EVALUATION OF MEDICAL SOCIAL WORRKERS' EPIDEMIC CONTROL RESPONSE IN OYO-EAST LOCAL GOVERNMENT, OYO STATE, NIGERIA

(FUWJSS)
Volume5 Number 2
September, 2026

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Abstract

Medical social workers are essential to healthcare delivery, especially concerning epidemic control and public health promotion, though their role often goes unrecognized. This study focuses on Oyo East Local Government Area in Nigeria, analyzing the contributions, challenges and strategies of these professionals in addressing health crises in the events of the recent Marburg haemorrhagic fever outbreak. The research employs David Mechanic's Health-Seeking Behaviour Theory as a framework, highlighting how social structures, cultural norms and institutional responses shape health actions. A qualitative research design was implemented, with data collected through key informant interviews (KIIs) from seven carefully selected participants, including community leaders, medical social workers, and senior civil servants in Primary Health Centres. Content analysis was applied to analyze the data. The study's findings indicate that medical social workers significantly contribute to epidemic prevention by engaging in community sensitization, offering public health education, delivering psychosocial support and promoting adherence to health guidelines. Their active participation in community enlightenment programmes has been effective in curbing the spread of disease and minimizing subsequent health complications. Despite these contributions, the study identifies major challenges that hinder their effectiveness. These include inadequate welfare support, limited funding and increased occupational risks. The study recommends the strengthening of institutional support, improving funding allocations and enhancing welfare packages for medical social workers to bolster their capacity and motivation in epidemic response and public health initiatives.

Keywords: Epidemic, funding, medical social workers, public health, institutional support

Introduction

The role of medical social workers in public health crises, particularly epidemics, is crucial for addressing the multifaceted challenges faced by vulnerable populations and their importance cannot be overstated within the global frameworks (Kodom, 2023). Medical social workers are trained professionals who provide support to patients and their families as they navigate complex health issues. Their work encompasses a broad range of activities, including case management, supportive therapy, and psycho-social assessment (Dhooper,2020). They play a crucial role in addressing the emotional and social needs of patients, advocating for their rights, and ensuring access to necessary healthcare services. By conducting home visits and assessing living conditions, medical social workers can identify barriers to care and implement appropriate interventions. This holistic approach is essential in promoting not only individual health but also community well-being.

As argued by Rebecca (2021), a medical social worker also provides counseling and emotional support to patients and their families. They advocate for patient rights and ensure access to healthcare services by conducting home visits and assessing patients' living conditions for appropriate interventions. Therefore, medical social workers collaborate with other healthcare professionals to develop a comprehensive treatment plan for the patients (Collins, 2024). They usually engage in research and policy development to improve healthcare outcomes of the people and provide crisis intervention services and professional support during the outbreak of an epidemic. In Oyo State, Nigeria, Awosanya (2022) in his study avers that medical social workers have been credited for contributing positively to community health education and prevention programmes. Adekoya, (2024) in her study title "Determinants of Personal Expenditure on Healthcare: A Case Study of Patients of a Public Hospital in Ibadan, Nigeria" asserts that medical social workers contribute to reducing healthcare costs by preventing unnecessary hospitalizations. Their involvement in chronic disease management programs leads to better patient outcomes and quality of life for the people (Awosanya, 2022).

In Nigeria, research indicates that social workers have been "suboptimally involved" or "missing" from frontline intervention processes during epidemics like COVID-19 (Agwu & Okoye, 2021). This contrasts with developed nations where social workers are integrated into frontline teams due to their expertise with vulnerable groups (Isangha et al., 2020). The Under-utilized Potential of Social Work in Nigerian and the fragile health system during pandemics, and broader issues like corruption and unaccountability have negatively affected frontline responses, exacerbating the lack of social care services (Agwu et al., 2021; Ajibo, 2020). Issues such

as the lack of proper professional regulation and the involvement of non-social work graduates in social work positions hinder the profession's impact in Nigeria (Macassa et al., 2025). In the Oyo East Local Government Area of the state, Awosanya (2022) affirms that the services of medical social workers in providing non-medical support to the people were noticeable. Depending on cases reported, medical social workers in Oyo East were proactive in educating people on how to engage in preventive measures against the spread of the epidemic in the council area. They collaborate with medical officials to ensure that patients diagnosed with diseases receive the best healthcare services. They also speak on behalf of the patients when relaying information to their families. In some health centers, medical social workers access patients' medical records to fully understand their medical history and provide psychosocial needs for the patients (Irele, 2011).

However, recent developments during the outbreak of cholera in some communities in Oyo East Local Government Area berated the success recorded earlier by medical social workers. As observed by Michael (2022), the impact of medical social workers in curtailing the spread of the epidemic does not justify the earlier success recorded. There is limited research comparing the effectiveness of medical social workers in epidemic control across different local government areas in Nigeria. A comparative study could identify best practices and strategies that are most effective in various contexts. It is in the light of the above situation that this research work evaluated the impact of medical social workers in curtailing the spread of epidemic in the Oyo East Local Government Area with the following research questions: What procedure has been adopted by medical social workers in curtailing the spread of the epidemic in Oyo East Local Government Area of Oyo State?, Does the medical social welfare agency in Oyo East regularly receive complaints related to the spread of the epidemic in the local government area?, What modality was adopted to fund the activities of medical social workers toward promoting public enlightenment programs in the local government area?

Overview of Healthcare Delivery in Oyo State, Nigeria

Healthcare delivery in Nigeria is organized according to the three tiers of government: federal, state, and local governments, with each level assigned specific responsibilities in healthcare administration and service provision. The Federal Government is primarily responsible for tertiary healthcare through teaching hospitals and federal medical centres, while state governments oversee secondary healthcare services through general and specialist hospitals. Local governments are constitutionally mandated to provide primary healthcare services through primary healthcare centres, dispensaries, maternity centres, and health posts. This decentralized

healthcare structure was strengthened after the adoption of the Primary Health Care (PHC) policy following the Alma-Ata Declaration of 1978, which emphasized community-based healthcare as a strategy for achieving universal healthcare access.

Local governments occupy a strategic position in healthcare delivery because they are the closest level of government to the grassroots population. According to Ozioma (2018), local governments are legally recognized sub-units of governance empowered to administer local affairs, mobilize local resources, and facilitate socio-economic development within their jurisdictions. In the healthcare sector, local governments are expected to implement programmes such as immunization, maternal and child healthcare, environmental sanitation, disease prevention, and health education. These services are particularly important in rural communities where access to advanced healthcare facilities is limited and where residents rely heavily on primary healthcare institutions for medical attention.

Despite these constitutional responsibilities, healthcare delivery at the local government level in Nigeria continues to face numerous challenges. Inadequate funding, shortage of qualified medical personnel, poor infrastructure, corruption, and weak administrative capacity have significantly affected effective healthcare service delivery. Studies have shown that these challenges contribute to poor health outcomes, including high maternal and infant mortality rates, malnutrition, and the prevalence of preventable diseases, especially in rural communities (Akinwale, 2019; Adeyemo, 2021). Consequently, the effectiveness of local governments in healthcare administration has become a major concern in Nigeria's public health and development discourse.

Within this national framework, Oyo State operates a decentralized healthcare system in collaboration with local government authorities, the Oyo State Ministry of Health, and the Oyo State Primary Health Care Board. The state has implemented several healthcare programmes aimed at improving maternal healthcare, immunization coverage, malaria control, environmental sanitation, and public health awareness across urban and rural communities. These programmes are designed to reduce disease outbreaks, improve healthcare accessibility, and enhance the general wellbeing of residents. However, disparities in healthcare accessibility and quality still exist across different local government areas in the state, particularly between urban and rural communities.

Oyo East Local Government Area is one of the local governments actively involved in grassroots healthcare delivery in the state. Historically, the local government emerged from the former Oyo Local Government and shares boundaries with Afijio, Atiba, Oyo West, Ogo Oluwa, and some local government areas in Osun State (Aderibigbe, 2022). The area is

predominantly semi-urban and agrarian, with residents engaged in farming, trading, weaving, dyeing, carving, and leatherwork. Settlement patterns, housing conditions, and sanitation levels within some communities influence the health conditions of residents and increase vulnerability to communicable diseases and environmental health challenges. To improve healthcare delivery, the Oyo East Local Government authority has established dispensaries and health posts across urban and rural communities. According to Aderibigbe (2022), the local government also intensifies immunization campaigns, maternal healthcare services, environmental sanitation programmes, and public health education aimed at reducing disease outbreaks and improving community health conditions. The involvement of medical social workers in community sensitization and health education further strengthens preventive and promotive healthcare delivery within the local government area.

Environmental health programmes also constitute an important aspect of healthcare delivery in Oyo East. Activities such as chlorination of public and private wells, environmental sanitation campaigns, and communicable disease prevention measures align with broader national public health objectives. The existence of ten dispensaries and health posts, alongside a pharmaceutical drug store for essential medicines, demonstrates deliberate efforts to improve healthcare accessibility and strengthen the local healthcare system. However, healthcare financing remains a major challenge. Although Oyo East Local Government reportedly received substantial federal allocations between 2023 and 2025, less than five percent was allocated to the health sector. Nevertheless, there has been gradual improvement in health-related budgetary allocations over the years, indicating growing recognition of the importance of healthcare delivery in promoting community development and public wellbeing. Overall, healthcare delivery in Oyo East Local Government reflects the broader realities of primary healthcare administration in Nigeria, where progress has been made despite persistent challenges relating to funding, infrastructure, and healthcare personnel (Akinwale, 2021; Adeyemo, 2021; Aderibigbe, 2022; Ozioma, 2018).

Institutional Responsibilities of Medical Social Workers in Nigeria

Medical social workers in Nigeria play vital roles in healthcare delivery through psychosocial support, advocacy, rehabilitation, community mobilization, and linkage of vulnerable individuals to health and welfare services. Their importance has increased due to public health challenges such as infectious diseases, mental health problems, substance abuse, poverty-related illnesses, maternal and child health concerns, and non-communicable diseases. The World Health Organization emphasizes that

community engagement and psychosocial interventions are essential for strengthening health systems and improving health outcomes (World Health Organization, 2020). In Nigeria, medical social workers operate in tertiary hospitals, general hospitals, primary healthcare centres, psychiatric institutions, correctional facilities, rehabilitation centres, non-governmental organizations, and community-based programmes. Their responsibilities have expanded due to poverty, unemployment, insecurity, displacement, and public health emergencies such as COVID-19, cholera, and Lassa fever outbreaks (Adeosun, 2021; Federal Ministry of Health, 2022).

Their institutional responsibilities include social casework and social investigations aimed at understanding patients' socioeconomic and environmental conditions affecting health outcomes (Okoye, 2019). They also provide counselling, psychosocial assessment, crisis intervention, emotional support, and rehabilitation services for individuals facing chronic illness, trauma, mental health problems, substance abuse, and domestic violence (WHO, 2020; Adeosun, 2021).

Medical social workers participate in ward rounds and multidisciplinary healthcare teams alongside doctors, nurses, psychologists, and other professionals to ensure holistic patient management and appropriate referrals (National Association of Social Workers, 2016). They conduct home visits, follow-up services, and aftercare programmes to monitor discharged patients and facilitate reintegration, especially for individuals affected by HIV/AIDS, tuberculosis, mental illness, and drug dependence (Afolabi & Balogun, 2020). Additionally, they advocate for patients' rights, social inclusion, and protection from stigmatization while mobilizing financial assistance for indigent patients through NGOs, philanthropists, religious organizations, and social welfare schemes (Federal Ministry of Health, 2022). They also engage in health education, disease prevention campaigns, sanitation advocacy, immunization mobilization, and community sensitization programmes (World Health Organization, 2020). Furthermore, medical social workers contribute to research, professional training, policy advocacy and programme evaluation aimed at strengthening healthcare and social welfare systems in Nigeria (Okoye, 2019).

Theoretical Framework

This study was anchored in David Mechanic's Health-Seeking Behaviour Theory, which emphasizes that individuals' responses to illness and health threats are not merely biomedical reactions but are strongly shaped by social structures, cultural beliefs, institutional arrangements and perceived effectiveness of health services.

Research Methodology

The study was conducted in Ajagba and Awosan communities within Oyo East Local Government Area because the communities have experienced recurrent public health challenges associated with environmental sanitation, communicable diseases and limited access to adequate healthcare services. Existing literature suggests that rural and semi-urban communities in Nigeria with poor sanitation infrastructure and inadequate healthcare resources are more vulnerable to disease outbreaks and epidemic-related health problems (World Health Organization, 2020; Federal Ministry of Health, 2022). The choice of these communities was therefore purposive and informed by their relevance to the phenomenon under investigation.

Furthermore, Ajagba and Awosan communities were selected because they possess functional Primary Health Centres (PHCs) where medical social workers provide community-based psychosocial and preventive health services. The communities also have identifiable traditional leadership structures that facilitated access to key informants and enhanced the credibility of information gathered during the study. The study adopted a qualitative research approach using key informant interviews (KII). The study's data were content analyzed. Participants were selected based on their direct involvement, knowledge, and experience concerning the institutional responsibilities of medical social workers in epidemic prevention and healthcare delivery within the study area. The participants comprised two community leaders, two medical social workers, and one top civil servant from the Primary Health Care system making total of five respondents. The inclusion of community leaders was necessary because they serve as gatekeepers and custodians of community affairs and are actively involved in community mobilization, environmental sanitation campaigns, and health-related decision-making processes. Their positions enabled them to provide reliable information regarding community perceptions and the role of medical social workers in addressing health challenges within the communities.

The inclusion of medical social workers was central to the study because they are directly involved in psychosocial interventions, counselling, referrals, community sensitization, and epidemic prevention programmes within the local government health system. However, the number of medical social workers interviewed was limited due to the structural realities within Oyo East Local Government Area. At the time of the study, the local government had only three officially employed medical social workers as permanent staff within the PHC system. Out of this population, two were randomly selected and consented to participate in the study. Thus, the

sample represented a substantial proportion of the available professional population within the local government health structure.

Results and Discussions

Processes Adopted by Medical Social Workers in Curtailing the spread of Epidemics in Oyo East Local Government Area of Oyo State

This discussion is on research question one (1) on *the process adopted by medical social workers to curtail the outbreak of the epidemic in Oyo East Local Government Area.* The response to this research question came from the KII conducted.

One of the participants asserted that:

> Medical social workers have been sensitizing us about adherence to public health rules, and this helped us when our communities experienced the outbreak of Marburg hemorrhagic recently. If not for the earlier public enlightenment program embarked upon by medical social workers about the need to alert the local government authority in case of any health challenges, many members of our community would have contacted the fever. Medical social workers regularly come to sensitize us about the need to adhere to public health rules *(KII/CL I, 2026)*.

One of the participants claimed that:

> As a medical social worker, we are doing our best to always be alert to educate people about precautionary measures for preventing outbreaks of the epidemic in all the political wards of Oyo East Local Government. Although late last year, a case of Marburg hemorrhagic fever was reported in one of the communities within the council area, with our intervention, we were able to vaccinate the affected persons before it got spread to many other people *(KII/MSW I, 2026)*.

It was also reported by a participant that:

> As one of the top civil servants in one of the PHCs in the local government, we do orientate the residents about the need to protect themselves against direct contact with anybody they believe to have contracted any virus. Moreover, with the assistance of medical social workers, residents of Oyo East usually educate on the need to prevent mosquito bites to control the spread of arboviruses (viruses carried by mosquitoes) such as Zika, dengue fever and yellow fever. *(KII/TCS, 2026)*.

Consequent to the respondents' comments obtained from KII session, the above analysis proved the validity of the research question (I). This so due to the public enlightenment program embarked upon by the medical social workers deployed to various communities in the local government. Therefore, the responses obtained from KII were in line with

the position of McDonald (2023) who asserted that medical social workers were professionally charged with the responsibility of assisting patients to understand their health conditions through regular public enlightenment. They also assist in performing various duties to support the general public. Medical social workers are also involved in patient and staff education, as well as engage in policy research for health programmes.

Therefore, McDonald's (2023) affirmation justifies the responses obtained from KII conducted that there were no cases of outbreak of epidemic in Oyo East Local Government due to the regular public enlightenment programmes conducted by the medical social workers in the local government area. In the desires of the researcher probed further whether the reduction or zero cases of the epidemic in Oyo East was a result of precautionary measures put in place by the community to prevent the outbreak of the epidemic in the local government. Medical social workers save the spread of the epidemic in the local government area due to the efforts put in place to orientate the people on the need to adhere to both medication and non-medication precautionary measures against any form of public health challenge. Therefore, a medical social worker exists to restore balance in an individual's personal, family, and social life, strengthen the ability of the patients, and reintegrate them back into society healthy. As argued by Cabot (2022), the active efforts to combat preventable diseases emerged through the actions of medical social workers. These actions included initiatives like the Anti-Tuberculosis Crusade, the Clean Milk Crusade, the Pure Food Law, the Playground Association, and the School of Hygiene.

Modalities of Handling Complaints by Medical Social Welfare Agency in Oyo East Local Government

This discussion is on research question two (2) to establish how often the *medical social welfare agency receives complaints from the residents about the spread of the epidemic within the Oyo East Local Government Area.* The response to this research question came from the KII conducted. One of the participants asserted that:

> Absolutely, a case of Marburg hemorrhagic fever and Cholera were detected some time ago in our community and it was immediately reported at the PHC. The medical social worker working in the facility quickly alerted the appropriate government agency in the local government, and medical personnel were quickly deployed to vaccinate our members infected with those deadly diseases that were how the outbreak of the epidemic was prevented from spreading in our community
> *(KII/CL II, 2026)*.

Another participant among the medical social workers stated that:

> Some cases were reported to the medical social welfare agency and immediately the agency informed the local government authority, the proactive step was taken to mobilize the medical personnel, medical social workers, and other emergency service providers. They were all swung into action as soon as the local government authority was informed by the agency. To God be the glory, our team was able to curtail the spread of the epidemic in the affected community *(KII/ MSW II, 2026)*.

It was also reported by another participant that:

> The agency was duly informed about the cases. Immediately the agency alerted the Department of Health Services, and the team of medical service providers led by the Chief Medical Officer and the Chief Matron were deployed to curtail the spread of the cases. With the support of medical social workers, we were able to curtail the outbreak of the epidemic *(KII/TCS, 2026)*.

From the responses above, it is not an understatement to argue that *medical social welfare agency usually receives complaints from residents about the outbreak of epidemic in Oyo East. As noted by* Collins et al., (2024); Adamu et. al., 2021), medical social welfare agencies play an important role in various care or welfare issues affecting the patients, which the Physicians, Nurses, and other supporting medical social workers might not be able to play single-handedly. Their specialized training enables them to offer tailored support that effectively complements the expertise of medical staff Dang et al., (2024). The various aspects of intervention of the medical social welfare agency were usually to bridge the gap between the people and the government when it comes to the issue of public health.

Adamu, et al (2021) argued that medical social welfare agency also engages in health communication interventions towards advancing public goals about public health management. Therefore, health communication drawn from numerous disciplines has made medical social welfare agencies considered a major agency for promoting an epidemic-free society. The agency also relies on different communication activities or action areas, which include interpersonal communications, public relations, public advocacy, community mobilization, and professional communications. The agency makes public advocacy one of the key objectives of health communication. The goal is admirable since health communication aims to improve health outcomes by sharing health-related information.

The Centres for Disease Control and Prevention (CDCP) define health communication strategies to inform and influence individual decisions that enhance health safety. Therefore, with responses from the KII conducted and

supported with literature, *medical social welfare agencies usually receive complaints from the residents about the spread of epidemic within the Oyo East Local Government with evidence of different types cases reported.*

Funding of Activities of Medical Social Workers towards Promoting Public Enlightenment Programmes in Oyo East Local Government

This discussion is on research question three (3) to establish the mode of funding the activities of medical social workers towards promoting public enlightenment programmes of curtailing the spread of epidemic in Oyo East Local Government. To ascertain this, the KII was conducted on this research question.

One of the participants asserted that:

> The government needs to adjust the way public health awareness programs are done in the council area. We have been experiencing inadequate funding of awareness programs and this has resulted in low productivity levels; a high dependency burden; and low progress in universal health coverage and this has limited the capacity of the residents to know much about the outbreak of the epidemic in the council area. The inadequate funding also resulted in inefficiency of the health system with limited institutional capacity to have public health safety in the council area
> *(KII/TCS, 2026)*.

It was also reported by another participants that:

> *Owo ni keke iyin rere.* Literally means that adequate funding is the major determinant of public health service delivery. The public health financing is a core function of health systems. This can create an awareness program towards unique health coverage within the local government area. Health education campaigns could assist in the adoption of appropriate hygiene practices such as hand-washing with soap, safe preparation and storage of food, and breastfeeding. All the above activities require funding. Awareness campaigns during outbreaks also encourage people with symptoms to seek immediate health care. However, what we are witnessing in Oyo East Local government has been inadequate funding of public awareness programs. But as medical social workers, we are doing our best in our little way to create awareness about the need to maintain a good hygiene system in the local government
> (*KII/ MSW II, 2026)*.

Another participant stated that:

> Inadequate funding has been negatively impacting awareness programs. Although the local government has been doing its best to make funds available, the money released has been insufficient to

> create public awareness about the precautionary measures that would be taken against the outbreak of the epidemic within the local government area *(KII/ MSW I, 2026)*.

In response to inadequate government funding, alternative modes of funding are adopted to ensure the effective implementation of their duties.

According to the participant:

> Support is often sourced from non-governmental organizations (NGOs), community-based organizations, and international development partners through grants and collaborative projects. In some cases, private individuals, philanthropists, and corporate bodies also provide donations in cash or kind to support awareness campaigns and intervention programmes
> *(KII/ MSW II, 2026)*.

Another participant further noted that:

> Internally generated funds, volunteer contributions, and partnerships with community leaders are leveraged to mobilize local resources.
> *(KII/ MSW I, 2026)*.

Despite these efforts, the participants emphasized that such alternative funding sources are often irregular and limited, thereby constraining the scale and sustainability of their activities. Subject to the above views expressed by the KII participants, there is evidence that Oyo East Local Government authority has not been so committed to adequate funding of public awareness programs towards curtailing the spread of the epidemic in the council area. According to Anayo (2018), if the level of government funding for public health awareness is inadequate, this could limit the ability of medical personnel to ensure the safety public health system against any emergent threats. With adequate funding for the public awareness program, health professionals have the opportunity to provide the best educational value to their target audience. By raising awareness about important health issues, healthcare campaigns can reduce ill health and premature deaths from diseases that are treatable if they can be addressed on time.

The importance of health awareness campaigns lies in giving people the opportunity to take accountability for their health. Medical social workers' responsibility includes how to use health awareness marketing strategy to educate individuals and communities about risks and symptoms that may lead to serious health conditions. Moreover, health marketing not only prompts people to take their symptoms seriously but also directs them to relevant health professionals and resources that can address their health concerns. Health awareness campaigns enable patients to better understand their health conditions and the options and treatments they can access.

As noted by Anayo (2018), health awareness campaign differs from health product marketing because rather than influencing people to buy a product, healthcare marketing seeks to influence people to buy into prioritizing their health and wellness. Social media platforms can serve to elevate public awareness of health risks if they can be adequately funded by the government. By creating social media marketing campaigns that are both creative and educational, healthcare professionals can establish relationships with their desired patient population and influence public opinion about important health issues. Social media can also be used to gauge the impact of awareness campaigns, enabling health providers to observe how public opinion shifts in response to a specific health campaign. In the case of investigating further the extent to which Oyo East Local Government authority has been making provision for the general welfare of medical social workers against any hazard on duty, it was established that the local government authority has not been too proactive in making adequate provision for the general welfare of medical social workers and this has been making them not to be more committed to performing their official duties with optimum satisfaction. Mooney (2021) affirms that many social workers in Nigeria found it difficult to handle work-related stress, which resulted in frustration and reduced efficiency due to inadequate welfare packages. It is a situation that undermined the relevance of the profession in the management of healthcare in Nigeria.

Conclusion and Recommendations

The study's findings strongly validate the applicability of Mechanic's Health-Seeking Behaviour model in understanding epidemic response and public health behaviour during the Marburg haemorrhagic fever outbreak in Oyo East Local Government Area. Mechanic's framework posits that health actions are influenced by how symptoms are perceived, the availability and accessibility of healthcare resources, social norms, and the credibility of health agents. In this study, medical social workers played a crucial mediating role between the health system and the community, helping to shape illness perception and guide appropriate health-seeking behaviour. Through community sensitization and public health education, they translated biomedical information into culturally acceptable messages, thereby reducing fear, misinformation, and resistance factors that Mechanic identifies as major barriers to timely health action during epidemics.

The active involvement of medical social workers in community enlightenment programmes aligns with Mechanic's argument that institutional responses significantly determine public compliance with health directives. By promoting adherence to preventive guidelines and facilitating trust in health institutions, medical social workers enhanced the

legitimacy of public health interventions. This trust encouraged individuals and families to seek early care, comply with surveillance measures, and adopt preventive behaviours, thereby contributing to the containment of the disease. Furthermore, the provision of psychosocial support by medical social workers reflects Mechanic's emphasis on the social and emotional dimensions of illness behaviour. Epidemic situations often generate fear, stigma, and anxiety, which can discourage individuals from engaging with health services. The study's findings demonstrate that psychosocial interventions helped mitigate these emotional barriers, enabling affected individuals and communities to respond rationally and proactively to the outbreak.

However, the challenges identified such as inadequate welfare support, limited funding, and heightened occupational risks underscore the structural constraints highlighted in Mechanic's theory. Weak institutional support undermines the effectiveness of health agents and can negatively influence community health-seeking behaviour by reducing service quality, coverage, and consistency. When medical social workers themselves operate under precarious conditions, their capacity to sustain community engagement and epidemic response is compromised, potentially weakening public confidence in health interventions.

Overall, this study reinforces David Mechanic's Health-Seeking Behaviour Theory by demonstrating that effective epidemic control extends beyond clinical interventions to include strong social support systems, culturally responsive communication, and robust institutional backing. Medical social workers emerge as critical actors within this theoretical framework, serving as catalysts who influence health perceptions, facilitate appropriate health actions, and bridge the gap between communities and the formal health system. Strengthening their institutional support, as recommended by the study, is therefore essential for improving health-seeking behaviour and enhancing epidemic preparedness and response. Having done a rigorous evaluation of medical social worker's epidemic control response in Oyo East Local Government Area of Oyo State, the evidence shows that medical social workers contributed to reducing healthcare costs by preventing unnecessary hospitalizations. Their involvement in chronic disease management programs leads to better patient outcomes and quality of life in Oyo East. However, despite the commendable contributions of medical social workers, responses from KII established that there were no recent cases of the epidemic in the local government due to the public enlightenment program embarked upon by the medical social workers deployed to various communities in the council area.

The study further revealed that it is not an understatement to argue that the *medical social welfare agency usually receives complaints from*

residents about the outbreak of epidemic within the council area with evidence of different types of cases reported. On the types of modalities adopted to fund the activities of medical social workers. The investigation revealed that there was evidence that Oyo East Local Government authority has not too committed to adequate funding of public health awareness programmes towards curtailing the spread of epidemic in the council area. The effectiveness of their work depends largely on the donors and collaborations with communities. This collaboration can lead to community engagement and sustainability of the projects. Its noteworthy here that inability of the local government to make adequate provisions for the general welfare of medical social workers against any hazard they might be confronted in the cause of performing their legitimate duties has been making them not to be more committed to performing their legitimate functions. Arising from the findings and conclusion, this research work therefore recommends the need for the government to make social work services mandatory across all the health institutions in Nigeria.

This will make hospitals in Nigeria (both public and private) recruit more medical social workers because of the critical need, particularly in a "host" institution for medical social workers to talk about their role, claim their areas of expertise, and highlight their value to the organization. The clinical role of medical social workers should also be firmly established in Nigerian hospitals. This can be done through proper government funding of the medical social worker's activities including the issue of welfare against any hazardous terrain of their responsibility. The study recommends that a study needs to be carried out on how medical social workers can integrate their activities with creating awareness on effects and challenges of drug and substance abuse among community members in the country as a whole.

This study is novel for its detailed evaluation of the role of medical social workers in epidemic control within Oyo East Local Government Area, Oyo State, Nigeria. It highlights their preventive contributions through public health education and community sensitization, particularly in controlling outbreaks such as Marburg hemorrhagic fever. The study also identifies major challenges affecting their effectiveness, including inadequate funding and poor welfare support. In response, it recommends improved funding, better welfare packages, and the compulsory integration of social work services into healthcare institutions across Nigeria. Furthermore, by focusing on a specific local context, the research provides valuable insights into how medical social workers manage limited resources to improve community health outcomes, thereby contributing important findings for policy and practice.

References

Abigail Olubukola Irele. (2011). *The evolution of social welfare and social work in Nigeria*.

Adamu, T. Y., Aminu, Z. S., & Abdulkadir, S. U. (2021). Medical social welfare services and role of health communication in Kano, Nigeria. *European Proceedings of Social and Behavioural Sciences*. https://doi.org/10.15405/epsbs.2021.06.02.21

Adekoya E. O. (2024) Determinants of Personal Expenditure on Healthcare: A Case Study of Patients of a Public Hospital in Ibadan, Nigeria. *International Journal of social work*

https://doi.org/10.5296/ijsw.v11i1.21840

Adeosun, I. I. (2021). *Medical social work practice and healthcare challenges in Nigeria*. Lagos, Nigeria: Serenity Publishers.

Aderibigbe, O. O. (2022). *Lecture notes on comparative local governments*. Department of Political Science, Federal University, Dustin-Ma, Katsina State.

Adeyemo, A. A., Ogunkeyede, S. A., Ogundoyin, O. A., & Oyelakin, O. A. (2021). Evolving telemedicine practice: Experiences of health care workers during COVID-19 pandemic. *Annals of Ibadan Postgraduate Medicine*, *19*(Suppl 1), S44.

Akinwale, Y. O. (2021). Health expenditure, economic growth and life expectancy at birth in resource rich developing countries: A case of Saudi Arabia and Nigeria. *Journal of Economic Cooperation & Development*, *42*(2), 1-22.

Afolabi, O. T., & Balogun, A. S. (2020). Social support systems and healthcare access among vulnerable populations in Nigeria. *African Journal of Social Work and Health Sciences, 5*(2), 44–58.

Ajibo, H. (2020). Effect of COVID-19 on Nigerian socio-economic well-being, health sector pandemic preparedness and the role of Nigerian social workers in the war against COVID-19. *Social Work in Public Health*, *35*(7), 511-522.

Agwu, P., & Okoye, U. (2021). Social work and COVID-19: A gap in Nigeria's intervention. *International Social Work*, *64*(5), 761-770.

Anayo, I. (2018). Inadequate funding of the health sector resulting to poor primary health care outcomes. Retrieved from https://www.cabri-

Awosanya, E. J. (2022). Post-epidemic awareness and knowledge of Lassa fever among residents in affected community in Ibadan, Oyo State, Nigeria. Retrieved from https://doi.org/10.14202/vetworld.2018.1059-1063

Cabot, R. (2022). Challenges and enhancement of medical social workers in public health facilities in Nigeria. Retrieved from https://pubmed.ncbi.nlm.nih.gov/35771132/

Collins, A., & Urbaeva, V. (2024). Social service workers in health facilities: Their role in addressing social and other determinants of health among children and families. *Global Social Service Workforce Alliance*.

Dang, T., Nguyễn, H. T., & Dang, L. M. (2024). Evaluating the roles of social workers and staff in patient support activities: A comparative analysis of satisfaction levels. *Multidisciplinary Reviews*. https://doi.org/10.31893/multirev.2024207

Dhooper, S. S. (2020). *Social work in health care: Its past and future*. Thousand Oaks, CA: SAGE Publications.

Federal Ministry of Health. (2022). *National health policy and healthcare delivery strategies in Nigeria*. Abuja, Nigeria: Author.

Kodom R. B. (2023) The role of social work in the healthcare settings during the COVID-19 pandemic in Africa. *International Journal of Social Work* DOI: 10.1177/00208728211070525

Macassa, G., Mabuie, J., da Cruz Francisco, J., & Soares, J. (2025). Social Workers' Experiences and Collaboration with Public Health Professionals in a Low-Income Country: A Qualitative Study. *Societies*, *15*(10), 278.

McDonald, S. (2023). What is medical social work? (Plus duties and requirements). Retrieved

from https://www.indeed.com/career-advice/finding-a-job/what-is-medical-social-work

Michael, R. (2022). The challenges of health care reform for hospital social work in the United States. *Social Work in Health Care, 51*(10), 873–893. https://doi.org/10.1080/00981389.2012.721492

Mooney, L. M. (2021). Role of social work as part of PD treatment. Retrieved from file:///C:/Users/HP/Downloads/Role_of_Social_Work_as_Part_of_PD_Treatment.pdf

National Association of Social Workers. (2016). *Standards for social work practice in health care settings*. Washington, DC: NASW Press.

Nungesser, F. (2020). The social evolution of perspective-taking: Mead, Tomasello, and the development of human agency. *Pragmatism Today, 11*(1), 84–105.

Okoye, U. O. (2019). Social work practice in Nigeria: Challenges and prospects in healthcare delivery. *Nigerian Journal of Social Development, 8*(1), 23–39.

Ozioma, B. O. (2018). Constitutional provisions and challenges to local government administration in Nigeria. *The Nigerian Academic Forum, 14*(3), 63–71.

Rebecca, J. G. (2010). Hospital social work: Contemporary roles and professional activities. *Social Work in Health Care, 49*(9), 856–871. https://doi.org/10.1080/00981389.2010.499825

World Health Organization. (2020). *Community engagement: A health promotion guide for universal health coverage in the hands of the people*. Geneva, Switzerland: Author.