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Supporting informal older adult caregivers in Nigeria: Recommendations for policy

Chika Rita IKEORJI and ThankGod Chiamaka UBANI

ABSTRACT

The aim of this study was to understand the roles of informal caregivers in Nigeria and how to support them in providing quality care for older adults. Despite their indispensable contributions, informal caregivers encounter numerous challenges, including physical and emotional strain, financial constraints, and a lack of recognition and support. Currently, Nigeria lacks specific policies supporting informal caregivers, making it imperative to establish comprehensive measures addressing their needs. This study adopted a systematic review approach using secondary data resources from reputable data bases such as Google scholar, PubMed and African Journals Online. The Ujama African theory was used as a theoretical framework. The cultural, economic, and systemic factors influencing informal caregiving in Nigeria impacts the quality of care provided to older adults and the wellbeing of caregivers. The findings showed the need for families, social workers and government to provide financial support, respite, training, education, and access to healthcare services for caregivers. It was recommended that policy should not only acknowledge the significance of informal caregivers but also offer the necessary support to ensure the well-being of both caregivers and the older population they serve. Older adults and their caregivers should be considered while implementing social support and care systems in Nigeria.

KEY TERMS: informal caregivers; Nigeria; older adults, policy, support

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AUTHOR/S DETAILS

- Chika Rita Ikeorji, Doctoral Student and Research Assistant, Faculty of Social Work, University of Calgary, Alberta, Canada, email: chika.ikeorji@ucalgary.ca
- ThankGod Chiamaka Ubani, Department of Gerontology, University of Southampton, England, United Kingdom, email: tcu1n22@soton.ac.uk

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INTRODUCTION

In Nigeria, informal carers play a crucial role in supporting older people in the community, especially those who require assistance with daily activities such as bathing, dressing, and feeding. Informal carers are typically family members, friends, or neighbours who provide unpaid care to older people, often in their own homes. With the ageing population in Nigeria, the demand for informal caregiving is increasing, making it essential to recognise the importance of informal carers and their role in supporting older people's health and well-being. Despite the vital role of informal carers, they often face numerous challenges, including physical and emotional strain, financial constraints, and lack of recognition and support. Caregivers often lack training and education, making it challenging to provide adequate care to older people. These challenges can lead to caregiver burnout and, in some cases, may result in neglect or abuse of the older person. Policies that support informal carers are essential to ensure their well-being and ability to provide quality care to older people. Currently, there is no policy supporting informal carers in Nigeria. Policy provision that provides adequate financial support, respite, training and education, and access to healthcare services, among others is imperative. This study explores the importance of informal carers in supporting older people in the Nigerian community and the challenges they face. It examines the existing care policy for older people in Nigeria and proposes ways to improve policy that would recognise the allyship of informal caregivers in providing support for older people in communities as one of the measures to support the government's responsibility in caring for older people.

CARE FOR OLDER PEOPLE IN NIGERIA

The care for older people in Nigeria is a complex issue that is affected by a range of factors, including cultural norms, socio-economic conditions, and the state of the healthcare system. In many cases, older people in Nigeria receive care from informal caregivers, such as family members and community members (Okoye, 2013). This informal care is often the primary source of support for older people, particularly those who live in rural areas or cannot afford formal care services. Informal caregivers provide a range of services, including physical care, emotional support, and companionship. However, the quality of informal care for older people in Nigeria can be variable. Some older people may receive excellent care and support from their caregivers, while others may experience neglect, abuse, or inadequate care (Cadmus et al., 2015; Fajemilehin & Odebiyi, 2011). This variability is influenced by several factors, such as attitude towards older people, quality of life of the older people and quality of care.

Formal care services for older people in Nigeria are expensive and almost non-existent (Okoye, 2014; Ebimbo & Okoye, 2021). Nursing homes and assisted living facilities are scarce, and the ones that do exist are often expensive and beyond the reach of older people. Home care services are not organised in a formal setting, and those that are available are often provided by untrained or undertrained caregivers. All of these are challenging issues affecting the state of care for older people in Nigeria. Furthermore, Nigeria has no functional health and social care system, this can be argued that it is due to the philosophy of care for older people in Nigeria. Older people in Nigeria are particularly averse to the opinion of formal care as they prefer being cared for in their homes (Amaike & Bammeke, 2014). This would sustainably challenge any effort by the government to establish a functional social care system in Nigeria. Family carers who primarily provide informal care, can be an important driver in the establishment of an effective social care system in Nigeria yet there are no indications on the side of the government to establish this amidst the projected rise in the need for social care for older people as the ageing population in Nigeria continues to increase (Tanyi et al., 2018). Expanding access to formal care services, which can be integrated with the informal care to build a system to meet the needs of older people in Nigeria may address these challenges to ensure quality and healthy ageing.

THEORETICAL FRAMEWORK

This study used the Africa ageing theory of Andrew Nyanguru. The Nyanguru model of ageing stems from an African Ubuntu perspective. This African ageing model was propounded in 1994 (Nyanguru *et al.*, 1994). The basic assumption of the theory is that families have the ultimate responsibilities to take care of older individuals and should strive to maintain family structure. This means that older individuals are relevant members of the family and community despite their health and ageing challenges and care should be provided with love and empathy. According to the Nyanguru model of ageing, supporting caregivers enhances the quality and nature of care provided to older individuals which have a profound impact on both the caregivers and older individuals' overall well-being (Amaike, 2014). Individuals who provide care can receive cash benefits or allowances as stipends compared to paid services to professional carers which sometimes families may not be able to provide. This theory places the family at the centre of care for older individuals as they can better understand the various problems older individuals face due to the preference of informal care as against institutionalisation (Nyanguru 1990). In connection to the Ubuntu perspective of humanhood where the concern and care for others (older

individuals inclusive) is a collective responsibility), as well as deep connectedness, solidarity and reciprocity, the African ageing theory emphasise the need for care to be provided with empathy and humanness both in the families, groups and communities (Mugumbate & Nyanguru, 2013).

The Nyanguru model of ageing theory is relevant to this study especially at a time when indigenization of African studies is on the increase. It shows the cultural and social dynamics that shape caregiving practices on the continent. Rooted in the Ubuntu philosophy, a good understanding of this theory helps to enhance the dynamics of informal care in Africa, where the family is seen not just as a support unit but as the primary caregiver, maintaining the dignity and relevance of older individuals within the community (Okoye, 2013). Also, In Nigeria, where familial ties and community bonds are strong, this theory aligns with the natural existing social structures with its focus on the role of the family as the primary caregiver; the theory advocates for policies that support and enhance the capacity of families to care for their older members. ensuring that care is delivered in a manner that respects cultural norms and maintains the dignity of the older individuals (Nyanguru, 1994). This theory offers a practical perspective on the economic and social benefits of informal care in that its argument for supporting caregivers through benefits or stipends, can alleviate the financial burden and improve the quality of care provided; an approach that not only supports the well-being of older individuals but also empowers caregivers, recognizing their crucial role and fostering a sustainable care system. Integrating this theory into policy recommendations for this study can help to propose targeted interventions that enhance the effectiveness and sustainability of informal caregiving in Nigeria, ensuring that policies are both culturally sensitive and economically viable.

METHODOLOGY

The study adopted a systematic review approach. Secondary data collection was used for the study following a rigorous methodology to ensure that the search for articles was exhaustive and that the sources were selected based on their relevance and contribution to the topic rather than personal preference. The second author sourced data from peer-reviewed academic articles indexed in reputable databases such as Google Scholar, Scopus, ScienceDirect, Web of Science, and African Journals Online. This ensured a diverse range of sources related to the topic. Articles were sourced from journals such as the Nigerian Journal of Sociology and Anthropology, The Journal of Ageing in Emerging Economies, Journal of Social Development in Africa, and The Pan African Medical Journal, which reflect African studies and informal care. A broad set of keywords and terms such as “family care in Nigeria” AND “informal caregivers”, “care for older adults” AND “informal care in Nigeria”, “Ubuntu in care” AND “policy for older adults” were used. The search strategy involved several stages to ensure thoroughness. The first search had 1,250 articles from Google Scholar, Scopus retrieved 920 articles, Science Direct retrieved 850 articles, Web of Science retrieved 780 articles, and African Journals Online retrieved 430 articles. During the screening process, the first stage was to screen articles for relevance to the review questions 1) What challenges do informal caregivers experience? 2) How can policy support informal caregivers? by titles and abstracts. This screening reduced the total number of articles to 220. The second stage involved reviewing full-text articles for detailed relevance, leading to the selection of 50 articles. The third stage involved further sifting of the articles using abstracts and summaries that resonated with the topic and were of relevance to the study, reducing the number to 30. In the final stage, 15 empirical studies conducted between 2011 and 2023 were selected and used for the study (*see Table 1 below*). The data extraction was conducted by the first author, who meticulously reviewed each selected article to gather pertinent information regarding the challenges faced by informal caregivers and the potential policy support available. The second author analysed the extracted data thematically, focusing on identifying common themes and patterns across the studies by coding the data from the articles and grouping similar codes to form overarching themes. The themes were then synthesised to answer the review questions and provide a comprehensive understanding of the challenges faced by informal caregivers in Nigeria and the policy support that could benefit them. We also made use of references and citations within the selected articles to identify additional sources that might have been overlooked in the initial search, ensuring a comprehensive review.

Table 1: Journal articles reviewed for the study

S/No	Author(s)/Year	Title	Study type	Region
1	Akinrolie et al., 2020 <i>Google scholar</i>	Intergenerational support between older adults and adult children in Nigeria: The role of reciprocity.	Empirical	Northern Nigeria
2	Akintayo-Usman & Usman 2021 <i>The Pan African Medical Journal</i>	'Comparative analysis of ageing in Nigeria and United Kingdom using life course approach: the implication for the Nursing profession in Nigeria.	Empirical	Nigeria
3	Amaike, 2014 <i>Science Direct</i>	Interrogating the relevance of home and community-based services in addressing old age challenges in Lagos State, Nigeria.	Empirical	Lagos, Nigeria
4	Asuquo & Akpan-Idiok, 2020 <i>Google Scholar</i>	The exceptional role of women as primary caregivers for people living with HIV/AIDS in Nigeria, West Africa.	Empirical	Calabar, Nigeria
5	Bakare et al., 2020 <i>Wiley Online Library</i>	Community and caregivers' perceptions of pneumonia and care-seeking experiences in Nigeria: A qualitative study.	Empirical	Nigeria
6	Chukwu et al., 2022 <i>Google Scholar</i>	Challenges faced by informal caregivers of patients in a Nigerian hospital and implications for social work.	Empirical	Nigeria
7	Ebimbo & Okoye, 2021 <i>Research Gate</i>	Aging in Nigeria.	Empirical	Nigeria
8	Iwuagwu et al., 2022 <i>African Journals Online</i>	Family caregivers' awareness and perceived access to formal support care services available for older adults in Enugu State, Nigeria.	Empirical	Southeast Nigeria
9	Michael et al., 2022 <i>Science and Education Publishing</i>	Public awareness and perception on care for the elderly among Funtua residents in Katsina State, North-West Nigeria.	Empirical	Katsina, Nigeria
10	Nwakasi et al. 2021 <i>Sage Publications</i>	We are doing these things so that people will not laugh at us": caregivers' attitudes about dementia and caregiving in Nigeria.	Empirical	Nigeria
11	Okoye, 2014 <i>Scopus</i>	Financial incentives to support family care-givers of older adults in Nigeria: A policy consideration.	Empirical	Enugu, Nigeria
12	Oladeji, 2011 <i>Web of Science</i>	Family care, social services, and living arrangements factors influencing psychosocial well-being of elderly from selected households in Ibadan, Nigeria.	Empirical	Ibadan, Nigeria
13	Oyegbile and Brysiewicz, 2017. <i>Science Direct</i>	Exploring caregiver burden experienced by family caregivers of patients with End-Stage Renal Disease in Nigeria.	Empirical	Nigeria
14	Tanyi et al. 2018 <i>Google Scholar</i>	Care of the elderly in Nigeria: Implications for policy.	Empirical	Nigeria
15	Onabajo et al., 2012 <i>National Library of Medicine</i>	Quality of life of Nigerian informal caregivers of community-dwelling stroke survivors.	Empirical	Nigeria

RESULTS

Table 2

Data extracts

Research questions	Article	Samples of data extracted	Theme
Question 1: What challenges do informal carers experience?	Iwuagwu et al. (2022)	<i>"It is worth noting that while people may be aware of the availability of these services for older adults, it is perceived that older adults may not easily access these resources for some reasons such as poor finances, poor formal support care services and ignorance and this has had devastating effects on older adults"</i> (p. 18)	Limited access to resources
	Oladeji, (2011)	<i>"Providing social services from appropriate quarters will lead to the improvement of socioeconomic status of elderly persons"</i> (p. 5).	
	Okoye, (2014)	<i>"The majority of elderly persons who were self-employed are without any form of financial support from the government except the ones they get from their families and friends"</i> (p. 58).	
	Asuquo & Akpan-Idiok, (2020)	<i>"Without appropriate intervention to ameliorate the impact of burden of care, it produces negative consequences which often manifest as symptoms of depression and anxiety and may subsequently induced changes that could lead to physiological ailment like hypertension, heart disease and suppressed immune responses"</i> (p. 21)	
	Amaike, (2014)	<i>"With rapid social change, both familial networks and the community are challenged in their capacities to deliver hitherto traditional support services to the elderly"</i> (p. 1).	Changing trends in informal care
	Michael et al. (2022)	<i>"The reason for change lies in the decreased family size, increasing life expectancy of elderly people, the geographical dispersion of families, the tendency for women to be educated, work outside the home and changes in the way societies view their elderly"</i> (p. 2).	
	Ebingbo & Okoye, (2021)	<i>"Adequate care for older adults from family members is waning to a great extent. This is a result of disintegration in the traditional family set up through modernization, rural-urban migration of younger family members, and formal education; more working wives and new lifestyles"</i> (p. 5).	
		Nwakasi et al. (2021)	<i>"Many adult children on whom families depend for care are also undergoing economic hardships such as unemployment which can add to the stress of providing care"</i> (p. 3).
Oyegbile and Brysiewicz, (2017)		<i>"Burden of care develops in the relationship when care-recipients depend totally on them for provision of all forms of care especially among patients who lost their functional ability"</i> (p. 6).	
Onabajo et al. (2012)		<i>"Caregivers of patients who had suffered stroke from 1 up to 2 years were also at increased risk of low quality of life in the environmental domain due to burden of caregiving"</i> (p. 5).	
Chukwu et al. (2020)		<i>"Besides the issue of poor sleep and need for rapid response to the needs of individuals which is often strenuous, the problems of inadequate caregiving support from health workers exist"</i> (p. 9).	
Question 2:	Tanyi et al. (2018)	<i>"It is imperative that all government sectors design innovative policies specifically targeted to</i>	Policy imperative for informal caregiving

How can policy support informal carers?		<i>meet the emerging issues that come with ageing; these frameworks are for supportive and protective care that comprises those services provided to frail, ill, or disabled older people to support them and their caretakers while maintaining their capacity to live in the community” (p. 11).</i>	
	Okoye, (2014)	<i>“Policymakers should also consider that paying caregivers may be the most cost-effective method of strengthening the informal care system and expanding its capacity to divert frail elderly from more expensive formal care programs, like old people’s home (nursing homes) and assisted living facilities especially with respect to a country like Nigeria where our culture do not even support nursing home care” (p. 6)</i>	
	Ebimngbo and Okoye, (2021)	<i>“Policies will be of great use in reducing the health and financial problems of older adults, and also ensure that the dignity, interest, rights, and privileges of older adults are protected” (p. 10)</i>	
	Iwuagwu <i>et al.</i> (2022)	<i>“Nigerian government developed the National Social Development Policy which aimed to provide a framework for protecting older persons from moral and material neglect and provide public assistance, when necessary, there is therefore a need to checkmate this policy to make sure it is been implemented properly; government to include a policy that involves the provision of support for older adults because of their rapid increase in society” (p. 17)</i>	

DISCUSSION

In Nigeria, like many other countries, the ageing population is increasing, leading to a growing demand for care and support for older people (WHO, 2017). Informal carers have been able to make an incredible mark in shaping Nigeria’s social care system by being the primary and significant source of support for many older people across Nigeria as well as helping to meet the demands of the ageing population (Okoye, 2014). However, despite their invaluable contributions, informal carers in Nigeria face numerous challenges in fulfilling their caregiving roles effectively. These challenges arise due to a combination of social, economic, cultural, and systemic factors, creating significant burdens for both carers and the older people they care for (Chukwu *et al.*, 2022). One of the primary challenges faced by informal carers is the lack of formal social support and recognition. Unlike formal healthcare professionals, informal carers often receive limited training, if any, in providing care for older people (Akosile *et al.*, 2013). They may have to navigate complex healthcare systems, manage medications, and handle challenging behaviours with minimal guidance.

The absence of formal support structures and access to resources places a significant burden on carers, leaving them feeling overwhelmed and unprepared to handle the physical, emotional, and psychological demands of caregiving. However, it is reasonable to assert that the informal care system has eroded any chance for the mainstreaming of the formal support system in Nigeria as the older people themselves are not open to utilising it and younger people feel they cannot renege on their responsibilities of care for family members who are old or living with chronic conditions. A study by Michael *et al.*, (2016) in the Northern part of Nigeria explored the awareness of formal care services for older people in Nigeria; 82% of the total respondents reported that they are against caring for their older family members in a nursing facility despite their knowledge of the respondents about nursing homes. Out of 147 respondents who took part in the study, only 5% of them (8) provide care to their older family members in a care home. Findings of the study, which showed informal care is preferred over formal care, can be supported with the argument that the values and traditions of care in Nigeria is a prevailing factor that fuels the lack of social support in Nigeria. Social support plays a crucial role in the well-being and resilience of family carers. It encompasses various forms of assistance, emotional encouragement, and practical help provided by individuals, communities, and formal support systems (Faronbi *et al.*, 2019).

Women providing informal care experience more significant challenges because women have been praised as the drivers of informal care in Nigerian communities as they are overrepresented in the informal care system (Bakare *et al.*, 2020). This is due to factors such as cultural expectations, gender norms, and the socialisation of women to be caregivers. Resources such as healthcare services, transportation, and financial support are often

inadequate, making it difficult for women to provide care effectively to older people, particularly those living with complex needs. Also, as caregiving responsibilities can be time-consuming and physically demanding, these women with caregiving responsibilities face difficulties engaging in economic activities, which limits their ability to earn an income and can lead to financial hardship for themselves and their families (Amaiike, 2014). The demands of caregiving can make it difficult for them to participate in social activities and maintain relationships outside of their caregiving responsibilities due to the expectation held of them as inadequate support systems can also pose challenges for women providing informal care. More so, they may not have access to the necessary information, training, or support to provide effective care, leading to physical and emotional burnout (Iwuagwu *et al.*, 2022).

With the recent trend of migration in Nigeria, it is argued that migration of family members is one of the challenges of the changing landscape of informal care in Nigeria (Okoye, 2013; Oyegbile & Brysiewicz, 2017). With the high rate of unemployment and economic hardship in Nigeria, many Nigerians are migrating to other countries in search of better opportunities. This migration has led to a shortage of informal caregivers in Nigeria, as many family members who would have otherwise provided care for older relatives have migrated (Ebimngbo & Okoye, 2022). As a result, older people are left to fend for themselves or are forced to rely on formal care services, which can be expensive and inaccessible, particularly in rural areas. Ebimngbo & Okoye's (2022) study argues that international remittance made by the migrated family member makes up for their absence but cannot be equated with the loss of physical support they rendered, which can only be equated if care is adequately provided by another caregiver. With this rising migration of young people, informal care is threatened, and financial remittance cannot be equated with the loss of instrumental support, which is often seen as the succour for absence. One could reasonably claim that the rising migration may eventually provide the foundation for formal older adult care services as older people may be needing care. However, this can be challenged by older people who are preferring to age in place, rather than elsewhere, which comes with several health benefits (Oladeji, 2017; Van der Pas, 2009). For older people who are ageing in place (preference of living in their personal homes and communities at old age), informal care can provide them with the support and assistance they need to remain in their homes and communities (Sixsmith, 2008). They can continue to participate in activities they enjoy and maintain their social connections with a positive impact on their physical and emotional well-being (Van der Pas, 2009). For instance, taking walks in their neighbourhood, participating in community exercise programmes, or hobbies that require physical activity. This can help to improve their cardiovascular health, strength, and overall physical well-being. They can maintain their social connections and independence, which can help to reduce feelings of loneliness and isolation, as well as continue to participate in community events, visit with family and friends, and maintain their sense of purpose and identity (Ikeorji *et al.*, 2024). Thus, informal carers provide a range of services beyond just physical care (Roth *et al.*, 2015), which is crucial for the mental well-being of older people, particularly those who are isolated, neglected, or lonely (Ramsey-Soroghay *et al.*, 2023).

Informal carers can experience burden of care or burnout from caring for older people, which is not notably discussed (Iwuagwu *et al.*, 2022). Burnout, a state of physical, emotional, and mental exhaustion, is a significant issue that affects informal caregivers in Nigeria. The demanding nature of caregiving responsibilities, coupled with limited support systems and resources, places informal caregivers at a higher risk of experiencing burnout (Faronbi *et al.*, 2019; Iwuagwu *et al.*, 2022). The constant stress, long hours of care provision, and neglect of their own self-care needs leads to physical exhaustion, chronic fatigue, and an increased vulnerability to illnesses. Informal caregivers sacrifice their own sleep, nutrition, and exercise routines, resulting in compromised immune systems and a higher risk of developing chronic conditions. The physical toll of burnout significantly impacts caregivers' ability to sustain their caregiving responsibilities and may even necessitate their own medical attention, further exacerbating the challenges they face. According to Faronbi & Olaogun (2017), the impact of the burden of care on caregivers reveals a significant proportion (59.1%) of caregivers who experience severe burden, indicating the considerable strain they face in fulfilling their caregiving responsibilities. The study also examined the Health-Related Quality of Life (HQRoL) participants and revealed poor performance in multiple domains such as role limitations due to emotional problems, fatigue, emotional well-being, social functioning, role limitations due to physical function, physical functioning, and general health. These results indicate that caregivers encounter limitations and difficulties in various aspects of their daily lives and overall well-being. Moreover, the study identified that a higher burden of caregiving was associated with lower quality of life, indicating that caregivers who experience a greater burden tend to have poorer quality of life (Faronbi & Olaogun, 2017). There is merit in arguing that the burnout informal carers experience can be culturally motivated. This is because seeking help such as respite care may be interpreted as an abandonment of care duties as those who provide care are supposed to do so because it is their primary duty (Akinrolie *et al.*, 2020). This makes informal carers continue to provide care without the consideration of external support.

The effects of burnout can extend to the older adults they take care of in the type of care they provide. The quality of care received by older people can be affected by care burden, which studies have shown (Takai *et al.*, 2009; Alves *et al.*, 2019). This is an area yet to be explored in informal care in Nigeria, but evidence has it that care burnout can lead to decreased motivation and engagement in caregiving tasks. Informal carers who

experience burnout may feel overwhelmed, exhausted, and emotionally drained, resulting in a loss of enthusiasm for their caregiving role (Haugen *et al.*, 2015). This can translate into a reduced level of attentiveness and dedication to the needs of the care recipient; this impacts the quality of care provided as tasks may be rushed or neglected, and important aspects of care overlooked (Ramsey-Soroghayé *et al.*, 2023). It is plausible to argue that the issue of the secondary effects of caregivers, which affects the older people being cared for, may be due to the general lack of awareness and education regarding the challenges and potential negative consequences associated with informal caregiving, including burnout. Many individuals engaged in informal care may not even be familiar with the term "care burnout" or the signs and symptoms associated with it. Limited access to information and resources may further contribute to the lack of awareness surrounding this issue. It could be contended that the absence of adequate support structures for informal caregivers in Nigeria contributes to this. Unlike other countries like Canada or the United Kingdom that may have systems in place to address burnout and provide support (Lilly *et al.*, 2012; Kar, 2021), informal caregivers often face the burden of caregiving alone, with little or no assistance. The lack of respite services, counselling, or support groups for informal carers can hamper the recognition and discussion of care burnout as a legitimate concern.

RECOMMENDATION FOR POLICY IN SUPPORTING INFORMAL CARERS IN NIGERIA

Nigeria has made significant steps in improving the standard of care and the provision of social care services for older people in Nigeria in recent times. In 2018, the Nigerian government signed the Senior Citizens Act, 2018 into law (Agbakwuru, 2018). The legislation introduces the establishment of a national institution called the National Senior Citizens Centre, which provides care and support for the elderly population of the country, specifically those who are 70 years of age or older. However, no provisions in the piece of legislation made reference to informal carers, who may be significant resources to the Centre. Nonetheless, this may be regarded as a defining moment for the provision of care for older people in Nigeria, although no centre has been established since the enactment of the law in 2018. In 2023, the National Senior Citizens Centre (NSCC) created a curriculum to establish standardised care for older people in Nigeria, which covers various aspects of care, including healthcare, social support, and legal protection for senior citizens (Falaju, 2023). It is designed to provide comprehensive guidelines and training for caregivers, healthcare professionals, and other stakeholders involved in care of older people. The NSCC's curriculum is an important step towards ensuring that older persons receive appropriate and consistent care throughout the country. This could also set the foundation for adequate social support for informal carers as they continue to be an integral aspect of Nigeria's social care system.

It is important for policy makers, social workers, and the government to pay attention to the evidence that consistently show the significant importance of informal carers and formulate policies that can support informal carers. Social workers as agents of social change and social justice, should leverage on promoting anti-oppressive practices, advocate for interventions, programmes, practices, policies that support and empower caregivers ultimately leading to improved outcomes for older people. Also, policy for the support of informal carers can leverage the ability of informal care relationships, which are often built on deep emotional bonds, trust, and familiarity, which can enhance the overall care experience for seniors. The personalised and intimate nature of informal care enables older individuals to receive tailored support that addresses their unique needs, preferences, and cultural backgrounds.

CONCLUSION

Informal carers play a vital role in supporting older people within communities, and it is crucial for policy in Nigeria to better recognise and support their contributions. They are important allies to strengthen the social care system of Nigeria. The significance of informal carers lies in their ability to bridge gaps in formal care systems, provide personalised and culturally sensitive support, and contribute to the sustainability and affordability of care. Social workers and policy makers should ensure policy is mainstreamed and prioritised to the social support of informal carers who often put their lives on the line for the people they provide care for. Creating an environment where informal carers are valued, empowered, and adequately supported in their essential role in caring for older individuals will enhance quality of life and healthy ageing. It is crucial to kickstart the discussion regarding filling the gap in care that migration leaves, to ensure that the wellbeing of the ageing population in communities are preserved and sustained in the absence of those whose caregiving duties have changed because of migration. This resonates with the findings of the reviewed literature that shed light on the profound impact of migration on the informal care landscape in Nigeria. With a notable surge in migration driven by economic hardships and unemployment.

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