POLICY IMPLICATION OF INADEQUATE SOCIAL SUPPORT SYSTEMS FOR OLDER ADULTS IN NNEWI-NORTH LGA, ANAMBRA STATE.

POLICY IMPLICATION OF INADEQUATE SOCIAL SUPPORT

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ABSTRACT
Although the population of Nigerians 60 years and above is on increase, studies depicting the adequacy of social support available to this segment of population are lacking. This present study attempts to fill this significant gap. Adequate social support enables older adults achieve and maintain a sense of well-being and satisfaction in life. Modernization theory was adopted as the theoretical framework for the study. Questionnaire, in-depth interview and focus group discussion were used to collect data from 568 respondents. The finding of the study show that social support receives by older adults from various support networks was inadequate. The study therefore recommends for social policies that address all-inclusive social welfare, security and protection for older adults.

INTRODUCTION
Life is naturally transitional as every individual passes through stages of life. These stages are childhood, adolescence, adulthood, and old age. Old age remains the final phase in transition which requires adequate social supports despite the wellbeing of the individual during adulthood. Although adequate social support is needed in every stage of life, it is a must for older adults, as it helps in achieving and maintaining a sense of wellbeing and satisfaction in life (Okoye&Akinyemi, 2009). Social support consists of addressing tangible needs, such as assistance with transportation, home and personal care, as well as emotional support such as being listened to, understood, and comforted (Gaveras, Kristiansen, Worth et al., 2014). These assistance (tangible and intangible) are usually received from family members, friends, relatives, neighbours and the like (Johnston, Brosi, Hermann &Jaco, 2011; Kim, Kreps & Shin, 2015; Leutar, Štambuk&Rusac, 2007; Osamor, 2015; Tang, 2008). Social support also include formal care by government through pension scheme or other institutions with different forms of financial help, paid employees who visit or live in the family home to help with meals, bathing, therapy, and mobility (Kokorić, Berc&Rusac, 2010; McPherson & Wister, 2008). Nevertheless, Oladeji (2011) found that family members

(primarily a spouse or adult children), friends, or communities provide up to 80 to 90% of these support for older adults.

Most supports for older adults in Africa are informal, and it is only in difficult personal situations that a formal support system is invoked (Rosenthal &Ansello, 2007). In Africa, family is the most prominent source of social support for the older adults than elsewhere in the developing world. In Nigeria hitherto, social support is solely the responsibility of the family especially the wives, sons, daughters, sons-in-law, and daughters-in-law with little or no assistance from the government (Ogwumike&Aboderin, 2007; Sijuwade, 2008). The social supports from family are most often influenced by traditional values, norms, and behaviour which are socially initiated and not as a result of the emotional tie that consist of blood or marital relationship (Okoye, 2012). Most Nigerian families take care of their older adults by seeing to their needs because the social security policies for older adults in Nigeria are exclusively for older adults who had worked in the formal sector (Ajomale, 2007; Okunola, 2002).

Certainly, available adequate social supports through social policies will go a long way in plummeting of numerous frail older adults in our society (Cranswick, 2003). This is because, adequate social support has been perceived as an important social determinant of health as it assist individuals reaching their physical and emotional needs, and also reduces the effects of stressful events on their quality of life (Bryła, Burzyńska&Maniecka-Bryła, 2013). Adequate support also enables older adults to survive from diseases such as cancer, cardiovascular disease, inflammation and less effective immune system functioning (Holt-Lunstad, Smith &Layton, 2010); modify and reduce depression in old age, increases mental health, and acts as coping resources in older age (Dong, Beck & Simon, 2010; Fiori, Antonucci& Cortina, 2006). Some of the psychological or mental disorder that may be associated with inadequate social support include post traumatic stress disorder (PTDS) (Brewin, Andrews & Valentine, 2000), panic disorder (Huang, Yen & Lung, 2010), social phobia (Torgrud, Walker, Murray, Cox, Chartier&Kjernisted, 2004), and major depressive disorder (Lakey& Cronin, 2008).

Several studies have emerged depicting several factors that necessitate the receipt of adequate social support by older adults. Such factors include age, marital status, educational status, as well as socio-economic and employment status (Gallie&Paugam, 2000; Weyers, Dragano, Möbus et al., 2008). For instance, most economically inadequate families are those with most limited access to social support (Henly, Danziger& Offer, 2003). Also, very-old and middle-old age are associated with inadequate support, hence they are less financially supported, more isolated, and less socially supported (Berkman&Gurland, 1998; Heylen, 2010; Melchiore et al., 2013). Regarding gender, studies have proven that male older adults were less likely to

receive social support than female older adults, and consequently were at higher risk of not being adequately supported by the informal network (Melchiorre et al. 2013). Women have a more socially-oriented life-style, are more concerned about establishing social relations, and appear to receive support from multiple sources (friends and significant others), whereas men tend to rely on their spouse ad colleagues (Dalgard, Dowrick, Lehtinenet al., 2006; Kendler, Myers & Prescott, 2005; Paskulin&Vianna, 2007; Sharir, Tanasescu, Turbow&Maman, 2007). Equally, Okumagba posit that a relationship exist between the number of wives, number of children and amount of support received by the older adults implying that older adults who received adequate regular support were those with more than one wife with large number of children.

Statement of the Problem
Increase in the population of older adults is one of the current pressing issues confronting many countries, but more significant in developing countries such as Nigeria, yet studies that address the policy implication of inadequate social support systems available to these segments of population are not obtainable. Meanwhile, studies have proven that old age is the fastest growing segment of the Nigerian population (Abduraheem, 2007; Okoye, 2012). The population of Nigerians aged 60 years and above was 8.8 million in the year 2012 and this figure is projected to be 28 million by the year 2050 (United Nation, 2012). This suggests that in the nearest future, the number of older adults to be supported adequately will increase tremendously hence, policies that will address the support and well-being of this sub-group is overriding.

Research shows that adequate social support has positive effects on the lives of older adults for a variety of reasons, ranging from satisfaction with life to an enhanced well-being (Gow, Pattie, Whiteman, Whalley&Deary, 2007). However, insufficient or inadequate social support is responsible for decline in general health and wellbeing, higher levels of emotional distress, more illness and higher mortality rates (World Health Organization [WHO], 2002). Insufficient social support affects the physical and mental health of older adults; it also decreases the use of health services, poor functional capacity, more somatic health problems and unhealthy behaviours and greater risk of developing cardiovascular disease (Caetano, Silver &Vettore, 2013; White, Philogene, Fine & Sinha, 2009). Older adults who are inadequately supported are most likely to exhibit signs of depression, somatic complaints and also incline to older adult mistreatment (Melchiorre et al., 2013); they are susceptible to making negative life choices (Dodson, 2009); poor cognitive abilities, lower life satisfaction, and higher levels of loneliness (Gow et al., 2007). Loneliness according to Rokach, Orzeck and Neto (2004) is a significant factor that can harm one's mental capacity and life satisfaction and contributes to an older adult's ability to live at home. Loneliness is

related to negative physical health outcomes in older adults, including higher systolic blood pressure, elevated hormone levels, less restorative sleep that affects alertness and mood improvement and performances (Hawkley&Cacioppo, 2007).

In the wake of the upsurge in population of Nigerian older adults, several studies have emerged on social support systems especially in Nigeria (Dimkpa, 2011; Karick, Dagona, Abangom&Onuchi, 2013; Ogunsakin, Shehu& Dare, 2012; Okoye, 2005; Okoye&Akinyemi, 2009; Okumagba, 2011; Oladeji, 2011; Opayemi, 2011; Osamor, 2015; Sijuwade, 2008). Nevertheless, none of these studies addressed the policy implication of inadequacy of social support systems available to older adults. This present study tends to fill this significant gap by examining the policy implication of inadequate social support systems available to older adults in Nnewi-North LGA, Anambra State.

Theoretical framework
The study adopted modernization theory as the theoretical framework. Modernization theory of Cogwill and Homes (1972) asserts that the process that causes society to evolve from rural-agrarian society to urban and industrial society is associated with numerous changes in the society. Modernization theory reveals the process of cultural diffusion from one country to the other. This diffusion of culture has brought rapid decline in traditional values and beliefs (Arumala&Eruesegbefe, 2005; Naswen, 2001). One of the areas experiencing decline in traditional values is filial care and support for older adults. Modernization theory explains gradual fading away of traditional ways of care and support given to older adults in Nigeria replacing them with modern ways. According to Gesinde, Adekeye and Iruonagbe (2012) modernization has brought about decrease in traditional family support as well as weakness in filial responsibilities, interpersonal and inter-generational relationship as a result of urbanization and migration. The position of older adults in the society is changed and thereby reduces their social status and influence in the community (Gureje&Oyewole, 2006). These changes are likely to affect adequate provision of social support for older adults.

Methodology
Design and Procedure
Cross-sectional survey design was used in this study. The study was carried out in Nnewi-North LGA of Anambra State. For high level of precision, thoroughness, focused, complex, and comprehensive understanding and insight, this study adopted both qualitative and quantitative methods in data collection and analysis. 568 respondents served as the sample size out of a total population of 9,186 older adults; this comprises of 528 respondents for questionnaire study and 40 participants for the in-depth interview (IDI) and focus group discussion (FGD).

The structured questionnaire was made up of open and close ended questions, which was used to collect data from the older adults who are 60 years and above. Oral consent of the respondents was sought and obtained before administering the questionnaire with the help of 6 research assistants. The version 20 of the Statistical Package for the Social Sciences (SPSS) was used in analyzing the data. For the IDI schedule and FGD guide, unstructured questions were raised to enable the researchers probe for more questions when the need arose. The generated qualitative data were analyzed in themes as complements to quantitative data. The data were transcribed first in the local language and translated into English to ensure that English and local language versions carried the same meanings. In going through the transcription, phrases with special meanings were identified. They served as illustrative quotes to complement the statistical data.

Results
The analysis of quantitative data was done based on the 516 questionnaires that were returned valid. The demographic characteristics of respondents showed that male respondents constituted 50.2% of the population and the mean age was 71 years. Majority of the respondents (63.8%) were married followed by 22.9% who were widowed. Also, 95.5% of the respondents indicated that they have children; meanwhile 50.7% had more than six children. The finding equally indicates that greater percentage of the respondents (36.8%) were traders; also greater percentage of the respondents had no formal education while majority of the respondents (54.3%) receive stipend every month.

On the forms of social support available to older adults, the findings reveal that majority of the respondents (78.8%) receive financial support. This is followed by respondents75.8% who indicated that they receive health support (in sickness). Also, 58.0% indicated that they received material support while 54.1% said that they receive emotional support. These findings are supported by the responses from our qualitative studies. For instance, female participants in FGD conducted with older adults stated, "…older adults in this community do receive financial support, in fact financial support is prevalent for older adults in this community because money is indispensable". In the same vein, a female older adult in FGD stated, "…people usually support us financially when we are faced with financial challenges especially to pay up bill and other debt we owe". Also, a female older adult in IDI reflected, "…I receive financial support from the younger one whenever they visited me, they will tell me to buy whatever I need no matter how little". Equally, a female participant in FGD that was conducted with care-givers reflected thus:

> …they receive financial support from various individuals that usually visit them. Also the members of the family (sons, daughters, sons-in-laws, daughters-in-law) give them financial support periodically. Their friends

especially the healthy ones sometime visit them when they are sick. Regarding health support received by older adults, a female participant in FGD conducted with older adults stated,… there was a move made by the indigenes of the community who reside abroad. They organized some doctors to come down to Akwudo hospitals to attend to the older adults.

Also, a male participant in FGD conducted with older adults reflected thus:

> …yes, a month ago, some group of eye doctors came to Nnewi through our brothers who live in America. They made it an annual event to treat people with eye related problems. It was our brothers who live in America that brought them.

Furthermore, a female older adult in FGD said that,…older adults also receive health support when they are sick as a result of ageing process. They receive this support from their well behaved children who care for them. The children will always take their sick mother to their respective homes so that the burden will not be much on a single child. Also the parents will ensure to train their children academically, this will enable them take care of their parents.

The researchers equally sought to find out the various support systems that provide support to older adults. The results of the study show that most of the support received by older adults was from the network of their children (78.6%). This is followed by 56.7% who reported that they have received support from their friends. The findings also show that 40.3% receive support from their spouses which was not as much as children and friends' support. This might not be unconnected with the marital status of the respondents which indicated that several older adults were widowed. These findings corroborate with the responses from the participants in our qualitative studies. A male participant in FGD conducted with older adults stated that, "Older adults receive financial support especially from their children, although, this support is more accessible among older adults who their children are wealthy". Also, a female older adult in IDI stated said, "I received social support from my children who reside outside the state whenever they come home and I will use it to augment the ones I have already". Similarly, a female older adult in IDI reflected,

> …those children you focused on and trained properly will in turn assist/support you when ageing set in. On the other hand, when your children get married, you will be supported by your sons-in-laws and the daughters-in-law.

Regarding receiving social support from the networks of the friends, a female respondent in IDI stated, "…the friends of the older adults support themselves

especially when there is need for such support". Also, a female participant in FGD conducted with older adults reflected that "some friends support themselves, however the support from friends is hugely dependent on the type of friends you have, somefriends can give wonderful and relevant advice when their opinions are sought". A male older adult in IDI equally reflected, "…we receive support from our children's friends, they usually give us money and other material support but it is dependent on how cordial the relationship between them and the older adults".

The stunning finding of this study was that majority of the respondents (64.6%) indicated the support they received from these support networks was not adequate especially the support from government (20.2%) and NGOs (4.8%) which were the least support systems for older adults. These findings are in line with the findings from the qualitative studies as a male older adult in IDI stated:

> …generally, the social support is not adequate especially the government support. Look at me as old as I am, I only received social support from government just twice. It is not adequate at all. Even the material support government gives such as fertilizers; we have to pay the government before they release the fertilizers to us.

Also, a male participant in FGD conducted with older adults reflected,

> …no, the support is not enough. There is not enough government support in this community. Even our children school fees are so high. What is obtainable in Nnewi now is that the poor are likely not to further their education. In fact, we are managing everything; people may not know what you are going through till you tell them.

Relationship between views on social support and some demographic variables

The bivariate analysis was also conducted to examine the existing significant relationship between older adults' perceptions on the adequacy of social support they receive and some demographic variables: sex, education, marital status, number of children, and monthly stipend using chi-square test of significance. For easier comprehension of the variables, some of the data were re-coded. For instance, No formal education, FSLC and SSCE/WASC were re-coded as lower education while Diploma/NCE, First degree/HND and any other higher degree were re-coded as higher education in educational status of the respondents. Also, to measure the respondents' view on the adequacy of social support they have received, question with options (not adequate, adequate, and very adequate) was asked. All the respondents that said very adequate or adequate have received adequate social support.

Variables	Adequacy of social support		Total	χ^2
	Adequate social support	**Inadequate social support**		
Sex				
Male	164 (49.0%)	95 (52.5%)	259 (50.2%)	**.586 df=1;**
Female	171 (51.0%)	86 (47.5%)	257 (49.8%)	**p<.444**
Total	**335 (100.0%)**	**181 (100.0%)**	**516 (100.0%)**	
Age				
Young older adults	175 (52.2%)	93 (51.4%)	268 (51.9%)	**.036; df=2;**
Middle older adults	75 (22.4%)	41 (22.7%)	116 (22.5%)	**p<.982**
Very older adults	85 (25.4%)	47 (26.0%)	132 (25.6%)	
Total	**335 (100.0%)**	**181 (100.0%)**	**516 (100.0%)**	
Educational status				
Lower education	236 (70.4%)	151 (83.4%)	387 (75.0%)	**10.555;**
Higher education	99 (29.6%)	30 (16.6%)	129 (25.0%)	**df=1;**
Total	**335 (100.0%)**	**181 (100.0%)**	**516 (100.0%)**	**p<.001***
Social contacts				
Always lonely	139 (41.5%)	100 (55.2%)	239 (46.3%)	**8.943; df=1;**
Not lonely	196 (58.5%)	81 (44.8%)	277 (53.7%)	**p<.002***
Total	**335 (100.0%)**	**181 (100.0%)**	**516 (100.0%)**	
Number of children				
One to five children	66 (19.7%)	42 (23.2%)	108 (20.9%)	**.871; df=1;**
Six children and above	269 (80.3%)	139 (76.8%)	408 (79.1%)	**p<.351**
Total	**335 (100.0%)**	**181 (100.0%)**	**516 (100.0%)**	
Financial status				
Lower income	252 (75.2%)	169 (93.4%)	421 (81.6%)	**25.760;**
Higher income	83 (24.8%)	12 (6.6%)	95 (18.4%)	**df=1;**
Total	**335 (100.0%)**	**181 (100.0%)**	**516 (100.0%)**	**p<.000***
State of health				
Having health challenges	36 (10.7%)	49 (27.1%)	85 (16.5%)	**22.762; df=1;**
Not having health challenges	229 (89.3%)	132 (72.9%)	431 (83.5%)	**p<.000***
Total	**335 (100.0%)**	**181 (100.0%)**	**516 (100.0%)**	

Source: Field work 2016   * Significant

The data on Table 1 above shows some level of relationship between the perceptions of older adults on the adequacy of social support they receive and some demographic variables. The bivariate analysis showed that sex of the respondents ($p<.444$), age ($p<.982$), number of children ($p<.351$) had no significant relationship with the perception of older adults on receiving adequate social support. However, financial status ($p<.000$), level of education ($p<.001$), social contacts ($p<.003$) and state of health ($p<.000$) were found to have some significant relationship with the perception of older adults on receiving adequate social support from various support network.

However, some of these findings contradicted various responses from our qualitative survey. For instance, regarding non significant relationship between some of the independent variables like sex, number of children with perception on adequacy of social support, a female participant in the FGD conducted with the care-givers reflected that "both sexes have equal chance in receiving social support". Also, a male older adult in IDI conducted with older adults stated thus:

> …I think that both receive equal support. It is true that women often times visit many places like their children' homes, make some friends along the line. However, a man who is educated can stay in his home and be making phone calls that will yield to amount of support a woman gets. So they have equal chances of being supported. For instance, I am at home now but I have gotten all that I needed because of my level of education.

On the other hand, a participant in the FGD conducted with male care-givers reflected on the number of children as he stated,

> …the number of children is not necessarily a major factor in determining who receive more social support. You see someone who has one child but he receives more social support than someone with numerous children. The most important thing is how those children are trained. For this reason old adults should endeavour to train their children very well, give them necessary and basic training they required so that they can in turn take good care of them in old age. *"Kaonyesidebe be yakaogaesi bi naya"*.

Discussion of findings

The study examined the policy implication of inadequate social support systems for older adults. The findings from the study reveal that greater percentages of older adults received financial and health support respectively against other social support. More so, the finding was supported with the information from the IDI and FGD with the older adults in the study area which reflected that the immediate children of older adults take care of them whenever they were sick. Also, they get financial support either from their friends, children or any of their family members. These findings were

in line with the findings by Bloom, Mahal, Rosenberg &Sevilla (2010) who found that in many countries including India, the family is a cherished institution that often provides important informal social security for the older population. Also, Berkman, Sekher, Capistrant and Zheng (2012) believed that older adults receive financial support from their family members and their friends. The financial support they receive include giving them money, helping them to pay bills, covering the cost of their medical care or insurance, religious events, rent for housing, and other expenses. Older adults receive financial support from their close relatives and as well received frequent support when they were sick especially when they were afflicted with multiple chronic conditions (Ahmad, 2011). This finding is also upheld by the finding of Osamor (2015) on social support and management of hypertension in south-west Nigeria which revealed that the older adults receive social support from friends or family members by showing concern when they were sick and also remind them about their medication regularly. The analysis indicated that although most support received by older adults are filial base without government interventions, hence government should develop viable welfare services that address the financial, health, material needs of the older adults.

The current study revealed that majority of the respondents stated that older adults received social support mainly from their children and friends respectively. Also, information from our qualitative studies indicated that the major source of social support for older adults was the family especially immediate family members. Any older adult who has friends receive social support from their friends especially when they are in need. These findings conform with the assertions that family members (primarily a spouse or adult children) provide up to 80 to 90% of social support for older adults (Oladeji, 2011). In Nigeria, social support is usually the responsibility of the family especially the wives, sons, daughters, sons-in-law, and daughters-in-law with little assistance from the government (Ogwumike&Aboderin, 2007; Sijuwade, 2008). However, this is not so in China where sources of social support for older adults followed in a hierarchical descending order ranging from spouse, children, to friends. When spouse was unavailable, children provided more support than friends (Li, Ji& Chen, 2014). This entails that support form family care-givers is very important thereby requires the proactive efforts of government to assist the care-givers financially and materially so that they can adequately support their older adults.

The study equally showed that government support to the older adults was lower as compared with other sources of social support like families, communities, and friends. These findings are in line with the assertion of Chen, Hicks and While (2014a) that Chinese older adults received relatively little support from government. Shofoyeke and Amosun (2014) also noted that in Nigeria, there was minimal government support in the form of welfare programmes and services that were in place for older adults.

Adebowale, Atte and Ayeni (2012) equally found that in Nigeria, government has shown indifference towards older adults which has resulted in neglect regarding their health and financial needs. In the view of Messkoub (2008), support from government for the older adult is very minimal while Okunola (2002) and Ajomale (2007) found that most Nigerian families take care of their older adults by seeing to their needs because the social security policies for older adults in Nigeria are exclusive. These findings from the study underscore the importance of social policies that will address the welfare services and support of these older adults.

One important finding of this study is that the social support available to older adults was inadequate. As corroborated by the qualitative study, which also reveals that older adults receive inadequate support as some of the older adults, indicated that they are managing the support available to them. The finding conforms to the finding of Okumagba (2011) which indicates that social support available for older adults in Delta state Nigeria is irregular and inadequate. Howie, Troutman-Jordan and Newman (2014) found that older adult assisted living community residents were receiving inadequate social support. In their respective families, many of the older adults are not supported; some of their basic needs are not met thereby subjecting them hardships in terms of no respect, no care, isolation, poor health, physical abuse (Clark, Zaman&Chaudry, 2002). Despite the availability of social networks, particularly family members and close ones, they provide support occasionally to older adults (Ahmad, 2011). Most often the older adults seem not to get receive adequate attention needed especially in joint family set up as a result of large family size (Ali &Kiani, 2003). Furthermore, the rising trends of poverty in Pakistan (Ali &Kiani, 2003); and declining share of economically active population as found by Nasir (2003) will not only affect the quality of life of older adults but also underscore the need for adequate provision of safety nets for the older people.

Despite the inadequate support received by older adults, information and instrumental support was found to be relatively low as compared to other support received by older adults. Generally, the reason underpinning the inadequacy of available social support to older adults is not unconnected to modernization. Modernization theory therefore provided the theoretical structure for this study. Modernization theory asserts that the process that causes society to evolve from rural-agrarian society to urban and industrial society is associated with numerous changes in the society (Cogwill& Homes, 1972). Older adults receive relatively little proportion of social support as a result of increase in rural-urban migration of supposed support networks (members of family, community members and friends). The younger ones have migrated to urban cities for greener pastures leaving older adults in the rural areas without anyone to attend to them. Modernization has brought about many changes in the society. For instance, the mode of communication pattern, what to eat or drink, mode of education

etc which have affected provision of adequate support to older adults. In the same vein, modernization has brought about the decline in interpersonal cum inter-generational relationship. As the society is modernized the less the status of the older adults will be; meanwhile this is feasible especially in this era of scientific technology, emergence of new occupations, urbanization and modern education (Okoye, 2005).

The finding from the study also indicates that educational background is a significant factor in receiving of adequate support. Therefore, Nigerian government should endeavour to establish policies for adult education where older adults can learn skills, gain information, and also make friends that will be of support to them when it is needed. This is very important because Cutler and Lleras-Muney (2008) posit that formal educational settings encourage the development of friendships and interpersonal skills; people with more education and related social advantages may also have more time and resources to maintain relationships and support friends emotionally and financially. Also, Mirowsky and Ross (2003) found that higher educational attainment increases a person's likelihood of having close friends on whom to rely upon and of experiencing greater family stability, including a stable and supportive marriage.

From the study, it was revealed that older adults who receive adequate social support are the ones without health challenges. It does appear from the study that the state of health of older adults will always influence adequate support. For instance, older adults who are healthy are more likely to belong or participate in some group activities in the community such as religious activities, social activities. They are more likely to visit their counterpart and also be visited. Health is one aspect of welfare government should take drastic measures to ensure healthiness of all citizenry irrespective of the social status. Older adults' poor health was associated with decreased contact and decreased positive interactions with friends as well as with increased negative interactions with their adult children and friends (Ha, Kahng& Choi, 2015). Older adults' perceived state of health is directly associated with the quality of received support which imply that older adults who rated their current state of health as being poor or very poor often were at higher risk for lack of anticipated support for care when compared with those participants who rated their health as being regular, good or very good (Caetano, Cosme&Vettore, 2013; Lino, Portela, Camacho, Atie& Lima, 2013; Oliveira, Neri&D'Elboux, 2016). Also, there is an association between social connectedness and self-rated health among older adults (Almedom, 2005; Dai, Zhang, Zhang, Li, Jiang & Huang, 2016; Nyqvist, Forsman, Giuntoli et al, 2013).A study in Western Finland and Northern Sweden showed that individual-level social capital including social participation was significantly associated with self-rated health. Another cross-sectional study in Japan concluded that participants with higher self-rated health had sufficient social support (Hata, Inayama, Matsushitaet al., 2016).

Furthermore, individual features of social support can be considered to be a resource for the health and well-being of older people (Cheng, Fung & Chan, 2007).

In addition, social contact with people in society was found in this study to be associated with receiving adequate social support. The finding from the study reveals that older adults who are often isolated from people receives less support as compared with older adults who are in constant contact with people around them. This implicates the need for establishment of community-based support and services that enable older adults to make some social contacts thereby support one another. Social support is associated with social life which is predominantly family-oriented, close kin relationships and familial interests against those living alone who perceive themselves as the most vulnerable group compared with the other living conditions (Gureje, Ogunniyi, Kola et al., 2006; Lin 2006; Phillips, Siu, Yeh, Cheng 2008). In China, Chen, Hicks and While (2014b) found that overall social support level of older adults who were often lonely was low as compared with the Chinese norm. Also older adults who are often lonely are confronted with the same health related issues as other older adults who have several contacts with people; the dearth of caregiver in their daily life may make it more difficult for them to cope with the incapacitating effects of illness (Dai et al., 2016).

Conclusion and recommendation
Social support is seen as continuous and holistic form of care and support which enables older adults to age gracefully as their strength, mobility, cognitive functioning and health declines. From this study, it can be inferred that majority of the respondents in one way or the other have received social support from various support networks which include the church, family, government, community members, friends etc. However, family especially the children provide more of the social support than other support networks. Generally, the study found that the social support older adults have received were not adequate and also government does not seem to show keen interest in the care of older adults despite their influence in the society. This study therefore recommends for formulation and implementation of viable policies that address all-inclusive social welfare, security and protection for older adult. For instance, the study reveals that social supports are adequately available to older adults with high income status than older adults with lower income. Therefore, Nigerian government should consider all-inclusive financial policy in the form of monthly stipend for older adults without preference to only older adults who had work in the formal sectors. Also, the result of this study shows that older adults who are without health challenges receive adequate social support than older adults who are having health challenges. This implies that policy that addresses free, accessible and comprehensive health care services inhospitals and health centersare paramount. On the other hand, social contacts were found in this study to influence the adequacy of social support available

to older adults. The study hereby recommends for introduction of community-based services (CBS) such as Senior Centres, Friendly Visiting Programmes, Adult Day Care and so on. Community-based services will ensure the provision of socialand emotional needs that can help to alleviate feelings of loneliness, boredom, and solitude, and improve quality of life of older adults.Social workers should also link older adults or their family care-givers usually the members of the family with resource systems that provide them with needed social support. As professionals in the area of welfare services and also being closer to people, they can influence the groups, institutions and organizations that provide support for older adults to develop suitable welfare programmes and services that will help to ensure that well-being of older adults are adequately taken care of.

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