



## Health-Promoting Lifestyle Profile, Associated Social Support and Strategies for Advancing Health of Retired Civil Servants in Imo State, Nigeria

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### Abstract

*The study investigated health-promoting lifestyle profile, associated social support and strategies for advancing health of retired civil servants (RCSs) in Imo State, Nigeria. Three research questions and one null hypothesis guided the study. The study adopted concurrent triangulation mixed methods approach. The study participants consisted of 29,005 registered (RCSs) in Imo State, Nigeria. The sample size was 980, comprising 810 drawn through multi-stage sampling procedure for quantitative data collection, 140 drawn using convenience sampling for qualitative data collection, and 30 experts that indicated the proposed strategies appropriate. Questionnaire and In-depth Interview Guide were used for data collection. Frequency, percentage, mean, standard deviation, pearson correlation, and multiple linear regression were used for data analyses. Findings revealed that a moderate level of health-promoting lifestyle among retired civil servants, with spiritual growth identified as the highest, while physical activity was the lowest. Social support was significantly associated with RCSs' health responsibility ( $\beta = .143$ ;  $p < .001$ ), physical activity ( $\beta = .233$ ;  $p < .001$ ), nutrition ( $\beta = .156$ ;  $p < .001$ ), and total healthy lifestyle ( $\beta = -.162$ ;  $p < .001$ ). Findings from the male and female RCSs' qualitative exploration revealed that the participants moderately engage in health-promoting behaviours, with several structural and personal factors influencing their engagement, and the role of social support in enhancing their health-promoting lifestyle. The findings suggested interventions aimed at promoting healthy lifestyle. However, leveraging social support networks, particularly church community and family support, may enhance overall health-promoting lifestyle engagement, as well as developing accessible exercise programmes for RCSs' physical and mental health.*

**Keywords:** Health promoting lifestyle, Social support, Strategy, Association, Retired Civil Servants

### Introduction

Health-promoting lifestyle (HPL) is among the main determinants of health that have been recognized as underlying factors in disease prevention. The transition to retirement marks a significant life change for civil servants in Imo State, Nigeria, often leading to various health-related challenges. As individuals age, maintaining a health-promoting lifestyle becomes increasingly essential for sustaining physical and mental well-being. According to World Health Organization (WHO, 2022), more than 80 per cent of adolescents and 27 per cent of adults do not meet WHO's recommended levels of physical activity, which affects not only individuals over their life course, but also places a financial burden on health services and the society. In Nigeria, 15.7 per cent of adult women and 5.9 per cent of adult men are living with obesity (Global Nutrition Report, 2022). Studies highlight that retired civil servants in Nigeria tend to exhibit a moderate level of health-promoting behaviours (Ibe & Uche, 2021; Odiya & Okoye, 2022; Khalid et al., 2020), indicating that while spiritual growth is a prominent aspect of their lifestyle, physical activity often ranks low.

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Health-promoting lifestyle can be described as all the behaviours believe and applied by individuals to be healthy, maintain health, and be protected from diseases (Celebi et al., 2017; Alzahrani et al., 2019). A health-promoting lifestyle encompasses various behaviours and activities that contribute to health and well-being, such as physical activity, stress management, accident prevention, cancer prevention, healthy diet, and sleep and social engagement (Niwlikar, 2022; Pender et al., 2020). Understanding the health-promoting lifestyle profile of retired civil servants (RCSs), particularly in terms of associated social support and strategies for health advancement, is crucial for enhancing their quality of life. The Health Promoting Lifestyle Profile (HPLP) is a widely used framework assessing six dimensions: health responsibility, physical activity, nutrition, spiritual growth, interpersonal relations, and stress management (Walker and Hill, 2020).

Health-related behaviours are influenced by many factors including social support and motivation (Ljubicic et al., 2022), and other socio-demographic factors, such as gender (Mehri et al., 2016), place of residence (Amiri et al., 2019), age and income (Ayggar et al., 2019). Social support, a critical factor influencing HPL, encompasses emotional, informational, and instrumental assistance from family, friends, and community (Taylor et al., 2023). Research highlights the positive relationship between social support and HPL among older adults (Adeniyi & Chedi, 2021; Lee et al., 2022). However, the relationship between social support and health behaviours in RCSs remains underexplored in the Nigerian context.

Furthermore, advancing the health of retired civil servants in Imo State necessitates the implementation of effective strategies that address both physical and psychosocial aspects of health. Interventions may include community-based physical activity programmes, nutrition education, and the establishment of support groups that encourage social interaction and shared experiences (Adeniyi & Chedi, 2023). Creating an enabling environment that fosters these activities can significantly enhance the overall health and well-being of retired civil servants.

As Nigeria continues to grapple with the implications of an aging population, understanding the HPLP of RCSs, their social support systems, and effective health advancement strategies will be critical. In the study area, it appears that there are rise in the burden of chronic diseases due to the lifestyle adopted. In Imo State, Nigeria. There is virtually no qualitative or quantitative study that has been conducted on this area, with a better understanding of the HPL of RCSs, and their association with social support. Social activities of the retirees are somehow affected when they are unable to afford simple care, e.g. eyeglasses or hearing aids. They begin to isolate themselves and feel cut-off from the life around them. Many RCSs in Imo State seem to experience financial hardships following retirement, therefore finding it difficult to care for themselves, eat good food and maintain healthy life. Moreover, none of the related studies has used the mixed methods approach to gain a better understanding of HPL and their relation to social support in retirees for the purpose of developing strategies for advancing their health. Specifically, the study assessed the: health-promoting lifestyle profile (HPLP) of retired civil servants, relationship between social support and HPLP .of retired civil servants, and identify strategies for advancing health and well-being among RCSs .in Imo State, Nigeria. This study aims to fill the gap in literature by providing insights into the health behaviours of these demographic and proposing strategies to improve their quality of life, ultimately contributing to a healthier aging population in Imo State, Nigeria.



## Methods and Material

### Study design and setting

This study employed a concurrent triangulation mixed methods approach. The study was conducted in two concurrent phases. The first phase was a population-based cross-sectional survey in which 810 retired civil servants (RCSs) were selected by proportional random multistage cluster sampling of the local government areas (LGAs) in Imo State. Questionnaires were completed through a face-to-face interview. The second phase was a qualitative study in which 140 participants were selected using convenience sampling technique. The qualitative phase was based on data collected from individual in-depth interviews from 15 of the 27 LGAs in the study area.

The study was conducted between August and October, 2024 at the various 15 drawn LGAs in Imo State, Nigeria. Imo State has three senatorial districts: Imo East (Owerri zone), Imo West (Orlu zone), and Imo North (Okigwe zone). Imo State covers 5,530 sqkm and is bordered by Abia State on the East, Rivers State on the South, Enugu State on the North, and Anambra State on the West. The population of Imo State is estimated at 5,215,804 with growth rate of 3.2% (National Population Commission/Imo State Planning & Economic Development Commission). There are 27 LGAs in Imo State. In the various LGAs, there are autonomous communities and villages. The State is filled by dwellers from all parts of the country and beyond with different ethnic, religious, and socio-cultural backgrounds. The inhabitants are predominantly farmers, traders, and civil servants.

### Participants and sampling procedure

The study participants consisted of 29,005 registered retired civil servants in Imo State, Nigeria. Only registered male and female (RCSs) were included in the study. The civil servants preparing for retirement were excluded in the study.

The sample size was 980, comprising 810 drawn through multi-stage sampling procedure for quantitative data collection, 140 drawn using convenience sampling for qualitative data collection, and 30 experts that indicated the proposed strategies appropriate. The sample size was determined using Cohen et al. (2018) Standardized Table for Random Samples, which states that when a population size is 20,000 or above at 95% confidence level (5% intervals), the sample size should be 377 or above. The multi-stage sampling procedure was employed to draw the sample for quantitative data collection. The first stage involved drawing the three Senatorial Districts (Imo East, Imo West, and Imo North) in Imo State. Hence, no sampling was done in this stage. The second stage involved the use of simple random sampling technique of balloting without replacement to draw five (2 urban & 3 rural) local government areas (LGAs) from each Senatorial District, making it a total of 15 LGAs (6 urban & 9 rural). The third stage involved the use of simple random sampling technique of balloting without replacement to draw 54 RCSs from each of the 15 drawn LGAs out of the 27 LGAs used for the study. This gave a total of 810 RCSs. The convenience sampling technique was used to select 140 RCSs that constituted the in-depth interviews (IDIs). Convenience in the sense that, only RCSs who had time and expressed their consent in participating in the study were selected.

### Material and measures

Following the participants' consent, the Participant Information Form (PIF) assessed the socio-demographic characteristics of the respondents on gender, income status, and place of residence. The Health-Promoting Lifestyle Profile II (HPLP-II) questionnaire measured health-promoting lifestyle. The HPLP II was developed by Walker et al in 1987. The 52-item summated behaviour rating scale employs a 4-point response format (Never [1], Sometimes



[2], Often [3], Routinely [4]) to measure the frequency of self-reported health-promoting behaviours in the domains of health responsibility, physical activity, nutrition, spiritual growth, interpersonal relations and stress management. The alpha coefficient of internal consistency for the total scale was .943; alpha coefficients for the subscales ranged from .793 - .872. The Multidimensional Scale of Perceived Social Support measured the social support. The scale was developed by Zimet et al. (1988). The 12-item rating scale employs a 7-item response format: Very strongly disagree (1), strongly disagree (2), mildly disagree (3), Neutral (4), Mildly agree (5), Strongly agree (6), and Very Strongly agree (7). The alpha coefficient of internal consistency for the total scale was .93; alpha coefficients for the subscales ranged from .89 - .91.

In order to examine their face and content validity, the questionnaires were given to five experts on the subject, and an expert in methodology. After collecting the opinions of these experts, possible modifications were made. To assess the reliability (internal consistency), a trial test was performed on 50 RCSs, and the Cronbach's alpha values were calculated, which yielded .81 and .75 for HPLP II and Social Support scales respectively. The cut-off point for both calculations was 0.70.

A semi-structured in-depth interview guide (IDIG) field-tested was used to collect qualitative data from 30 participants, selected using convenience sampling technique. The questions were formulated in line with the quantitative objectives. The strategies questionnaire was used to collect data on views of the experts for offering strategies to advance health of the RCSs.

#### **Data collection procedure**

This research was developed in accordance with the Ethical Principles of the World Medical Association Declaration of Helsinki for medical research involving human subjects (World Medical Association, 2013), and the research was approved by the Research Ethics Committee of the University of Nigeria, Nsukka (Ethical Clearance Code: UNN/EC/STA-20/HKHE/18/AUG/8/24).

Data were collected by administering the questionnaires to the 810 RCSs. In order to obtain the participation of the respondents, the research team met with the Chairperson of the various local government offices of the RCSs in Imo State, requesting their permission to study their subjects. After agreement with the Chairpersons, informed consent (verbal) was obtained from the RCSs, and it was explained to them how and when the data would be taken. Also, the research team explained the objectives of research for the participants and the latter were assured about the privacy of their personal data. After their consent was gotten, the researchers through the chairpersons administered 810 questionnaires to the respondents for completion. Participants filled out the questionnaires individually and it was only done once. The administration protocol required that two researchers always be present during the procedures to answer participants' questions and ensure that all steps of the protocol were followed. The questionnaires were collected back immediately after filling out in order to ensure maximum return rate. Out of the 810 copies of the questionnaire administered, 793 were returned, which gave 97.9 per cent return rate. Out of the returned questionnaires, four copies were not duly filled out, thus discarded. Only 789 questionnaires duly filled out, were used for the study analyses.

Concurrently, the individual in-depth interviews were conducted on 140 participants in locales (Igbo language) convenient to the RCSs. Before conducting the interviews, the research team reviewed the questions and the ways to obtain valid data and focused on research questions. During the interviews, the data were recorded through note taking and



tape-recording. The researchers worked in collaboration with six trained research assistants in execution of the project.

### Data analysis

Afterwards, the returned questionnaires were sorted and cleaned. The analyses were performed using the IBM SPSS software package, version 25. The normality of the data was checked through skewness, kurtosis and the Kolmogorov–Smirnov (K-S) test. Normal distribution was considered if the skewness showed values between -2 and +2, and the KS test is not significant (Bryne, 2010). Basic descriptive statistics, including frequencies, percentages, means, and standard deviations were calculated. The total score of the HPLP II ranges from 52-208, and is measured by the mean score of the responses to all 52 HPLP items. The total HPLP II score is further classified into four levels: poor lifestyle for the range: 52-90, moderate lifestyle for the range: 91-129, good lifestyle for the range: 130-168, and excellent lifestyle for the range: 169-208. High scores in every subscale mean more frequent health-promoting lifestyle. Pearson test was used to estimate correlations. Using Jackson (2009) estimates for weak, moderate and strong correlation coefficients,  $\pm .00 - .29$  was interpreted as none (.00) to weak relationship (NR or WR),  $\pm .30 - .59$  was interpreted as moderate relationship (MR), and  $\pm .60 - 1.00$  was interpreted as strong relationship (SR). Multivariable linear regression analysis was used to predict the impact of social support on the dependent variable (health-promoting lifestyle and its subscales) and determines the variance at 0.05 level of significance ( $p \leq .05$ ).

For the qualitative data, the research team reviewed the interviews, and extracted codes and categories to assess the accuracy of the coding process. Transcripts of the recorded in-depth interviews were coded and analysed thematically, using the conventional deductive content analysis approach, in which themes and categories are explored to reveal the RCSs' experiences of health-promoting lifestyle and social support. The themes from the edited responses were presented alongside the quantitative data for each research question.

Health-promoting strategies for retirees were developed by using the quantitative and qualitative findings, reviewing the related literature on strategies for promoting health behaviours, and employing the nominal group technique (NGT) among 30 experts from different disciplines to increase the variety of views on the discussed topics.

### Results

**Table 1: Frequency Table of Socio-demographic Characteristics of Retired Civil Servants**

Variable	Frequency	Per cent
Gender		
Male	462	58.6
Female	327	41.4
Total	789	100.0
Income Status (monthly)		
Less than #50,000	320	40.5
#50,000 - #99,000	380	48.2
#100,000 +	89	11.3
Total	789	100.0
Residence		
Rural	469	59.5
Urban	320	40.5

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Total	789	100.0
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The socio-demographic characteristics of the participants in this study are presented in Table 1. The final sample was 789; comprising 462 (58.6%) male and 327 (41.4%) female retired civil servants in Imo State, Nigeria. The vast majority of the respondents 380 (48.2%) earn between #50,000 and #99,000. Most respondents 469 (59.5%) reside in the rural settings.

**Table 2: Profile of Health-Promoting Lifestyle of Retired Civil Servants (n=789)**

S/N	HPLP II and Subscales	Mean	SD	Minimum	Maximum	Highest and Lowest Obtainable Score
	Health responsibility	21.79	4.213	10	36	9-36
	Physical activity	17.42	4.297	8	32	8-32
	Nutrition	20.94	3.802	10	34	9-36
	Spiritual growth	26.37	4.063	9	36	9-36
	Interpersonal relations	23.15	3.631	11	35	9-36
	Stress management	19.99	3.551	9	32	8-32
	Total HPLP II	129.7	17.35	64	205	52-208

**Key for Interpretation:** HPLP II = Health –Promoting Lifestyle Profile II, SD = Standard Deviation

**Scoring Protocol for HPLP II**

52-90 = poor lifestyle

91-129 = moderate lifestyle

130-168 = good lifestyle

169-208 = excellent lifestyle

Table 2 shows that the total HPLP II mean score was 129.7; SD=17.35 (range = 64-205), indicating that RCSs in Imo State had moderate level of healthy lifestyle/moderately engaged in healthy lifestyle. Specifically, the highest mean in the subscales was 26.37; SD=4.063 for spiritual growth and the lowest was 17.42; SD= 4.297 for physical activity. The high scores in all the subscales indicate more frequent healthy lifestyle.

In-depth interviews reveal that RCSs in Imo State engage in health-promoting behaviours to a moderate extent, with several structural and personal factors influencing this level of engagement as well as a combination of motivation and barriers. Many aspire to engage in healthy practices, but limitations such as financial challenges, physical health issues, and limited social support networks lead them to a middle ground, with inconsistent or less frequent health-promoting lifestyle.

**Table 3: Pearson Correlation between Profile of Health-Promoting Lifestyle and Social Support among Retired Civil Servants (n = 789)**

S/N	Variables	1.	2.	3.	4.	5.	6	7	8
	Social Support	1.00							
	Health responsibility	.143**	1.00						
	Physical activity	.233**	.552**	1.00					
	Nutrition	.156**	.525**	.467**	1.00				
	Spiritual growth	.039	.342**	.312**	.296**	1.00			
	Interpersonal	.064	.426**	.356**	.396**	.601**	1.00		



relations								
Stress		.063	.519**	.435**	.472**	.589**	.504**	1.00
management								
Total HPLP II score		.162**	.770**	.720**	.711**	.706**	.732**	.785**
								<b>1.00</b>

\*\*p≤.001, \*p≤.05

**Key for interpretation:**

±.00 - .29 = None (.00) to Weak Relationship; ±.30 - .59 = Moderate Relationship; ±.60 – 1.00 = Strong Relationship

Table 3 shows that there was a weak positive relationship between health responsibility (r = .143), physical activity (r = .233), nutrition (r = .156), spiritual growth (r = .039), interpersonal relations (r = .064), stress management (r = .063), total HPLP II score (r = .162) and social support of RCSs in Imo State, Nigeria. The results imply that as social support of the RCSs increases, their engagement in health responsibility, physical activity, healthy nutrition, spiritual growth, interpersonal relations, stress management and total healthy lifestyle increases.

In-depth interviews reveal participants reported that social interactions, especially with people with similar experiences, motivate them to stay physically active, eat healthily, and manage stress. Many RCSs indicated that social support helps alleviate loneliness, reducing the likelihood of depression, which could otherwise hinder engagement in health-promoting lifestyle (HPL). Participants consistently highlighted the significant role of social support in enhancing their HPL. Some RCSs, however, indicated that despite having social support, individual health beliefs, mobility challenges, or the lack of accessible healthcare infrastructure in certain areas limited their engagement in health-promoting practices. Most of the participants reported receiving emotional support from family and friends, informational support (e.g., health advice), and instrumental support (e.g., financial assistance). Spiritual activities and support from church communities emerged as crucial for well-being. For instance, in the words of some participants "My children support me emotionally, but I wish they could help more with physical activities." (Participant 12), "Church members pray for me and offer advice, but I need more practical help." (Participant 25), "My friends encourage me to exercise and eat well." (Participant 10),"Church members help me with transportation to health appointments." (Participant 28), "I used to walk regularly, but now I'm too old and tired." (Participant 5), "I don't have time for exercise; I'm busy with family and church." (Participant 18).

**Table 4: Multiple Linear Regression showing Association between Social Support and Profile of Health-promoting Lifestyle among Retired Civil Servants (n = 789)**

Variable	Health responsibility	Physical activity	Nutrition	Spiritual growth	Interpersonal relations	Stress management	HPLP II total
Social Support							
B	.143	.233	.156	.039	.064	.063	.162
P	.000*	.000*	.000*	.278	.070	.075	.000*

\*Significant at p≤0.05

Table 4 shows that social support was significantly associated with the profile of health-promoting lifestyle of RCSs in Imo State. Specifically, social support was significantly [Health-Promoting Lifestyle Profile, Associated Social Support and Strategies for Advancing Health of Retired Civil Servants in Imo State, Nigeria | NIGERIAN JOURNAL OF HEALTH PROMOTION](#)



associated with RCSs' health responsibility ( $\beta = .143$ ;  $p < .001$ ), physical activity ( $\beta = .233$ ;  $p < .001$ ), nutrition ( $\beta = .156$ ;  $p < .001$ ), and total HPLP II ( $\beta = -.162$ ;  $p < .001$ ).

**Table 5: Responses on Strategies for Advancing Health of Retired Civil Servants in Imo State (n=30)**

S/n	Proposed strategies	Yes f(%)	No f(%)
1.	Partner with healthcare providers and insurance companies to create affordable health insurance tailored to retired civil servants	548 (69.5)	241 (30.5)
2.	Ensure that retired civil servants, particularly those with limited pensions have access to free or heavily subsidized health care services	650 (82.4)	139 (17.6)
3.	Set up specialized clinics focusing on geriatric and preventive care	498 (63.1)	291 (36.9)
4.	Deploy mobile clinics to reach retired civil servants in remote areas, providing services, such as screenings for hypertension etc	578 (73.3)	211 (28.7)
5.	Establishing community fitness programmes tailored for retired civil servants, e.g yoga and aerobic exercises	628 (79.6)	161 (20.4)
6.	Create programmes to address mental health issues, such as depression, loneliness, anxiety, common among retired civil servants	588 (74.5)	201 (25.5)
7.	Ensure timely disbursement of pensions and periodic review	584 (74.0)	205 (25.0)
8.	Encourage development of home-based healthcare services for retirees	500 (63.4)	289 (36.6)
9.	Advocacy and policy reform enforcement for economic empowerment and interventions	673 (85.3)	116 (14.7)
10.	Implementing pre-retirement planning programme to prepare retired civil servants for life after retirement	486 (61.6)	303 (39.4)
<b>Overall %</b>		<b>81.6</b>	<b>16.4</b>

Table 5 shows that overall (81.6%), experts indicated that the proposed strategies for advancing health of the retired civil servants are appropriate. Also, the Table shows that among the enlisted strategies, majority of the experts indicated that ensure that retired civil servants, particularly those with limited pensions have access to free or heavily subsidized health care services (82.4%) and train health aides and caregivers in geriatric care to support retired civil servants (85.3%) are among the strategies for advancing health of retired civil servants.

## Discussion

The final sample of the study was 789; comprising 462 (58.6%) male and 327 (41.4%) female retired civil servants in Imo State, Nigeria. The vast majority of the respondents 380 (48.2%) earn between #50,000 and #99,000. Most respondents 469 (59.5%) reside in the rural settings (Table 1). A moderate level of health-promoting lifestyle among RCSs in Imo State, with spiritual growth identified as the most prominent aspect, while physical activity levels were notably low (Table 2). This finding is consistent with previous research indicating that older adults in Nigeria often engage in health-promoting behaviours (Oladipo et al., 2017). The findings indicate that retirees prioritize spiritual development, which often includes religious practices, meditation, and personal reflection, contributing significantly to their overall sense of well-being and fulfillment, including physical activity levels (Ibe & Uche, 2021; Nwankwo & Osonwa, 2023). The cultural significance of spirituality in Nigeria may

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contribute to its prominence in this population. In contrast, physical activity levels among these RCSs remain notably low. Factors contributing to this trend include a lack of access to recreational facilities, limited awareness of the benefits of regular exercise, and health issues common in older adults, such as chronic illnesses or mobility limitations (Umaru et al., 2023). The environment in which retirees live often lacks the necessary infrastructure to support regular physical activity, such as parks or safe walking paths, which exacerbates this issue (Odia & Okoye, 2022). Furthermore, many retirees may not have the same physical activity demands they had during their working years, leading to a decrease in engagement with structured exercise routines. The moderate level of health-promoting lifestyle among these retirees also suggests that while there is an emphasis on spiritual and emotional well-being, more attention is needed to address the physical aspects of health. Among the barriers to proper engagement in physical activities are age-related health issues, lack of time, and limited access to exercise facilities.

The results indicating a weak positive relationship between social support and several dimensions of a health-promoting lifestyle (Table 3) imply that as social support of the RCSs increases, their engagement in health responsibility, physical activity, healthy nutrition, spiritual growth, interpersonal relations, stress management and total healthy lifestyle increases. Also, this finding is consistent with the results from the qualitative phase of this study. The finding is expected and not surprising. Social support appears to encourage people to adopt healthier behaviours, such as more frequent exercise and improved nutrition, by offering emotional, practical, and motivational resources. Social support has been shown to encourage increased physical activity and adherence to HPL, particularly in older adults. For example, intervention studies with older adults suggest that social interactions, such as group walking or exercise sessions, promote consistent physical activity due to both accountability and companionship. Studies show that individuals with robust social networks are often more consistent in healthy habits, possibly due to positive reinforcement and accountability from others (Yoshikawa et al., 2020; Ory et al., 2023).

In terms of stress management and interpersonal relations, social support is linked to slightly improved outcomes, as it provides emotional resources that can help individuals manage stress more effectively. Additionally, the influence of social support on spiritual growth and health responsibility is positive but weak, indicating that while support networks may help individuals to engage in self-care and reflective practices, it does not fully drive these behaviours independently (Matos et al., 2021). Positive social environments contribute to better stress management, reduced likelihood of smoking, and a more comprehensive approach to health responsibility, as they foster motivation for maintaining both physical and mental wellness (Russell et al., 2023). However, the weak correlations observed in our study contrast with stronger associations reported in other studies (Heaney & Israel, 2008). This evidence collectively underscores that social support can be a crucial facilitator in adopting and sustaining a health-promoting lifestyle, enhancing both physical and emotional health outcomes.

Social support was significantly associated with the level of HPL of RCSs in Imo State. Specifically, social support was significantly associated with RCSs' health responsibility, physical activity, nutrition, and total HPLP II (Table 4). The finding is anticipated and not surprising. The finding is consistent with Lee and Oh (2023) who found that social support predicts health responsibility and other HPL in older adults, Sharma et al. (2021) who revealed social support's influence on healthy eating habits., and overall Health Promoting Lifestyle aligning with studies on social support's impact on HPL (Huang et al., 2022; Taylor et al., 2023).



The findings in Table 5 are consistent with health insurance coverage as shown to significantly impact healthcare accessibility, especially among the elderly (Eke, 2022; Okeke & Nwosu, 2023). Expanding insurance access for retirees helps ensure that they can receive necessary healthcare services without the burden of out-of-pocket expenses, which is critical as most RCSs in Nigeria live on fixed pensions. Studies highlight that aging civil servants face an increasing prevalence of chronic diseases, such as hypertension, diabetes, and arthritis, and other mental health challenges (Nkechi, 2022). As such, integrating geriatric care into primary healthcare facilities in Imo State could address these issues. Retirees often lack access to healthcare facilities equipped to handle age-related conditions, so training healthcare workers in geriatric care and creating specialized units in State hospitals could improve service quality for RCSs (Mba & Ogbogu, 2021). Preventive care, including regular screenings for common non-communicable diseases, has also proven essential for this population, especially if covered by expanded insurance programmes (Agu & Iwunze, 2024). Developing community-based wellness programmes that address mental well-being and create opportunities for social engagement could be transformative. Lifestyle interventions, including nutrition education and physical activity programmes, are recognized as important for preventing health issues in older populations (Udeh & Onuoha, 2022). Findings from policy analyses suggest that there is a need for more robust advocacy efforts to ensure that the health needs of RCSs are considered in State-level policymaking (Amedari & Ejidike-Ike, 2021). This could involve establishing a liaison between retiree groups and health policymakers in Imo State to advocate for budget allocations focused on retiree health. The findings are consistent with studies on social support's impact on health outcomes (Lee et al., 2022 Taylor et al., 2023). Research supports the importance of economic empowerment for healthy aging (National Pension Commission, 2022). The findings are consistent with studies on healthcare access and health outcomes (Shin et al., 2024). This can be done through improving healthcare access through affordable services and infrastructure development, and promoting economic empowerment through financial literacy and entrepreneurship programmes.

The findings suggest that interventions aimed at promoting health-promoting lifestyle among retired civil servants in Imo State, Nigeria, should prioritize spiritual growth activities and address barriers to physical activity

Strengths of this study include using both male and female retired civil servants as participants. Our findings can be used to initiate an intervention programme for advancing health of RCSs. Future studies should explore longitudinal designs to examine changes in HPL over time.

## Conclusion

The study results have shown a moderate level of health-promoting lifestyle among retired civil servants in Imo State, with spiritual growth identified as the highest, while physical activity was the lowest. Several structural and personal factors influence their level of engagement. The findings highlight the importance of social support in promoting healthy behaviours among RCSs. While the relationships observed were weak, they underscore the potential benefits of fostering strong social connections for overall well-being. Social support is a very important factor considered in RCSs' health responsibility, physical activity, nutrition, and total health-promoting profile. However, policy makers and stakeholders should prioritize health promotion programmes, social support interventions, economic empowerment, and healthcare access for RCSs. Leveraging social support networks, particularly church community and family support, may enhance overall health-promoting lifestyle engagement. A comprehensive approach that includes social, psychological, and [Health-Promoting Lifestyle Profile, Associated Social Support and Strategies for Advancing Health of Retired Civil Servants in Imo State, Nigeria | NIGERIAN JOURNAL OF HEALTH PROMOTION](#)



environmental support is needed to achieve more significant and sustained improvements in HPL of RCSs. There is the need to develop accessible exercise programmes for older adults. Advancing the health of RCSs in Imo State requires a multifaceted approach that includes expanding health insurance, improving access to geriatric and preventive care, focusing on mental health, promoting healthy lifestyle interventions, and advocating for policy reforms.

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