# Working together to support family caregivers of older Nigerian adults with chronic illness at home

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# Working together to support family caregivers of older Nigerian adults with chronic illness at home

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## Abstract

In Nigeria, the burden of caring for older adults with chronic illness at home significantly impacts family members who are the primary caregivers. This calls for support from relevant stakeholders that can help improve caregiver outcomes. Despite having an informal social support network comprising family, friends, and religious and community groups, it is not enough to relieve the burdens of care. Studies suggest collaborative efforts between relevant stakeholders to support family caregivers. This study, therefore, aims to explore the perception of policy implementers, health care professionals, community, and religious leaders on support for family caregivers of cohabiting older adults with chronic illness in Benue, Middle-belt Nigeria. A convenient purposive sampling technique guided the recruitment process, and in-depth semi-structured interviews were used to collect data from fourteen respondents in this qualitative study. Findings revealed that family caregivers needed three types of support: (1) create public awareness to recognise the family caregivers' role; (2) identification of family caregivers'; (3) enhance access to training services that will help improve home care support. As a result: (1) the health and well-being of family caregivers will be promoted; (2) a database of family caregivers' will be generated; (3) an organised system will be in place for stakeholders to assist. Therefore, relevant stakeholders such as community leaders, religious leaders, Health care professionals, and non-governmental organisations, with the government taking the lead, should work towards creating a programme, committee, or department that addresses family caregivers' immediate needs. This requires each stakeholder to play a vital role, focusing on an essential holistic change to support family caregivers.

Keywords: Nigeria; Chronic illness; Family caregivers' support; support network; older adults.

## Introduction

Several African countries rely heavily on informal care provision for long-term care (Hu, 2019). Providing care for a sick family member is a normative role embedded within African culture (Asuquo et al., 2013). The Nigerian informal care system assumes that family members should care for their loved ones. Such as older adults suffering from chronic illnesses cannot maintain their independence to manage basic physical needs (Asuquo et al., 2013; Okediji et al., 2017). This could be due to cultural expectations and family relationships with care recipients

(Faronbi et al., 2019). Informal care predominates in developing countries such as Nigeria and other African countries in the Sub-Saharan region, which are collectivist in orientation. Informal caregiving systems are simultaneously dwindling due to socio-demographic factors within families experiencing infertility, higher migration, less inter-generational cohabitation, divorce, and re-marriage (Kaschowitz & Brandt, 2017). As a result, the burden of long-term care increasingly falls on the available family caregivers. This is a significant contribution by family caregivers who form the backbone of the health care system globally (Fernandes & Angelo, 2016). However, their role appears hidden and unrecognized (Reinhard et al., 2014). Following our research on the lived experience of family caregivers of older adults with chronic illness in Benue state, Nigeria, we found that they face challenges in caring and finding support, which is gotten mainly from family and friends. In this paper, we focus on the role and recommendations of other relevant stakeholders. We sought to understand the perspective of policy implementers, health care professionals, and religious and community leaders on support for family caregivers.

## Diverse care burdens and health effects among caregivers

The need to care for older adults with chronic illness is left in the hands of few family members and friends, who are without the appropriate skills and training to take up the caregiving role and to meet the health needs of their family members (Reinhard et al., 2014; Reinhard et al., 2019). In caring for older adults, family caregivers execute complex tasks like those by trained health care professionals (Reinhard et al., 2014; Reinhard et al., 2019). However, as much as family caregivers feel needed, they are overwhelmed and burdened with care (Faronbi, et al., 2019). Literature reveals experiences of diverse burdens and health effects among family caregivers. This includes decreased physical health and psychological and financial burdens'' (Ojifinni & Uchendu, 2022). Previous research studies (Zarit & Zarit, 2015) report a 'caregiver burden' when one suffers mentally, physically, and financially while caring for another. Consequently, the elevated burden can hurt carers' health (Agrawal, 2013; Ojifinni & Uchendu, 2022). Such effects could result in loneliness, depression, anxiety, heart disease, and other psychological problems (Adewuya & Oladipo, 2020; Faronbi et al., 2020; Ojagbemi et al., 2016). The demands of caregiving stress caregivers; some caregivers experience social isolation (Faronbi et al., 2019; Lee et al., 2022) and cannot attend functions or make time for other activities. This can harm family members caring for older adults (Faronbi et al., 2019; Lee et al., 2022).

## Support for family caregivers

Social support is a social network's active involvement and engagement in the caregiver's ability to cope with stress while caring. The social network could comprise family members or friends, community groups, and other relevant stakeholders that may be required to help occasionally (Donnellan, Bennett, and Soulsby, 2017). Continuous and long-term care of older adults with chronic illness, without any form of support, can harm the well-being of carers (Parkinson et al., 2017). Therefore, caring for older adults with chronic illness requires the support of family caregivers. Ndiok and Ncama (2019) highlight that most caregivers in Nigeria prefer to care for older adults at home. This is due to 'available and adequate family support' (Ndiok and Ncama, 2019). This finding agrees with existing literature (Kogan et al., 2016; Noreen et al., 2021) that care for older adults is better at home, where immediate family members and friends will be readily available for immediate and adequate support. Some of the support documented in the literature includes emotional and practical support from people around them (Adedeji et al., 2022). Sometimes, carers need someone for advice or to listen to their accounts of struggle and to empathize with their emotions during visits. Also, knowledge sharing regarding the medical conditions of their loved ones is another form of support (Donnellan, Bennett, and Soulsby, 2017). There is a gap in the literature on how to support family caregivers of older adults with chronic illness at home in Nigeria. This paper presents findings from a qualitative study that explores the perception of Health care professionals, community leaders, religious leaders, and policy implementers in Benue, Nigeria, on how best to support family caregivers of older adults with chronic illness. The following research questions guided the study: 1) How can family caregivers of older adults with chronic illness be best supported?

## Methods

### Study design and participants

An interpretive (hermeneutic) phenomenological approach by Martin Heidegger (1889 - 1976) was utilised because the study sought to understand the perception of policy implementers, health care professionals, community, and religious leaders within the context of supporting family caregivers of older adults with chronic illness in Nigeria. Relative objectivity was maintained in the dialogue between the researcher and participants in the study. Data collected from participants is compared, examined and understood from the perspective of each respondent (Creswell & Poth, 2016). All participants were recruited from Benue state, Nigeria.

### Participant recruitment

Participants were recruited based on their leadership hierarchy and influence. To gain access to the targeted population, key informants who had some knowledge regarding each support network were identified by the researcher and contacted. Key informants linked the researcher to recruit Participants.

## Sampling

Purposive sampling was utilised to recruit a support network from faith-based organizations, the community, hospitals, and government organizations. The in-depth interview samples were acquired using a convenience sampling technique. With a research assistant's help, fourteen respondents that met the inclusion criteria, and who were willing to share their perceptions consented to be recruited. The number comprised three community leaders, three religious' leaders, three health care professionals, and five policy implementers. This is solely to obtain data from people of different social positions for a more comprehensive representation.

## Data collection

The interviews were conducted in the English language. Participants for this stage were literate, could speak good English, and were exposed to policy issues in Nigeria. Semi-structured interviews (see attached questionnaire table 2) with respondents were conducted in a relaxed, private, and conducive setting of their choice (Krueger and Casey, 2015). Each interview was recorded for further analysis. Each participant's Interview time varied, but 30 to 45 minutes was allotted to enable participants to narrate their experiences. The use of semi-structured interviews permitted the researcher to ask questions such as ‘’what is your perspective about family caregivers?’’ ‘’How can you support family caregivers?’’. Although these questions focused on the interview, the researcher allowed each participant to narrate their experience as they chose with follow-up prompts such as: ‘What do you think?’ ‘What can be done? ‘Questions from the researcher.

## Ethics

This study proposal was approved, and ethics clearance was obtained by the University Research Ethics Committee at the University of West London and Benue State University Teaching Hospital Nigeria. Participants consented to participate in the study voluntarily and were made aware to withdraw from the study at any time. Pseudonyms were used for the privacy and confidentiality of participants. All recordings were safely kept according to the data management and storage guidelines set out by the University of West London.

## Data Analysis

To gain a general understanding of what the participants were saying, all fourteen audio-recorded interviews were listened to and then transcribed verbatim for data analysis using Inductive Thematic Analysis (Braun and Clarke, 2021; Clarke and Braun, 2013). Transcripts were read carefully to reflect on narrative descriptions. Bracketing was adopted throughout the entire data analysis stage. The researcher ensured that personal assumptions and beliefs were set aside to prevent any biases affecting results of the current study. Coding information was applied using a data analysis software package called NVivo 12 (QSR International, 2018) to ascertain exhibited themes and patterns that could form similarities and differences or be connected to a particular concept or idea the researcher is investigating. Subsequently, codes with similar meanings were grouped to create categories. In addition, themes were defined and named based on the relationship between categories. The themes were channelled to match the study objectives. Finally, descriptions of the phenomenon and concepts will be summarised into the main findings.

## Results

### Participants' demographic characteristics

Table 1 shows the socio-demographic characteristics of the respondents. The respondents were comprised of health care professionals, policy implementers, and community and religious leaders with ages ranging from 42 years to 80 years old. Most respondents were 11 males (78.5%), while 3 (21.4%) were females. About 5 Respondents, 5 (35.7%) were 51-60 years old. This age bracket was closely followed by 61 years and above, comprising 7 respondents. Most respondents' highest formal educational qualification was tertiary education, with 7 (50%) respondents, followed by 2 (14.2%) respondents with secondary education. Most respondents were Christians, 13 (92.8%) and 1(7.2%) Muslim.

## Themes

### Theme 1: Identifying a support network

Through the interviews, the knowledge and perception of participants regarding supporting family caregivers stems from the suggestion that family caregivers and a support network need to be identified before any form of intervention. Identifying a support network entail understanding the vital role that participants in the study can play in supporting family caregivers. The identified support network refers to individuals and groups that could help family caregivers achieve their goals as carers. Two sub-themes emerged from the first significant theme: (a) identifying the needs of the family caregiver and (b) The role of government and other stakeholders.

### Identifying family caregivers and their needs

To identify a support network, participants in the study discussed the need to identify family caregivers. Through the interviews, participants raised suggestions on how to go about identifying family caregivers and the role each support network can play in achieving the goal. The theme of 'identifying family caregivers and their needs' describes how they suffer in silence and are situated in the background or context of caregiving, often as mere family members or objects and less frequently as agents with influence in patient care. Family caregivers are less likely to seek help and suffer in silence. They prefer not to seek support even though they are experiencing a difficult time as they struggle to meet basic needs unless approached directly. Religious and community leaders describe the situation as suffering in silence, which culturally is regarded as a virtuous act. However, participants reported the need to first ‘identify family caregivers and their needs’ to support them.

> *‘’You know, in our society in Tiv land, people are not used to begging. They are too proud, so some of them, even when they are suffering, they prefer to suffer in silence…’’* (Ate, 62- years old).

> *‘’People are unaware of the struggles that caregivers are going through. They do not know where to identify them, and they do not know what they will need to be provided. Local government officials and ordinary people in the community that show concern and are active in the community can help to identify caregivers’’* (Mal, 73 years old).

Family caregivers’ needs were also identified to include financial assistance, provision of tangible items such as food, training to develop specific skills, positive attitude, and knowledge about medical conditions. Due to diverse needs, the clergy also discussed the necessity of prioritising the specific needs of family caregivers over others. One religious leader describes how access to proper nutrition might be preferred over medical assistance.

> “*Support can be more than material; family caregivers also need support around training.’’* (Dosh, 55-years old)/

> *‘’ For some, there may be a need for shelter; for others, it may be a need for food or medical assistance. There are some cases where you may provide medical assistance. However, these people cannot access proper nutrition at the end of the day, whatever medical assistance you give may not have the proper grounding in sound nutrition’’* (Anon, 67 years old).

### The role of government and the community

Another sub-theme identified was the role of government and the community in rendering support to family caregivers. Respondents shared their knowledge about how family caregivers rely so much on family and friends for support because family and friends are easily accessible for support. However, support from family and friends is not enough, as explained by one of the community leaders. One of the religious leaders suggested it should be shared responsibility between the community and the government.

> *‘’All hands must be on deck. Family and friends supporting family caregivers alone is not enough. Both government, community (clan heads, community leaders), and others (foundations) have a role to play.*

> *The role of supporting family caregivers should be multiple. "It is not the family's duty alone to care for the elderly. It is the duty of the community and society, and we depend on the government too much in this country. We can do things for ourselves."* (Isa, 65 years old).

Apart from community members, discussions with religious leaders revealed the role they could play in identifying family caregivers when the issue of how family caregivers can be identified was raised.

> *''As a church pastor, sometimes I visit my members in their homes to discover those suffering. I then jot their names down for the elders and the welfare unit.*'' (Ate, 62 years old).

Some made suggestions to the respondents regarding the government spearheading the process of supporting family caregivers if they want to. Mal, a health care professional, specifically suggested either the State Ministry of Health or the various Local Governments in the state. As part of establishing a formal support system, he suggested a system whereby family caregivers are registered, and there is a follow-up process to gather issues and for caregivers to know where to access help when needed.

> *'I think we should be able to provide something within either the State Ministry of Health and the Federal Ministry of Health, particularly the state and local government ministry of health where carers can be registered as the primary caregiver, and for easy access to stakeholders for support''* (Mal, 73- years old).

### Theme 2: Facilitators and barriers to provide and receive social support

All respondents acknowledged the role of caregivers to be highly stressful with adverse effects on their health, which requires some form of support from individuals, the government, and other organizations to relieve the burden of care. The role of the government and other stakeholders (health care professionals, religious leaders, and community leaders) was highlighted by respondents to include fundraising, donations, counselling, and advice. All three religious leaders revealed that the church and the mosque should make deliberate efforts to have a policy to care for and assist family caregivers. Anon suggested religious organisations set aside a mandatory portion of finances to support family caregivers of the elderly. Healthcare care professionals suggested guidance and advice that could help.

> *''As a health professional, I can give guidance and advice to family caregivers of the elderly depending on what and what the patient needs are.''* (Ivy, 42 years old).

> *‘’As a church, we do raise funds to support those who are taking care of the elderly and are suffering from one thing or another in their homes.’’* (Ate, 62 years old).

### Channelling resources appropriately

All respondents expressed how channelling resources to family caregivers could be a challenge, despite the willingness of a social support network to want to support. This sub-theme was a significant challenge and could be a hindrance to relevant stakeholders that may want to support. However, some religious leaders and health care professionals suggested addressing the misappropriation of resources.

> *“People want to support, but they want to be sure that the support channel is genuine and that these channels will reach the caregiver. Many people may collect this support and never get it to the appropriate persons.’’* (Isa, 65 years old).

> ‘’*The council of elders channels the money through the Deacons to such people who take care of the elderly people in their homes.’’ Also, ‘’We can have a chain of relationships where people in the villages can go through their elders or whoever oversees the National Health in their village through that to the political ward. Then the local governments, I think that will be the easier way for people to access it.’’* (Mal, 73 years old).

Furthermore, suggestions and views shared by some of the policy implementers suggest the necessity of having a structure for channelling resources based on the needs of the beneficiaries.

> *‘’Resources for caregivers will be channelled directly to family caregivers, via their bank accounts* or *rather to reliable persons or agencies such as non-governmental organisations that support the elderly.*’’ (Dosh, 55 years old).

> *If there is any support, we link up with social welfare officers or other NGOs that can support the elderly. When people support and realise it is channelled appropriately, they want to give more’’.* (Sule, 53 years old).

### Trust in leaders

Most of the participants expressed that people do not trust leaders regarding resource provision and allocation for the elderly and their caregivers or representatives. Community and religious leaders unanimously expressed that people and organizations are willing to support family caregivers if they trust that tangible and financial resources will reach the targeted group of persons. Despite the challenge of supporting family caregivers, some of the religious leaders reveal that there exist some organisations that want to support them.

> *"Some NGOs want to support us, but what they give does not reach the suffering people. It ends up in the hands of others, those whom NGOs send to support family caregivers.*'' (Ate, 62 years old).

### Awareness creation

Most respondents revealed that people are unaware of the significant role that family caregivers play in caring for older adults with chronic illnesses. Therefore, their knowledge and understanding of supporting family caregivers is lacking.

> *''I cannot see anybody keen on supporting family caregivers. Our people are not used to that; everybody is left to his fate. They do not even know these people exist. You need time to convince people that the community around should help caregivers and the elderly.''* (Ima, 80 years old).

Some of the participants acknowledged efforts regarding awareness creation. Participants highlighted the importance of raising awareness among the public, particularly in the communities and amongst organisations that can support family caregivers.

> *"First thing is we organise lectures, and call people. To create awareness that there is the elderly in our society. Some people do not even know that the elderly exist and that these are their needs, and they need care from people.''* (Isa, 65 years old).

### Continuity and sustainability

A final sub-theme addressed in the second theme was continuity and sustainability of support to family caregivers. Most participants were concerned about the availability of funds and the challenges involved in raising funds to sustain interventions continuously. Policy implementers talked about some of the activities that were held in the past in support of older adults and their families. However, despite policy implementers carrying out some sensitization activities in the past, they cannot continue due to financial constraints. This reveals the inability to sustain activities and create awareness due to a lack of funds.

> *'In 2020, we did sensitization on the need to support the elderly in their communities. Unfortunately, for some time now, because of the economic crunch in this state, we have not been able to do.''* (Akoso, 49 years old).

The continuity and sustainability of supporting family caregivers depend on awareness creation, donor intervention, government budget lines, and family participation.

### Theme 3: The positive impact of supporting family caregivers.

#### Just a little support makes a difference.

Both community and religious leaders expressed that nothing is too small to give; no matter how small the support, it will help a caregiver. According to some of the participants in the support group, it will encourage caregivers' outcomes. Some of the respondents shared that support could be financial, providing medication and food, appreciating their efforts, and the ability to cope with the burden of care, especially if the support meets the needs of the caregivers and care recipients. The meagre support can go a long way to put a smile on caregivers' faces and make the patients happy. It also encourages caregivers to go on caring for their loved ones who are sick.

> *''The impact of the support will go a long way if all the factors behind the situation are understood because the support must take cognisance of every dynamic that is part of the challenge at hand.''* (Anon, 67 years old).

#### Mitigate guilt, worry, and anxiety.

Policy implementers suggest that '' Even if the support is tiny, it will be helpful to mitigate guilt, worry, and anxiety amongst caregivers. Some participants revealed that caregivers experience guilt and are worried about the patient's condition, thinking about what could happen to the older adult when left alone. Findings indicate that the more the caregiver experiences anxiety and worry, the greater their inability to care.

> *'' If they have the support in terms of money, materials and so on to look after the elderly that will reduce the burden of worry anxiety, invariably that will promote a better way of life, prosperity safe way of life, and of course have time to do other things''* (Dosh, 55-years old).

#### Stakeholder collaboration and partnership

Most respondents suggested inter-relationships between family caregivers and other sources of the social support network apart from family and friends to create an impact when supporting family caregivers. This may include non-governmental organisations, community leaders, religious leaders, and the government. Some participants recommended all types (emotional support, informational support, tangible support, and social companionship) of support to promote the well-being of caregivers. Also, most participants suggested the need for stakeholder collaboration and partnership.

> *'' The elderly healthcare policy in Nigeria is dependent on traditional communal lifestyle. Thus, I suggest the federal government partner with like-minded people to work out modalities around an elderly care policy''* (Akoso, 49 years old).

> *''Another dimension or model that other people are using now is to work with communities through the development of community support groups where members of families who have the elderly with them can come together as a support group, and then they undertake economic activities together''* (Dosh, 55-years old)

> *'' We can approach other philanthropists or even non-governmental agencies or even churches to support this project''* (Terabaa, 59 years old).

## Discussion

This article presents the perception of policy implementers, health care professionals, and religious and community leaders on the need to support family caregivers of older adults with chronic illness at home. Our data indicate that family caregivers are situated in the background or context of caregiving, often as mere family members or objects and less frequently as agents with influence in patient care. Through interviews, all respondents recognize the need for a social network, which forms the structural component of social support for family caregivers, consistent with previous studies (Liao et al., 2015; Donnellan, Bennett, and Soulsby, 2017). Similarly, a study by Reinhard *et al.* (2019) suggests formally recognising family carers as 'care recipients;' and including support for family caregivers in budget lines for future planning and decision-making by statutory and voluntary bodies. This will help justify the need for resource allocation and sustainability of activities targeted to supporting family caregivers (Reinhard *et al*., 2014).

This study aimed to understand better how relevant stakeholders such as policy implementers, health care workers, religious leaders, and community leaders see support for family carers. Our study revealed the positive impact of supporting family caregivers. Most of the discussants expressed how support from people can make a significant difference in the lives of caregivers. The study showed that little effort has not been put into raising awareness of and understanding the crucial part family caregivers' play in the unofficial health care system. This affects the function of caregiving and the accessibility of support services. When examining caregiving for older individuals with chronic illnesses, the perspectives of patients, family caregivers, and health care professionals are infrequently considered (Gill *et al*., 2014; Kuluski *et al*., 2013). However, no studies have examined the interactions between family caregivers, healthcare workers, religious leaders, community leaders, policy implementers, and senior citizens with chronic illnesses. Most of the research articles concentrated on the significant role the government may play in supporting carers in families. However, none of the studies has mentioned the perspective of other stakeholders. A family caregiver support network has not yet been considered in the Nigerian setting. The views of family carers of elderly individuals with chronic illnesses have not been studied in the central region of Nigeria; only the south-western region (Oyo and Osun), south-southeast (Enugu), and south-south (Cross-River) have done so.

According to the data presented, ineffective resource allocation, ignorance, a lack of confidence in leadership, and a lack of initiatives and plans for continuity and sustainability could limit support for family caregivers in Nigeria. Therefore, it is necessary to raise awareness through various public channels, including lectures and religious meetings, to inform people about the essential role of the public in the crucial function of family caregivers and the burden of care they bear. This suggests that other stakeholders' contributions to spreading knowledge about family caregiver assistance in Nigeria are essential. To accomplish this, the government should lead as the body responsible for making and implementing decisions. Stakeholders can also formally raise awareness, including families, community leaders, religious figures, and community organisations. Both community leaders and religious leaders reported the need first to identify family caregivers and their needs to be able to support them. Without both groups in place, it will be difficult to formally organise any formal intervention to support family caregivers.

Through interviews, the study highlighted the significance of partnership between family caregivers, policy implementers, and other stakeholders to support family caregivers. Some respondents suggest that all hands be on deck, as family and friends supporting family caregivers alone is not enough. Both government, community (clan heads, community leaders), and others (foundations) have a role to play. According to the support network's findings, religious organisations play a crucial role in mobilising resources, locating family carers, and efficiently distributing these resources. The study's results align with those of (Akpan-Idiok et al., 2020; Adedeji et al., 2022), highlighting the significance of cooperative obligations on the part of the state, non-governmental organisations, and other support groups. Partnering with family caregivers will help with the wide range of responsibilities that comes with caregiving (Gaugler, Potter, & Pruinelli, 2014).

In addition, the results of the current study strongly imply that if they choose to, the government is best placed to lead the effort to promote support for family caregivers. Some family caregivers, however, have little to no faith in the government, according to data gathered. Findings imply that public servants are corrupt and inaccessible.

As a result, even if resources are made available, they will not be effectively distributed. It is still up for debate to what extent the government should get involved in helping carers. Some local officials claimed that although some individuals wish to donate, they are unsure if it will reach the intended recipients. Previous trust and transparency studies of the government of several countries focus on the need for more accountable and participatory government (Hosking, 2019; Mabillard & Pasquier, 2016). Nevertheless, people will not be sceptical of government assistance if there is trust in both the resource distribution and leadership modes. Participants claimed that they do not see the money and that the money ends up in the hands of others. Per these discoveries, Lambert and Girgis (2017) state that trust is crucial to successful interventions. Caregivers must value caregiver support services for them to be effective. They must also believe the intervention is appropriate for the caregivers' circumstances and have faith in the people giving it (Lambert & Girgis, 2017).

Furthermore, continuity and sustainability of support for family caregivers is a challenge faced by some stakeholders with planned activities and interventions. However, policy implementers advise raising awareness, getting help from donors, using government funds, and involving as many stakeholders as possible if there will be continuity and sustainability. According to the study's findings, donors significantly contribute to the consistency and sustainability of support for family carers. However, benefactors typically only sponsor a project for a specified time. The government is consequently accountable for having budget lines for continuity and sustainability. For funds to be raised to support family caregivers, other stakeholders who wish to contribute can do so without difficulty. Therefore, it is essential to raise public awareness of family caregivers, their needs, and the opportunities that are accessible. Results also showed that sustainability and continuity depend on the available resources. These findings align with other study's evaluation of awareness creation at enhancing support for family caregivers of people living with serious illness (Hossain et al., 2020; Hudson et al., 2020).

Findings also showed that efforts by the government in organising programmes targeted to support older adults and their families can be sustained if the source of resource allocation is consistent with plans and interventions towards support for families of the elderly. However, from a few respondents, it is evident that even the activities mentioned—those run by the government and NGOs—were targeted at helping elderly people in the state, not necessarily family caregivers. Therefore, it is crucial to have a support system directed to family caregivers. This aligns with earlier studies (Reinhard et al., 2019) that recommended allocating resources for family caregivers pertinent to their needs. As a result, helping family carers could lessen feelings of guilt, concern, and anxiety if the right resources are directed toward them. This will invariably lead to the caregiver having a better quality of life. Similar conclusions are drawn from previous research (Losada-Baltar, 2016). Leaders from the community and the religious community agreed that no amount of help is too small for family carers. Some support group members remarked that the caregiver will benefit significantly from any assistance, no matter how small. The carers will be inspired to exert more significant effort regardless of the type or amount of help provided, even if it is minimal. In addition, other studies (Michael et al., 2016) also report that sharing their experiences can create awareness about the importance of supporting family caregivers and informing interventions. Despite the lack of support towards family caregivers, respondents reveal that people are willing to provide support if there is enough genuine and transparent information regarding the family caregivers and the channel of resource distribution.

Further research should focus on developing a data base of family caregivers and creating a relationship between family caregivers, community leaders, health care professionals, religious leaders, and policy implementers. This partnership development should be integrated into public policy to improve the well-being of family caregivers and older adults. Evidence from other studies (Donnellan, Bennett, and Soulsby, 2017) demonstrate the need for collaboration amongst the stakeholders identified in the study.

## Study Limitations

This study represents the experiences of purposively selected policy implementers, health care professionals, and community and religious leaders in Benue, Nigeria. Due to the limited number of support networks, it is impossible to generalize the findings to other population groups. Hence, it is worthy for similar research to be conducted in other states of Nigeria and African regions. Also, participants in the current study may not be the only stakeholders available to support family caregivers. Therefore, there is a need to extend further studies to capture other relevant stakeholders that could have a role to play in supporting family caregivers. Nevertheless, the findings of this study stand to be fundamental to policymakers and all relevant stakeholders that can play a significant role in supporting family caregivers in Nigeria.

## Conclusion

This research explores the perception of policy implementers, health care professionals, community, and religious leaders on support for family caregivers of older adults with chronic illness at home in Benue state, North Central region of Nigeria. In the absence of inadequate policies and a lack of implementation of the existing policies on older adults' care, families and communities tend to provide support in terms of services to the older adults to address the gap in formal policy. Family caregivers of elderly persons with chronic conditions play a vital role in promoting well-being among older adults with chronic illnesses and, therefore, need support, which family members and friends mostly give. Nevertheless, support by family and friends is not enough to ameliorate the burden experienced by caregivers. Hence, collaborating with relevant stakeholders such as government organisations at all levels, non-governmental organisations, and community and religious leaders is suggested. The findings underscore the importance of the collaborative participation of different stakeholders. This implies that other stakeholders' roles are significant in creating awareness about support for family caregivers in Nigeria. Hence, the government should be at the frontline to achieve this as the decision making and implementing body. Other stakeholders mentioned above can also informally increase awareness through various means, leading to accessible support programs to improve health outcomes for family caregivers. To achieve these, deliberate efforts should be made to identify family caregivers and stakeholders to collaborate. These processes can facilitate replication in future research and inform practice, programs, and policies.

## Recommendation

This study might be considered a pioneering investigation into the need for family caregiver support in Nigeria. The results of this study, however, indicate a limited sample size, as noted in the section of the article that discusses limitations. Nevertheless, future studies should delve more into the precise requirements of family caregivers and the potential for pertinent parties to play roles in supporting family caregivers. Support for family caregivers is currently at an all-time low. This report advises critical stakeholders to form partnerships. They comprise all tiers of government, non-governmental organisations, neighbourhoods, and religious groups. Therefore, it is proposed that critical players collaborate to create workable and accessible support programmes to help family caregivers. Evidence suggests that family carers' quality of life may be improved by encouraging cooperation between interested parties and providing support. A strategy that should incorporate and engage the entire community is to start awareness campaigns in churches, mosques, and community support organisations. Participants in the study might also start a caregiver support group in their local area. On the other hand, the church can organise its members as volunteers who are able and eager to spread the word about family caregiver support. To help family caregivers effectively, stakeholders should consider local and culturally specific initiatives.

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