. Addressing these needs is increasingly complex due to the intertwined effects of physical health decline, social stressors, and difficulties in accessing care (Older people projected to outnumber children for the first time in US history, 2023).

Concept of Social Support

The concept of social support is pivotal in enhancing the quality of life for older adults, especially as the global population ages rapidly (Aronson, 2020). The World Health Organization (WHO) has emphasized the importance of the functional ability of older adults, which includes both intrinsic capacity and interaction with the external environment (Beard et al., 2016). Social support, a key determinant of this external environment, encompasses various forms such as instrumental and emotional support, and it has been shown to improve self-rated health and reduce mortality rates (Bailly et al., 2018; Lee & Cheong, 2018; Matud et al., 2019; Freak-Poli et al., 2021). Researchers have categorized social support in terms of its function which is emotional, material, and financial and its providers can be family, friends, community, or government (Song & Yoo, 2020). Studies have found that perceived social support, which involves subjective evaluations of social network adequacy, has a stronger correlation with mental health than the actual amount of support received (Wang, Yang, Di, Dai, 2018; Li et al., 2021).

Existing research has confirmed the profound impact of social support on mental health across various demographics. For example, perceived social support has been linked to lower anxiety, depression, and stress among healthcare workers during the COVID-19 pandemic (Alnazy, Khraisat, Al-Bashaireh, Bryant 2021), reduced risk of sleep difficulties and depression in the general population (Grey et al., 2020), and increased resilience following traumatic events (Labrague, 2021). Government and community-level support also play crucial roles in promoting health and well-being, as evidenced by financial measures to mitigate pandemic impacts and the role of community cohesion in recovery from disasters (Ifdil, 2020; Shah, 2020; Kennelly, 2020; Schulder, 2022). The theoretical framework of stress-buffering suggests that social support mitigates the negative effects of stress by providing resources that help individuals cope more effectively with stressors (Padmanabhanunni, 2023; Bekiros, 2022). Thus, enhancing social support networks is essential for reducing adverse mental health outcomes and promoting adaptation and coping in the face of adversity.

Types of Social Support Systems

According to Elizabeth Scott, 2023 there are four main types of social support systems: emotional, esteem, informational, and tangible support. Emotional support involves physical or emotional comfort, such as hugs or empathetic listening, which helps individuals feel less alone during tough situations. Esteem support is shown through expressions of confidence or encouragement, reminding individuals of their strengths and boosting their confidence. Informational support consists of advice-giving or sharing relevant information to help individuals make informed decisions and feel less anxious. Tangible support, also known as instrumental support, involves taking on responsibilities or providing practical help, such as lending money or assisting with chores, to help individuals manage their problems.

Importance of Social Support for the Elderly

The concept of social support, first introduced in psychiatric literature, involves the belief that one is cared for, esteemed, and part of a network of mutual obligations (Shen, 2022). Social support can be viewed through various lenses, such as an interpersonal interaction, an exchange of social resources, or a systematic psychological activity (Li, 2022). It can be categorized by its functions—emotional, instrumental, informational, and social companionship (Hu, 2022)—or by its sources—formal support from governments and institutions and informal support from family, friends, and colleagues (Wei, 2022). Formal social support includes government-provided services like endowment insurance and medical security, while informal support encompasses emotional, behavioral, and informational assistance from close relations (Shen, 2022).

Influence of Social Support on Quality of Life

Research in developed countries has shown that social support positively impacts the quality of life, improving health and mental status (Wei, 2022). In studies of Chinese older adults, various forms of formal social support, such as rural endowment and medical insurance, have been shown to enhance life satisfaction and mental health, though their impact on physical health may be limited (Zhang & Han, 2022). Informal support, such as intergenerational and family support, also significantly influences the quality of life for older adults. Practical, emotional, and spiritual social support have been found to positively affect life satisfaction, health status, and mental health (Li, 2019). Participation in social insurance systems can improve life satisfaction and promote intergenerational financial support, thereby indirectly enhancing health and life satisfaction (Deng & Tang, 2021).

Theoretical Framework

Social support theory posits that social support helps buffer stress and depression while enhancing an individual's morale, health, and overall well-being (Berkman, 2000; Schaefer, Coyne, & Lazarus, 1981). According to Taylor (1999), social support can be categorized into four main types: emotional support (affection, acceptance, or approval), instrumental support (assistance with self-management or financial support for medications), informational support (providing education, advice, or information), and affirmational support (validating self-care-related behaviors and efforts).

Social support can further be divided into self-reported social support frequency and self-reported perceived social support (satisfaction with that support). These types of support are conceptually distinct, as one may have an extensive social network but still be dissatisfied with the quality of that support (Beckner, Howard, Vella, & Mohr, 2010). A meta-analysis of the relationship between received and perceived social support revealed only a modest average correlation (Haber, Cohen, Lucas, & Baltes, 2007). Some studies have taken a broader view of perceived social support, including beliefs about the types, amounts, and experiences of support (e.g., Richmond, Ross, & Egeland, 2007; Zhao et al., 2011), which may differ from the actual support provided.

However, the current study adopts a narrower conception of perceived social support, focusing on its psychological benefits (i.e., satisfaction with support received), while frequency of support refers to the number and density of social contacts. This approach is based on numerous studies indicating that satisfaction with social support may enhance well-being more than the frequency of social support received (e.g., Beedie & Kennedy, 2002; Rintala, Young, Hart, Clearman, & Fuhrer, 1992). Cohen and Willis (1985) suggest that the quality of social support enhances well-being through the perceived availability of interpersonal resources, particularly in stressful situations.

Quality of life is derived from the constructs of life satisfaction and subjective well-being (Frisch, 1994b) and represents an individual's subjective interpretation of the extent to which their most important needs, goals, and desires have been satisfied (Frisch, 1998). Quality of life theory integrates existing theories of depression with the subjective well-being literature (Frisch, Cornell, Villanueva, & Retzlaff, 1992; Lewinsohn, Redner, & Seeley, 1991), forming the unified construct of quality of life (Frisch, 1994b). The term "quality of life" may be used interchangeably with "life satisfaction" (Frisch, Cornell, Villanueva, & Retzlaff, 1992), and both terms are components of the larger construct of subjective well-being or happiness (Andrews & Withey, 1976; Diener, 1984; Veenhoven, 1984).

Methodology

The study employs a cross-sectional survey research design, ideal for examining diverse sections of the population and evaluating respondents' thoughts and opinions on the subject matter. This design is supported

by Kersh et al. (2017), who affirms that surveys facilitate the generation of numerical data from administered questionnaires. The study targets the elderly population in Amuwo Odofin Local Government Area, Lagos State, with an estimated population of 12,203 according to the 2006 National Census.

A sample size of 387 respondents was calculated using the Taro Yamane formula, ensuring a 5% level of significance. The simple random sampling technique will be employed to distribute the research instruments, providing each elderly individual within the local government area an equal opportunity to participate. The research area, Amuwo-Odofin, is a local government area in Lagos State with a population of over 1.5 million people. It is divided into two Local Council Development Areas (LCDA) with 14 wards and 67 communities. Data collection will involve administering English-language questionnaires to accessible respondents, with clear explanations of the study's purpose and objectives provided before seeking consent. The research instrument, a self-administered questionnaire, will comprise six sections addressing various aspects such as socio-demographic characteristics, family support networks, and community-based support networks for the elderly. The questionnaire's validity will be ensured through expert reviews and supervisor feedback, while reliability will be assessed via a pretest using Cronbach Alpha on 10% of the sample size. Data analysis will be conducted using the Statistical Package for the Social Sciences (SPSS), employing both descriptive and inferential statistics to achieve the study's objectives and test hypotheses.

Findings

Results of Analysis

Paper Question One: What impact does the family support networks put on the psychological well-being of elderly individuals in Amuwo-Odofin Community.

TABLE 1: Mean responses to assess the extent of impact of family support networks on the psychological well-being of elderly individuals in Amuwo-Odofin Community

VARIABLE	Yes	No	Total	
	F (%)	F (%)	Mean	Standard Deviation
Do you receive support from your family members?	153 (76.5%)	47 (23.5%)	1.77	.43
Do your family members help with household chores?	139 (69.5%)	61 (30.5%)	1.70	.46
Do your family members provide emotional support?	150 (75.0%)	50 (25.0%)	1.75	.43
Do your family members assist with transportation needs?	139 (69.5%)	61 (30.5%)	1.70	.46
Do your family members help with shopping and errands?	143 (71.5%)	57 (28.5%)	1.72	.45
Do your family members provide financial assistance when needed?	157 (78.5%)	43 (21.5%)	1.79	.41
Do your family members accompany you to medical appointments?	140 (70.0%)	60 (30.0%)	1.70	.46
Do your family members regularly check on your well-being?	153 (76.5%)	47 (23.5%)	1.77	.43
AVERAGE MEAN			1.73	.44

****Decision Rule: if mean between 0 to 0.49= Low impact, 0.5 to 1= high impact**

***** NOTE: Yes was coded 1, No was coded 0**

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The table 4.3 shows the responses of the respondents on friends support to them. About 66.5% of the respondents affirmed that their friends' support positively affects their social interactions, 50.0% indicated that they can rely on friends for daily tasks affecting their physical health and movement while 50% debunked. The table also shows that 61.5% of the respondents attested that spending time with friends makes

them feel happier and healthier, 50.0% of them confirmed that they are comfortable talking to friends about their problems, and it does positively affect their well-being while 50.0% also rejected the notion. from the table, it can also be seen that about 64.0% of the respondents confirmed that support from friends reduce feelings of loneliness, improving their quality of life, 64.5% confirmed that their friends makes their life better as an elderly person in Amuwo-Odofin, 56.5% indicated positively that they engage in shared activities with friends that positively impact their social interactions and 67.5% of them positively indicates that support from friends enhance their overall sense of belonging in the community. The average mean 1.60 and SD=.48 shows they agreed with the questions in this section. The implication of this result is that friend network support highly enhances the social interactions and sense of belonging among elderly residents

Paper Question Two: What is the role of friend support network in enhancing the social interactions and sense of belonging among elderly residents?

TABLE 2: Mean responses to examine the role of friend support network in enhancing the social interaction and sense belonging among elderly residents in Amuwo-Odofin Community

VARIABLE	Yes	No	Total	
	F (%)	F (%)	Mean	Standard Deviation
Do your friends' supports positively affect your social interactions?	133 (66.5%)	67 (33.5%)	1.67	.47
Can you rely on friends for daily tasks affecting your physical health and movement?	100 (50.0%)	100 (50.0%)	1.50	.50
Does spending time with friends make you feel happier and healthier?	123 (61.5%)	77 (38.5%)	1.62	.49
Are you comfortable talking to friends about your problems, and does it positively affect your well-being?	100 (50.0%)	100 (50.0%)	1.50	.50
Does support from friends reduce feelings of loneliness, improving your quality of life?	128 (64.0%)	72 (36.0%)	1.64	.48
Do your friends make your life better as an elderly person in Amuwo-Odofin?	129 (64.5%)	71 (35.5%)	1.65	.48
Do you engage in shared activities with friends that positively impact your social interactions?	113 (56.5%)	87 (43.5%)	1.57	.50
Does support from friends enhance your overall sense of belonging in the community?	135 (67.5%)	65 (32.5%)	1.68	.47
AVERAGE MEAN		1.60	.48	

****Decision Rule: if mean between 0 to 0.49= Low impact, 0.5 to 1= high impact**

***** NOTE: Yes was coded 1, No was coded 0**

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Paper Question Three: Does the community-based support networks positively influence the physical health and mobility of the elderly in Amuwo- Odofin?

TABLE 3: Mean responses to determine the influence of the community-based support network on the physical health and mobility of the elderly residents in Amuwo-Odofin Community.

VARIABLE	Yes	No	Total	
	F (%)	F (%)	Mean	Standard Deviation
Do community services positively impact your social interactions and sense of belonging?	73 (36.5%)	127 (63.5%)	1.37	.48
Does community help with transportation needs positively affect your physical health and movement?	49 (24.5%)	151 (75.5%)	1.25	.43
Do community social activities positively affect your well-being?	68 (34.0%)	132 (66.0%)	1.34	.47
Are community-based health services helpful for your physical health?	73 (36.5%)	127 (63.5%)	1.37	.48
Can you easily get information about community services for the elderly?	74 (37.0%)	126 (63.0%)	1.37	.48
Do community services offer assistance with shopping and errands that positively affect your life?)	49 (24.5%)	151 (75.5%)	1.25	.43
Does community-based financial assistance improve your overall well-being?	45 (22.5%)	155 (77.5%)	1.23	.42
Do community services provide emotional support that positively impacts your mental well-being?	55 (27.5%)	145 (72.5%)	1.28	.45
AVERAGE MEAN			1.30	.45

The table 4.4 shows that 63.5% of the respondents negated the fact that community services positively impact their social interactions and sense of belonging, 75.5% debunked the statement that the community help with transportation needs positively affect their physical health and movement, about 66.0% of the respondents further indicated negatively that community social activities does positively affect their well-being. The table also shows that about 63.5% of the respondents stated that community-based health services are not helpful for their physical health, 63.0% negated that they can easily get information about community services for the elderly, 75.5% also negated that community services does not offer assistance with shopping and errands that positively affect their life about 77.5% of the respondents debunked the fact that community-based financial assistance improve their overall well-being and 72.5% of the respondents stated in negative that community services provide emotional support that positively impacts their mental well-being. The average mean 1.30 and standard deviation .45 shows that the respondents. The result shows that community-based support networks do not really impact the well-being of the elderly in the area of study.

Discussion of Findings

This study explores the impact of different support networks on the well-being of elderly individuals in Amoro-Odofin local government area. The findings underscore the significant role of family support in enhancing the quality of life for seniors. A majority of respondents reported receiving emotional, financial, and practical assistance from family members, highlighting its positive influence on their psychological well-being. This aligns with previous research indicating that family support networks contribute significantly to elderly individuals' living satisfaction and overall happiness (Wang & Yang, 2020). However, it is crucial to acknowledge that not all seniors may have access to family support due to various reasons, which may limit its universal availability and effectiveness (Myer, 2017).

In contrast, friend network support was also found to be effective, fostering social interactions and a sense of belonging among elderly residents. The study revealed that positive relationships with friends contribute positively to social well-being, although caution is advised regarding the quality of these friendships. Studies such as those by Brown, Smith, Johnson, 2017 caution that over-reliance on friends for support can

sometimes lead to feelings of dependency, potentially affecting overall well-being. Therefore, while friend network support is generally beneficial, the quality and nature of these relationships should be considered to ensure they enhance rather than detract from elderly individuals' well-being (Jones & Williams, 2019).

Interestingly, community-based support networks showed a relatively lower impact on the physical health and emotional well-being of elderly individuals in the area. Respondents expressed negative perceptions regarding the effectiveness of community services in enhancing their overall well-being. This contrasts with assertions in the literature emphasizing the importance of community care in providing access to medical services, social engagement opportunities, and combatting loneliness (Saucedo, 2023). The disparity suggests a need for further exploration into how community-based services can better meet the diverse needs of elderly populations, possibly through improved service delivery and tailored support initiatives (Siegler et al., 2015).

Conclusion

This study highlights the multifaceted nature of support networks in influencing the well-being of elderly individuals. While family and friend networks play crucial roles in enhancing social and psychological aspects of life, community-based support networks may require refinement to better address the complex needs of aging populations. Future research should focus on identifying effective strategies to maximize the benefits of all support networks, ensuring comprehensive support for elderly individuals in diverse communities.

Recommendation

Based on the discussion of findings, the following recommendations are proposed to enhance the well-being of elderly individuals in Amuwo-Odofin local government area:

Enhancing Community-Based Support Services: Conduct comprehensive assessments to identify the specific needs and preferences of elderly individuals within the community. Utilize the findings to develop and implement targeted support services that address these identified needs, ensuring that community resources are effectively utilized to improve social interactions, physical health, and emotional well-being.

Promoting Social Engagement Initiatives: Develop and promote social engagement programs aimed at fostering a sense of belonging and reducing isolation among the elderly. These initiatives should include regular social events, group activities, and volunteer opportunities that encourage active participation and strengthen social ties within the community.

Strengthening Family and Friend Networks: Provide resources and educational programs to families and friends of elderly individuals to enhance their capacity to offer effective support. These programs should focus on improving communication skills, understanding the aging process, and providing practical guidance on emotional and financial support, as well as assistance with daily activities.

Improving Access to Information about Available Support Services: Ensure that elderly individuals and their support networks are well-informed about the various services and resources available to them. This can be achieved through community outreach to disseminate valuable information to elderly individuals as well as their care givers which serve as their social support networks to assisting them to meet their daily needs through available support services.

Developing policies to enhance social inclusion of the elderly: Government policies aimed at enhancing social inclusion can significantly improve the lives of elderly individuals in their localities. Such policies can have a positive impact by protecting, promoting, and providing for the social needs of the elderly, thereby contributing to their overall health and well-being. By addressing these needs, elderly individuals can remain active and engaged members of society, enabling them to contribute to national growth and development. Therefore, it is recommended that the government prioritize the development and implementation of policies that foster social inclusion and support the holistic well-being of elderly citizens.

Limitation of the Study

During the course of this study, the researcher faced several constraints that significantly impacted the data collection and analysis processes. Foremost among these constraints were financial limitations, which impeded the acquisition of necessary data and restricted logistical movement between various locations.

Furthermore, the reluctance of respondents to complete questionnaires presented a substantial challenge, adversely affecting the overall response rate and the comprehensiveness of the data collected.

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