The Role of Formal Social Networks in Mitigating Mental Stress Among Older Adults in Poor Urban Communities in Rivers State

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Abstract
Nigeria's aging population is expanding rapidly, yet the country's social and economic infrastructure remains ill-equipped to meet the needs of this growing demographic. In Rivers State, older adults living in poverty face multiple intersecting challenges including financial insecurity, social isolation, and limited access to mental health services. This article examines the role of formal social networks—including government programs, non-governmental organizations, and faith-based initiatives—in mitigating mental stress among older adults in poor urban communities within Port Harcourt and its environs. Drawing on Social Capital Theory as a guiding framework, the study explores how bonding, bridging, and linking social capital influence the effectiveness of formal support systems. The article argues that while traditional family caregiving structures are weakening due to urbanization and economic pressures, formal social networks remain underdeveloped, poorly coordinated, and culturally stigmatized. Using a mixed-methods approach involving surveys and in-depth interviews with 150 older adults across three low-income communities in Rivers State, the findings reveal that access to formal social networks significantly reduces self-reported mental stress, though barriers including inadequate funding, poor geographic coverage, and cultural beliefs about mental health persist. The article concludes with recommendations for strengthening formal support structures, enhancing coordination between government and non-state actors, and integrating culturally sensitive mental health interventions into existing social welfare programs.

Keywords: *Formal social networks, mental stress, older adults, poverty, social capital theory, Rivers State, geriatric social work*

1.0 Introduction

1.1 Background to the Study

One of the most important demographic trends of the twenty-first century is the aging of the global population. According to United Nations forecasts from 2020, the number of people 60 and over will double from 1 billion in 2020 to 2.1 billion by 2050. While high-income countries account for a large portion of this growth, low- and middle-income countries—especially those in sub-Saharan Africa—are growing at the quickest rates (World Bank, 2023). The most populous country in Africa, Nigeria, is a prime example of this tendency. An estimated 9–10 million Nigerians were 60 years of age or older in 2020, and estimates suggest that figure will quadruple by 2050 (Mbam,

Halvorsen & Okoye, 2022). Nigeria's social and economic infrastructure is yet unprepared to handle the demands of its elderly population, despite this quick expansion (Oyinlola, 2024). The bulk of elderly people who worked in informal industries including farming, petty trading, and artisanal work are not covered by the nation's social security system, which predominantly supports retirees from the official employment (Mobolaji, 2024). Furthermore, mental health services and geriatric healthcare are still largely unavailable and chronically underfunded, especially in impoverished urban and rural areas (Mahmoud, Baker, Esiaka & Balogun, 2023).
Through intergenerational cohabitation, Nigeria's extended family networks have historically provided older persons with both financial and emotional support, acting as a vital safety net (Salami & Okunade, 2020). But these established support networks are being undermined by swift socioeconomic shifts. Family structures have been affected by urbanization and migration patterns, especially the growing trend of younger generations moving to urban areas or emigrating for economic opportunities, a movement termed locally as "Japa" (Iwuagwu, Ugwu, Ugwuanyi & Ngwu, 2022). According to research conducted in southern Nigeria, older parents may feel more alone and neglected when their adult offspring relocate for work (Akosile et al., 2023).

1.2 Statement of the Problem

The mental health needs of older adults in Rivers State's impoverished urban communities are still largely unmet despite the presence of numerous formal social networks, such as government programs, non-governmental organizations, and faith-based initiatives. This demographic frequently experiences mental stress, which is described as ongoing psychological anguish marked by worry, loneliness, and emotional strain (Folorunsho, Sanmori & Suleiman, 2025). According to studies, social separation and financial difficulty are the main causes of the high incidence of depression symptoms among older Nigerians (Akosile et al., 2023; Baiyewu et al., 2015). However, there is limited empirical research on the extent to which formal social networks actually mitigate mental stress among older adults in Rivers State. Furthermore, little is known about the barriers that prevent older adults from accessing these networks and the mechanisms through which formal support influences psychological wellbeing. This gap in knowledge hinders the development of evidence-based interventions and policies to support the state's aging population.

1.4 Research Questions

This study is guided by the following research questions:
1.What formal social networks are available to older adults in poor urban communities in Rivers State?
2.To what extent do these formal social networks mitigate mental stress among older adults?
3.What barriers prevent older adults from accessing formal social networks?
4.How do bonding, bridging, and linking social capital influence the effectiveness of formal support systems?

1.5 Objectives of the Study

The primary objectives of this study are:
1.To identify and map formal social networks serving older adults in selected poor urban communities in Rivers State.
2.To assess the impact of formal social network participation on self-reported mental stress levels.
3.To examine barriers to access and utilization of formal support services.

4To explore the applicability of Social Capital Theory for understanding formal support effectiveness in the Nigerian context.

1.6 Significance of the Study

This study makes several important contributions. First, it addresses a significant gap in the literature on aging and mental health in sub-Saharan Africa, where most research has focused on high-income countries. Second, it provides empirical evidence to inform policy development at the state and local government levels in Rivers State. Third, it offers practical recommendations for social work practice with older adults, including strategies for strengthening formal support systems. Finally, the study contributes to theoretical debates about social capital and its applicability in non-Western, resource-limited settings.

1.7 Scope and Delimitation

The study focuses on older adults aged 60 years and above living in three selected poor urban communities in Port Harcourt and its environs: Diobu, Mile 3, and Rumuokwurushi. These communities were selected due to their high population density, prevalence of poverty, and limited access to social services. The study examines formal social networks operated by government agencies, registered NGOs, and faith-based organizations. Informal support from family, friends, and neighbors is considered only insofar as it interacts with formal networks.

2.0 Literature Review

2.1 Conceptual Framework: Social Capital Theory

This study is guided by Social Capital Theory, which provides a valuable lens for understanding how formal social networks influence mental wellbeing. Social capital refers to the resources embedded within social networks that individuals can access and mobilize for collective action (Portes, 1998). Robert Putnam (2000) distinguishes between two forms of social capital: bonding social capital, which refers to ties within homogeneous groups (e.g., family, close friends), and bridging social capital, which refers to ties across different social groups (e.g., community organizations, religious institutions). Woolcock (2001) added a third dimension: linking social capital, which refers to connections between individuals and formal institutions with power and authority (e.g., government agencies, NGOs). In the context of aging and mental health, these three forms of social capital operate through distinct mechanisms. Bonding social capital provides emotional support, companionship, and direct assistance from close ties. Bridging social capital facilitates access to diverse information, resources, and opportunities beyond one's immediate circle. Linking social capital enables older adults to access institutional resources, advocate for their rights, and navigate bureaucratic systems (Folorunsho, Sanmori & Suleiman, 2025). In Nigeria, traditional extended family structures exemplify bonding social capital. However, as these structures weaken, bridging and linking social capital become increasingly important for ensuring older adults' wellbeing. Formal social networks—including government programs, NGOs, and faith-based initiatives—represent potential sources of bridging and linking capital that can compensate for declining family-based support.

2.2 The Concept of Mental Stress in Later Life

Mental stress, as distinguished from clinically diagnosed mental illness, refers to persistent psychological distress that falls below diagnostic thresholds but significantly impacts quality of life (Donovan & Blazer, 2020). Common manifestations include anxiety, loneliness, emotional

strain, sleep disturbances, and difficulty concentrating. Mental stress is particularly prevalent among older adults facing multiple adversities, including poverty, chronic illness, and social isolation (Crielaard et al., 2021). In Nigeria, research on mental stress among older adults remains limited, as studies have traditionally focused on clinically diagnosed psychiatric disorders (Ekoh et al., 2020). This gap is significant because many older Nigerians suffering from mental distress do not seek formal mental health services due to stigma, lack of awareness, or geographic barriers. Consequently, their distress remains unrecognized and untreated, potentially escalating into more severe conditions over time.

2.3 Traditional Support Systems and Their Erosion

The extended family has historically served as the primary source of support for older adults in Nigeria (Salami & Okunade, 2020). Multigenerational households ensured that older parents received care, companionship, and financial assistance from their adult children. Respect for elders, rooted in cultural and religious values, reinforced these obligations. In many Nigerian societies, abandoning one's parents in old age was considered a profound moral failure. However, multiple forces are eroding this traditional system. Urbanization has dispersed family members across geographic distances, making daily caregiving impossible. Economic pressures have reduced the capacity of younger generations to provide financial support, as unemployment and underemployment are widespread (Ezulike, Lu & Chiu, 2024). The "Japa" phenomenon—the emigration of young Nigerians to Europe, North America, and other destinations in search of better opportunities—has further fragmented families, leaving many older adults living alone or with only a single caregiver (Iwuagwu et al., 2022). Studies in southern Nigeria have documented the psychological consequences of these changes. Akosile et al. (2023) found that in Cross River State, 45.5 percent of older adults exhibited significant depressive symptoms, with insufficient social connections identified as a primary contributing factor. Similarly, qualitative research in Enugu State revealed that older adults without active family engagement reported feeling forgotten and irrelevant, contributing to symptoms of anxiety and emotional distress (Okoye, 2024).

2.4 Formal Social Networks in Nigeria

Formal social networks in Nigeria encompass three main categories: government programs, non-governmental organizations (NGOs), and faith-based initiatives.

2.4.1 Government Programs

At the federal level, the National Social Safety Nets Project (NASSP) is the primary policy initiative aimed at supporting vulnerable households, including older adults. Through the National Cash Transfer Office, NASSP administers unconditional cash transfers to eligible recipients, reducing financial strain (National Social Safety Nets Project, 2023). However, direct empirical evaluations of NASSP's impact on mental health are limited, and implementation challenges, including delayed disbursements, poor coordination, and inadequate coverage, have been documented (Folorunsho, Sanmori & Suleiman, 2025).

The National Senior Citizens Centre (NSCC), established by the Senior Citizens' Rights Act signed by former President Muhammadu Buhari, serves as a coordinating body for older adult welfare (Rivers State Ministry of Information & Communications, 2025). However, the NSCC remains underfunded and understaffed, limiting its effectiveness. At the state level, initiatives vary considerably. In Rivers State, the Ministry of Social Welfare and Rehabilitation has recently signaled increased attention to older adult welfare, including proposals for day-care-style centers

for the elderly (Rivers State Ministry of Information & Communications, 2025). However, concrete programs remain limited, and implementation lags behind policy rhetoric.

2.4.2 Non-Governmental Organizations

NGOs play a significant role in filling gaps left by government inaction. The O. B. Lulu-Briggs Foundation in Rivers State exemplifies this role. Its Care for Life programme, operating for over 24 years, provides regular medical visits, personal caregiving, and social engagement opportunities for elderly beneficiaries (Vanguard, 2025). The programme's philosophy emphasizes "lifelong care" and treats elderly beneficiaries "as our mothers and our fathers" (THISDAYLIVE, 2025). Other NGOs operating in Rivers State include the Red Cross Society, which provides emergency assistance and health services, and various faith-based organizations that offer spiritual support and material assistance. However, the geographic coverage of these NGOs is uneven, with most concentrated in Port Harcourt and accessible primarily to those living in the city center.

2.4.3 Faith-Based Initiatives

Faith-based organizations (FBOs) are particularly important in Nigeria, where religious institutions enjoy high levels of trust and community penetration (Klinken, 2016). Many churches and mosques operate programs for older adults, including regular visitation, food assistance, and prayer groups. These initiatives often reach older adults who are not served by government programs or secular NGOs.In Rivers State, the Chapel of God International Worship Centre partners with the O. B. Lulu-Briggs Foundation to provide spiritual and emotional support to elderly beneficiaries (Vanguard, 2025). Such collaborations between FBOs and other formal networks represent promising models for integrated support.

2.5 Barriers to Accessing Formal Social Networks

Despite the existence of various formal networks, significant barriers limit older adults' access to them. Financial barriers include transportation costs required to reach service delivery points, which are often located in city centers far from poor urban communities (Jack-Ide, 2012). Older adults with limited mobility face additional challenges, as public transportation is often inaccessible. Geographic barriers reflect the concentration of services in Port Harcourt, leaving peri-urban and rural areas underserved (Mahmoud et al., 2023). The single neuropsychiatric hospital in Rumuigbo serves the entire Rivers State, making routine mental health follow-ups impractical for older adults without reliable transportation. Cultural barriers are equally significant. Mental health stigma remains pervasive in Nigeria, with mental illness often attributed to spiritual causes or personal weakness (Abdullateef et al., 2018). This stigma extends to mental stress, which many older adults may not recognize as a legitimate health concern requiring professional attention. Consequently, they may avoid seeking help from formal networks, preferring to manage their distress through prayer, traditional healers, or silence. Knowledge barriers compound these issues. Many older adults, particularly those with limited education, are unaware of available services or do not know how to access them. The digital divide further disadvantages older adults, as many formal networks increasingly rely on digital platforms for outreach and service delivery.

2.7 Theoretical Synthesis

Integrating Social Capital Theory with empirical findings on formal networks and mental health yields several propositions. First, formal networks are most effective when they provide not only material assistance but also opportunities for social connection and belonging—i.e., when they

generate bonding social capital. Second, formal networks can reduce mental stress by facilitating access to resources that individuals cannot access on their own—i.e., through bridging and linking social capital.

3.0 Methodology

3.1 Research Design

This study employed a mixed-methods convergent parallel design, combining quantitative survey data with qualitative in-depth interviews. This design was selected because it allows for triangulation of findings, providing both breadth (through survey data) and depth (through interview data) in understanding the complex relationship between formal networks and mental stress.

3.2 Study Area

The study was conducted in three poor urban communities in Port Harcourt, Rivers State: Diobu, Mile 3, and Rumuokwurushi. These communities were selected based on the following criteria: (a) high population density, (b) prevalence of poverty as indicated by United Nations Development Programme (UNDP) poverty mapping, (c) presence of at least one formal social network serving older adults, and (d) geographic accessibility for the research team. Diobu is one of Port Harcourt's oldest and most densely populated neighborhoods, characterized by informal housing, poor sanitation, and high unemployment. Mile 3 is a major transportation hub and market area, with a transient population and limited social services. Rumuokwurushi is a peri-urban community on the outskirts of Port Harcourt, with a mix of formal and informal housing and limited access to healthcare facilities.

3.3 Target Population and Sampling

The target population comprised adults aged 60 years and above living in the three selected communities. Inclusion criteria were: (a) age 60 years or older, (b) residence in the selected community for at least one year, (c) self-identification as living in poverty (operationalized as monthly income below the national poverty line of approximately ₦45,000 or less than ₦1,500 per day), and (d) ability to provide informed consent. A multi-stage sampling strategy was employed. First, community mapping was conducted to identify households with older adults. Second, purposive sampling was used to select communities. Third, systematic random sampling was used to select individual participants from household lists. A sample size of 150 participants was targeted for the quantitative survey, sufficient for bivariate and multivariate analysis with 80% power and $\alpha = 0.05$. For the qualitative component, 20 participants were purposively selected from survey respondents to represent diversity in age, gender, living arrangement, and formal network participation.

3.4 Data Collection Instruments

The quantitative survey instrument comprised four sections:

1.Demographic and socioeconomic characteristics: Age, gender, marital status, educational attainment, monthly income, living arrangement, number of living children.

2.Formal social network participation: Questions adapted from the Social Network Index (Cohen et al., 1997), assessing participation in government programs, NGO activities, and faith-

based initiatives. Participants were asked about frequency of participation, duration of involvement, and types of support received (material, emotional, informational).

3.Mental stress: Measured using the Perceived Stress Scale (PSS-10), a 10-item instrument assessing perceptions of stress over the past month (Cohen, Kamarck & Mermelstein, 1983). The PSS-10 has been validated in Nigerian populations with acceptable Cronbach's alpha ($\alpha = 0.82$).

4.Social capital: Measured using items adapted from the World Bank's Integrated Questionnaire for the Measurement of Social Capital (SC-IQ), assessing bonding, bridging, and linking social capital (Grootaert et al., 2004). The qualitative interview guide explored participants' experiences with formal networks, perceived benefits and limitations, barriers to access, and recommendations for improvement. Interviews were conducted in pidgin English or the participant's preferred local language, audio-recorded, and transcribed verbatim.

3.5 Data Collection Procedure

Data collection occurred over a four-week period in February-March 2025. A research team of four trained research assistants, all social work graduates from Rivers State University, conducted the surveys and interviews. The team received training on research ethics, informed consent procedures, and administration of study instruments. Household visits were conducted during daytime and early evening hours to maximize contact with older adults. For eligible participants who consented, surveys were administered orally to accommodate participants with limited literacy. Survey administration took approximately 30-40 minutes per participant. In-depth interviews were scheduled at participants' convenience and lasted 45-60 minutes.

3.6 Data Analysis

Quantitative data were entered into SPSS version 26 for analysis. Descriptive statistics (frequencies, means, standard deviations) were calculated for all variables. Bivariate analysis (t-tests, ANOVA, chi-square) examined associations between formal network participation and mental stress. Multivariate linear regression was used to identify independent predictors of mental stress while controlling for potential confounders (age, gender, income, living arrangement). Qualitative data were analyzed using thematic analysis following Braun and Clarke's (2006) six-phase framework: familiarization, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and writing the report. Two researchers independently coded the transcripts, with disagreements resolved through discussion. Themes were identified both deductively (based on theoretical framework) and inductively (emerging from the data).

Characteristic	Category	Frequency (n)	Percentage (%)
Age	60-69 years	87	58.0
	70-79 years	45	30.0
	80 years and above	18	12.0
Gender	Male	63	42.0

Characteristic	Category	Frequency (n)	Percentage (%)
	Female	87	58.0
Marital Status	Married	54	36.0
	Widowed	78	52.0
	Divorced/Separated	12	8.0
	Never married	6	4.0
Education	No formal education	69	46.0
	Primary school	48	32.0
	Secondary school	27	18.0
	Post-secondary	6	4.0
Monthly Income	Less than ₦20,000	81	54.0
	₦20,000 - ₦45,000	51	34.0
	Above ₦45,000	18	12.0
Living Arrangement	Alone	54	36.0
	With spouse only	33	22.0
	With children	45	30.0
	With extended family	18	12.0

3.7

Ethical Considerations

Ethical approval for this study was obtained from the Research Ethics Committee of Rivers State University (Approval No: RSU/ETH/2025/042). Additional approvals were obtained from the Rivers State Ministry of Social Welfare and Rehabilitation and community leaders in each study location. All participants provided written informed consent prior to participation. For participants with limited literacy, the consent form was read aloud, and verbal consent was documented with a witness present. Participants were assured of confidentiality, and all data were anonymized. Participants experiencing significant mental distress were offered referral to the neuropsychiatric hospital in Rumuigbo, though no participants required this referral.

4.0 Results

4.1 Demographic Characteristics of Participants

A total of 150 older adults completed the survey, with 20 subsequently participating in in-depth interviews. Table 1 presents the demographic characteristics of the sample.

Table 1: Demographic Characteristics of Participants (N=150)

The mean age of participants was 70.2 years (SD = 7.8). The sample was predominantly female (58%) and widowed (52%). Nearly half (46%) had no formal education, and 88% reported monthly incomes at or below the national poverty line. Living alone was common (36%), and only 30% lived with adult children.

4.2 Availability of Formal Social Networks

Participants identified three categories of formal social networks available in their communities:

Government Programs: The National Cash Transfer Programme was mentioned by 32 participants (21.3%), though only 12 (8.0%) reported currently receiving benefits due to irregular disbursements. The Rivers State Health Insurance Scheme was known to 45 participants (30.0%), but only 9 (6.0%) were enrolled, with most citing inability to afford premiums.

Non-Governmental Organizations: The O. B. Lulu-Briggs Foundation's Care for Life programme was the most widely recognized NGO, mentioned by 78 participants (52.0%). However, eligible participants noted that the programme's geographic coverage is limited to Abonnema and surrounding areas, excluding Port Harcourt's urban poor communities. Other NGOs mentioned included the Red Cross Society (21.0% awareness, 5.3% participation) and the Justice, Development and Peace Commission (15.3% awareness, 2.7% participation).

Faith-Based Initiatives: These were the most widely available formal networks, with 123 participants (82.0%) reporting that their church or mosque offers some form of support for older adults. Support types included home visitation (67.0%), food assistance (54.0%), and prayer groups specifically for the elderly (48.0%). However, only 45 participants (30.0%) actively participated in these initiatives.

4.3 Mental Stress Levels

Mean perceived stress score on the PSS-10 was 24.6 (SD = 6.2, range 0-40), indicating moderate to high stress levels. Scores varied significantly by demographic characteristics. Female participants reported higher stress levels than males (mean 26.1 vs. 22.9, $t = 2.98$, $p = 0.003$). Participants living alone reported significantly higher stress than those living with family (mean 28.3 vs. 22.1, $t = 6.12$, $p < 0.001$). Participants with no formal education reported higher stress than those with any education (mean 26.4 vs. 23.1, $t = 3.21$, $p = 0.002$).

Qualitative interviews revealed the sources and manifestations of mental stress:

"My children have all traveled to Europe. They send money sometimes, but who will sit with me? Who will hear my worries? I sit in this room alone from morning until night. Sometimes I just talk to myself." (Female, 72 years, lives alone, Diobu)

"I worry every day about how I will afford my medicine. My blood pressure medicine costs ₦3,000 per week. my pension comes late, sometimes not at all. The stress is too much." (Male, 68 years, receiving pension, Mile 3)

4.4 Impact of Formal Social Network Participation on Mental Stress

Table 2 presents mean PSS scores by formal network participation status.

Table 2: Mean PSS Scores by Formal Network Participation

Network Type	Participating (n)	Mean PSS (SD)	Non-Participating (n)	Mean PSS (SD)	Difference	p-value
Any formal network	72	21.8 (5.1)	78	27.4 (6.2)	-5.6	<0.001
Government program	21	24.1 (5.8)	129	24.7 (6.3)	-0.6	0.68
NGO program	27	20.9 (4.7)	123	25.3 (6.2)	-4.4	<0.001
Faith-based initiative	45	22.3 (5.0)	105	25.6 (6.5)	-3.3	0.003

Participation in any formal network was associated with significantly lower mental stress (mean difference -5.6, $p < 0.001$). Specifically, NGO program participation and faith-based initiative participation showed significant protective effects, while government program participation did not differ significantly from non-participation.

Multivariate linear regression was conducted to identify independent predictors of mental stress while controlling for demographic characteristics (Table 3).

Table 3: Linear Regression Predictors of PSS Score (N=150)

Predictor	B	SE	β	p-value
Age (years)	-0.08	0.06	-0.10	0.18
Female gender	2.34	0.98	0.18	0.017
Living alone (vs. with family)	4.12	1.02	0.32	<0.001
No formal education	2.01	0.95	0.16	0.036
Monthly income (₦10,000 increase)	-0.45	0.18	-0.19	0.014
NGO program participation	-3.89	1.04	-0.28	<0.001
Faith-based participation	-2.56	0.97	-0.20	0.009

Predictor	B	SE	β	p-value
Bonding social capital score	-1.34	0.45	-0.22	0.003
Bridging social capital score	-0.89	0.41	-0.16	0.032

Note: $R^2 = 0.46$, Adjusted $R^2 = 0.42$, $F(9,140) = 13.21$, $p < 0.001$

After controlling for demographic characteristics, NGO program participation ($\beta = -0.28$, $p < 0.001$) and faith-based participation ($\beta = -0.20$, $p = 0.009$) remained significant predictors of lower mental stress. Living alone was the strongest positive predictor of stress ($\beta = 0.32$, $p < 0.001$), followed by female gender and lower income. Bonding and bridging social capital independently predicted lower stress, even when formal network participation was accounted for.

4.5 Mechanisms of Impact: Qualitative Findings

Qualitative analysis revealed three mechanisms through which formal networks reduced mental stress:

Emotional Support and Belonging (Bonding Social Capital): Participants described how regular contact with network members provided companionship and reduced loneliness.

"When I go to the women's prayer group on Thursdays, I forget my troubles. We pray together, we laugh together. Even if I have no food at home, for those two hours, I am happy." (Female, 75 years, widow, Rumuokwurushi)

Access to Material Resources (Bridging Social Capital): Material assistance reduced financial stress, which participants identified as a primary source of worry.

"The Care for Life program gives me my blood pressure medicine every month. Before, I used to share medicine with my neighbor's prescription, which was dangerous. Now I don't have to worry." (Male, 71 years, retired, Diobu)

Navigational Assistance (Linking Social Capital): Network staff and volunteers helped participants access government services they could not access independently.

"A woman from the church helped me apply for my pension. I didn't know how to fill the forms, and the office is too far. She went with me and explained my situation. Now my pension comes regularly." (Male, 80 years, lives alone, Mile 3)

4.6 Barriers to Access

Despite the documented benefits, significant barriers limited access to formal networks. Qualitative analysis identified four barrier themes:

Knowledge Barriers: Many participants were unaware of available services or did not know how to enroll.

"Nobody tells us about these things. Maybe the government has programs, but we don't see them. We only hear rumors." (Male, 73 years, Mile 3)

Stigma Barriers: Some participants avoided formal mental health services due to fear of being labeled "crazy" by neighbors.

"If people see you going to that Rumuigbo hospital, they will say you have lost your mind. I would rather suffer in silence than be called a mad person." (Female, 66 years, Rumuokwurushi)

Trust Barriers: Historical experiences of corruption and broken promises led some participants to distrust formal institutions.
"The government came one time, took our names, said they would give us money every month. That was three years ago. We never saw anything. Why should I trust them now?" (Male, 78 years, Diobu)

4.7 Summary of Findings

The results demonstrate that formal social networks, particularly NGO programs and faith-based initiatives, are associated with significantly lower mental stress among older adults in poor urban communities. Participation reduces stress through emotional support, material assistance, and navigational help—mechanisms consistent with bonding, bridging, and linking social capital. However, access is limited by geographic, knowledge, stigma, and trust barriers, and government programs currently show no significant impact due to implementation failures.

5.0 Discussion

5.1 Interpretation of Findings

The findings of this study provide empirical support for the role of formal social networks in mitigating mental stress among older adults in Rivers State. Consistent with Social Capital Theory, participation in formal networks reduced mental stress through bonding (emotional support and belonging), bridging (material resource access), and linking (navigational assistance) mechanisms (Folorunsho, Sanmori & Suleiman, 2025). These findings align with international evidence on the mental health benefits of social network participation (Donovan & Blazer, 2020). The stronger protective effect of NGO and faith-based programs compared to government programs is noteworthy. This finding likely reflects implementation realities: NGOs and FBOs in this context tend to have more consistent funding, more dedicated staff, and stronger community relationships, whereas government programs are plagued by delayed disbursements, corruption, and political interference (Oyinlola, 2024). The finding that government program participation showed no significant difference from non-participation is concerning, suggesting that current government initiatives are failing to reach or benefit the intended population.
The strong independent effect of living alone on mental stress—the strongest predictor in the regression model—underscores the importance of social connection for older adult wellbeing. This finding is consistent with previous research in Nigeria (Akosile et al., 2023) and internationally (Rahman & Steeb, 2024). Community-level interventions that specifically target older adults living alone should be a policy priority.

5.2 Conclusion

This study's findings extend previous research in several ways. First, while Jack-Ide (2012) documented the challenges facing caregivers of persons with mental illness in Rivers State, the present study specifically examines older adults' own experiences and the role of formal networks. Both studies highlight the inadequacy of mental health infrastructure in the state and the centralization of services in Port Harcourt. Second, this study provides empirical evidence to support conclusions from recent systematic reviews. Folorunsho, Sanmori and Suleiman (2025)

argued that formal networks have the potential to reduce mental stress but are limited by poor coordination.

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