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4 **“God will prosper you for doing this for me”: A Phenomenological Exploration of**

5 **Older Carers’ Experiences of Informal Caregiving in Nigeria**

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Abstract

Background and objectives

Many studies on informal caregiving experiences recruited samples from clinical settings or pre-existing datasets, resulting in suspected selection biases. There is also a limited understanding of how culture shapes the perceptions of positive caregiving beyond the Asian context. In Nigeria, existing studies on older adults' care primarily focus on young and middle-aged caregivers. This study fills existing gaps by investigating the experiences of informal caregiving among community-dwelling older carers in Nigeria.

Research design and methods

Thirty in-depth interviews were conducted with community-dwelling older informal caregivers aged 54-88 years against the backdrop of a life expectancy of 53 years in Nigeria. Van Manen's hermeneutic phenomenological design guided this study. We managed the qualitative data with QSR NVivo 12 software.

Results

Our findings include themes of financial constraint, poor health, a crowded-out personal life, a mismatch between care recipients' expectations and caregivers' capacity, blessings from God, benefits elicited by reciprocity, and individuals' perception of the intrinsic worth of caregiving.

Discussion and implications

Our findings highlight both the challenging and rewarding aspects of informal caregiving. In the absence of formal support systems, the demands of caregiving may have a more pronounced impact on caregivers in Nigeria. Moreover, the nuances in our participants' experience of positive caregiving outcomes are shaped by their adherence to Afrocentric cultural norms. Our findings highlight the need to develop tailored support programs and a deeper level of work to fortify cultural norms that promote the wellbeing of older people in the family in Nigeria.

Keywords: Older family caregivers, wellbeing, caregiving experience, Nigeria, oldest old.

Introduction

Informal caregiving plays a vital role in the care of older people. It is often associated with various negative and positive impacts on caregivers. Studies report that the provision of various forms of personal care requires long hours which may lead to reduced time and motivation for self-care (Faronbi et al., 2019a; Faronbi et al., 2019b; Kong et al., 2021; Kristanti et al., 2019; Kyei-Arthur & Codjoe, 2020; Penning & Wu, 2016). Hence, caregivers may put their own health at risk while assisting their loved ones, with older carers tending to experience more negative effects on their health due to underlying medical conditions (Arriagada, 2020; Gray et al., 2016; Kristanti et al., 2019). They also often face negative impacts on their social lives as caregiving limits their participation in activities, resulting in a loss of freedom (Arpanantikul, 2018; Li et al., 2021). This loss of freedom is particularly challenging for older caregivers who had expectations of increased liberty after retirement. Likewise, caregivers frequently report changes in their relationships and lifestyle, with women mostly expressing difficulties due to inadequate support (Arpanantikul, 2018; Blinka et al., 2022; Li et al., 2021). They also often experience emotional distress due to the worsening situation of their care recipients, and this distress is especially prevalent among older adults, mainly, female spousal carers (Gray et al., 2016; Li et al., 2021).

Furthermore, caregivers’ engagement in paid employment is negatively impacted (Arpanantikul, 2018; Chukwu et al., 2022; Martsolf et al., 2020), leading primary carers to reduce work hours or quit a paid job due to increasing caregiving demands (Nguyen & Connelly, 2014). This results in financial strain, as carers incur additional economic expenses associated with caregiving (Blinka et al., 2022; Gray et al., 2016; Kristanti et al., 2019). Such is more evident in sub-Saharan African (SSA) countries like Nigeria where formal support services are unavailable, making out-of-pocket expenditures unavoidable. Caregivers’ type of residence also plays a role in caregiver outcomes, as coresident caregivers tend to experience lower well-being and life satisfaction levels compared to non-coresident carers (Hansen & Slagsvold, 2015; Lee et al., 2020). Generally, the strain associated with caregiving has been linked to physical illness, depression, poor sleep, and anxiety (Chukwu et al., 2022; Gray et al., 2016; Kong et al., 2021; Kristanti et al., 2019; Li et al., 2021).

However, while the bulk of studies often portray informal caregiving as burdensome with negative consequences for carers (Roth et al., 2015), some others have documented positive aspects implying that the negative impacts of informal caregiving could co-exist with positive effects. Those positive outcomes include personal growth, new skills acquisition (Blinka et al., 2022; Yiu et al., 2020), feelings of closeness and affection (Litwin et al., 2014), increased self-

esteem, strengthened family solidarity, recognition from non-family members, spiritual growth and maturity(Gray et al., 2016; Lee, 2020), self-development, perceiving caregiving as an experience that prepares one for future challenges (Bangerter et al., 2019; Blinka et al., 2022), and development of a sense of satisfaction, gratitude, and accomplishment from caregiving responsibilities (Bangerter et al., 2019; Blinka et al., 2022; Gray et al., 2016; Li et al., 2021; Litwin et al., 2014; Yiu et al., 2020). One study even found that informal caregivers may experience reduced mortality rates and longer lifespans compared to non-carers, indicating a potential positive association between caregiving and longevity (Roth et al., 2015).

Although the empirical literature highlights the negative and positive aspects of informal caregiving, some gaps exist in knowledge. Many studies on the adverse impacts have a methodological issue of sampling bias due to their reliance on samples from health institutions (Chukwu et al., 2022; Kristanti et al., 2019; Li et al., 2021) or pre-existing datasets (Arriagada, 2020; Blinka et al., 2022; Hansen & Slagsvold, 2015; Kong et al., 2021; Lee et al., 2020; Nguyen & Connelly, 2014). The samples appear to be more likely those who come into contact with healthcare or social care. There is a general lack of diversity in terms of community recruitment, as they do not fully capture the diverse perspectives of caregivers in the wider community.

Also, in the literature on positive caregiving outcomes, it is unclear how culture shapes people's perception of such experiences beyond the Asian context where some Asian studies highlighted the role of Confucianism (Nguyen, 2021; Yiu et al., 2021) and Buddhism (Gray et al., 2016; McCormick, 2013) in shaping one's values and positive caregiving experiences in specific Asian countries. The caregiving literature in non-Asian collectivist societies, particularly as observed in SSA, remains underexplored. Existing studies tend to predominantly focus on caregiving burdens(Chukwu et al., 2022; Faronbi et al., 2019a; Faronbi et al., 2019b; Kyei-Arthur & Codjoe, 2020). Furthermore, studies in Western contexts are often based on individualistic frameworks, which may not adequately account for the collective responsibility and cultural expectations central to African cultures. Therefore, understanding how the experiences of informal caregiving in non-Asian collectivist cultures differ from Asian and Western cultures is crucial. Such research is both necessary and timely in Nigeria, where the existing research has predominantly focused on the negative experiences of young and middle-aged caregivers(Chukwu et al., 2022; Faronbi et al., 2019a; Faronbi et al., 2019b; Faronbi & Olaogun, 2017). Following these research gaps, the question this study aims to answer is: What are the experiences of older adults in Nigeria who provide informal care for other ageing individuals in their families and communities?

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Theoretical Framework

This study was guided by the social exchange theory (SET) developed by Homans (1961), to explain human behaviour. The theory posits that within a dyadic relationship, each person's behaviour influences the psychological rewards and costs of the other individual (Raschick & Ingersoll-Dayton, 2004). Such rewards might include feelings of satisfaction, gratification, and pleasure, while costs include anxiety, embarrassment, or conflict. This study also draws on the theory of Afrocentricity, a social science paradigm developed by Asante (1988) to explain the cultural behaviours of people of African descent. One of the propositions of the theory is that in African societies, human identity is a collective identity(Schiele, 1996). This signals the importance placed on social connections, strong family ties, and shared obligations. Given this proposition, one important cultural norm is respect and care for older people (Pharr et al., 2014).

In traditional African communities, older individuals are seen as the ancestors' representatives, cultural traditions' originators and custodians, and intermediaries between the physical world and the spiritual one (Ebimgbo et al., 2021; Eboiyehi, 2019). Hence, based on cultural beliefs, old age is seen as a blessing from ancestors for those who have led righteous lives, and such a blessing is expected to be passed on to individuals who provide care and support for older people. The SET and theory of Afrocentricity guided the development of our interview guide and results interpretation. Doing so ensured that the interview questions were culturally relevant and attentive to the relational dynamics salient in the Nigerian caregiving context. While these theories did not dictate the participants' responses or structure the data collection deductively, they served to sensitively shape the inquiry, allowing research participants to reflect on culturally meaningful aspects of their caregiving experience.

Design and Methods

Research Design

We adopted van Manen (1997) hermeneutic phenomenological design and followed his six steps for conducting hermeneutic phenomenological research. Our decision to employ this approach was motivated by the fact that, unlike other scholars who primarily focused on expanding the philosophical underpinnings of hermeneutic phenomenology, Manen provided more practical guidance by outlining a methodological framework for conducting phenomenological research. His approach facilitates an understanding of individuals' experiences within their cultural and social contexts. According to van Manen (1997), researchers (i) turn to the nature of lived experience, (ii) investigate experiences as lived, (iii)

engage in hermeneutic phenomenological reflection, (iv) engage in hermeneutic phenomenological writing, (v) maintain a robust and oriented relation, and (vi) balance the research while exploring the parts and whole.

Our study followed Manen's procedure. We first identified the research topic and reviewed the literature on caregiving, ageing, and the cultural context of Nigeria. Next, we planned the study design, including research questions, participant selection, and data collection. In the third step, commenced data analysis, examining the interview transcripts to identify significant moments, recurring patterns, and emergent themes, using van Manen's three-step approach to theme generation. The fourth stage focused on making the research participants' thoughts, attitudes, and feelings visible through interpretive analysis and preliminary writing of the findings. We crafted reflective descriptions capturing the depth and richness of their experiences. The fifth stage involved balancing our voices with the participants', as we reflexively considered how our backgrounds, assumptions, and interpretations influenced our understanding of the themes. Finally, we endeavoured to connect the findings with existing theories and literature.

Research Setting and Participants

This study took place in Owerri, the capital city of Imo state, Nigeria. In 2020, the city had a population of approximately 872,604 individuals (World Population Review, 2020). Residents of Owerri belong to the Igbo ethnic group and adhere to Afrocentric cultural norms that highly value caregiving roles and respect for older adults. Adult children, especially daughters and daughters-in-law are culturally expected to care for ageing parents within the family (Okoye, 2013). Such expectation is reinforced by traditional beliefs emphasising reciprocity, where individuals who care for older people anticipate receiving the same level of care in their own later years (Ezulike et al., 2024). In this context, informal support systems including extended family and community networks are essential in helping caregivers address the needs of their care recipients, given the lack of formal caregiving support within the country (Ebimngbo et al., 2022). With a literacy level of over 96%, Imo state has the highest literacy rate in Nigeria, and its residents are predominantly Christian, and demonstrate a strong work ethic across diverse industries (National Bureau of Statistics, 2010; UNICEF, 2019).

Thirty participants were recruited for this study through snowball sampling based on three criteria:

- a. being older adults aged 54 years and above,

- b. serving as primary caregivers for other older adults, and
- c. being related to their care recipients by blood, marriage, or friendship.

The snowball sampling strategy was adopted due to challenges with recruiting participants who meet the study’s age criterion. To expand our participant pool, seven initial participants recruited from the first author’s personal and professional connections were requested to refer other eligible potential participants. Before involving each recommended participant, the research team contacted them by phone call to introduce the study, explain the referral, and familiarise them with the study's purpose/requirements. The research team comprised the first author with an African (Igbo) cultural background; and the second and third authors with Asian (Chinese) cultural backgrounds. The minimum age for participant inclusion was set at 54 to align with common definitions of older adulthood in sub-Saharan African gerontological studies -usually 50-55 years (Kalu et al., 2021; Lambert et al., 2017), and to reflect Nigeria’s 54.7-year average life expectancy at birth(United Nations Department of Economic and Social Affairs, 2019b).

Data Collection and Analysis

Data was collected between July and November 2021 through face-to-face interviews with four participants and telephone interviews with 26 participants, lasting approximately 50-75 minutes. Twenty-nine interviews were conducted in English, while one interview combined English and Igbo language. The interviews were transcribed verbatim, and participant identities were anonymized by assigning pseudonyms to facilitate data analysis. The transcript encoded in Igbo was translated into English following a parallel transcription framework (Nikander, 2008) and validated for accuracy by an independent researcher proficient in both languages. We engaged in member checks with twenty-two participants who were provided with their interview transcripts and asked to review the content for accuracy(Birt et al., 2016). Follow-up interviews were scheduled with each participant to address any concerns or clarifications, as well as to gather additional information on specific topics based on the initial interview and new insights gleaned from other participants' responses, adding to the study’s trustworthiness.

During the data analysis, we used van Manen (1997) three techniques for thematic analysis of phenomenological studies. This involved a holistic reading to understand the overall meaning, a selective approach to identify significant excerpts, and a line-by-line examination to systematically explore respondents' caregiving experiences and identify patterns, connections, and overarching themes. The first two de-identified interview transcripts

were analysed by the first author and an experienced independent qualitative researcher to establish coding reliability and to serve as an initial means of researcher triangulation (Carter et al., 2014). Afterward, the first author independently analysed the remaining transcripts, with frequent peer debriefings and discussions with the co-authors to provide additional perspectives, ensure that interpretations reflected the participants' experience, and enhance the credibility and trustworthiness of the analysis (Thomas, 2006).

Our weekly meetings were characterised by reflexive consideration of how our backgrounds, preconceptions, and interpretations shaped our understanding of emergent themes. The first author's shared cultural and linguistic ties with participants facilitated rapport and deep understanding of embedded cultural meanings. This may have encouraged open discussion of caregiving experiences related to Afrocentric values and intergenerational responsibilities. The external viewpoints of the second and third authors helped mitigate potential bias by prompting examination of implicit cultural assumptions. Through ongoing dialogue and reflexivity, the team ensured balanced interpretations that acknowledged both insider and outsider perspectives on the caregiving experiences of older informal caregivers in Nigeria.

We further developed a thematic map (see Figures 1 and 2) to understand how different codes relate and interconnect. Ethical approval for this study was granted by the Human Research Ethics Committee of the City University of Hong Kong.

Findings

Demographic information for the study participants and their care recipients is provided in Tables 1 and 2, respectively. Most participants (70%) were older adults aged 54 to 59 years, predominantly female (53.3%), and resided separately from the individuals they cared for (53.3%). Additionally, most participants (96.7%) in this study had attained high levels of education, with nearly half (46.7%) having completed postgraduate degrees.

Please insert Table 1 here

Please insert Table 2 here

Caregivers in this study reported negative and positive experiences with four broad themes emerged from their responses about negative outcomes, including A) Caregiving and financial constraint, B) Experience of poor health, C) Crowded-out personal life, and D) Mismatch between care recipients' need expectations and carers' caregiving capacity. On the other hand,

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3 the positive experiences were categorised into three main themes including (A) Blessings from
4 God (B) Benefits elicited by reciprocity, (C) Individual perception of the intrinsic worth of
5 caregiving. All participant names are pseudonyms.
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9 The negative experiences are reported below:

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11 **A. Caregiving and Financial Constraints.**
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13 Financial constraints were among the predominant challenges that were reported among
14 caregivers (n=24). This theme denotes the increased financial burden associated with
15 caregiving, including expenses for medical care, specialised diets, medication, and other needs.
16 Some caregivers expressed:
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21 Maybe you are even short financially... You may even have some problems with your
22 business engagement... And then this is something you have to do [footing care
23 recipient's healthcare bills]. So, it is like being caught between the devil and the deep
24 blue sea (Ryan, 64, Son).
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28 You know, you buy drugs, you buy pampers...The dietician will give you a list of food
29 that you will be giving him [care recipient], and some of them are not within reach. So,
30 it's not easy... At a time, he needed a wheelchair...I know how I suffered to raise
31 money to buy one (Elizabeth, 56, Spouse).
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36 **B. Experience of Poor Health**
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38 This theme reveals how the participants' health was negatively impacted. Caregivers
39 described experiencing a worsening of pre-existing health issues, while others perceived that
40 they developed new health conditions after assuming the caring role. Caregivers (n=23)
41 mentioned that their health was affected due to stressful caregiving activity. One carer
42 explained, saying:
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47 In the process of going out of my way most of the time, it has also affected my health
48 because I push myself beyond my level... I can't see a need and just be looking at that
49 need. It's just not me... So, right now, I am believing God to cure me of high blood
50 pressure. Because the pressure comes from stress, so whenever I am stressed up it
51 [blood pressure] rises and that is the stress that comes from assisting (Kendra, 54,
52 Daughter).
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C. Crowded-Out Personal Life

The theme of personal life being crowded out refers to the incompatibility between caregiving responsibilities and caregivers' personal demands. This arises from conflicting obligations that make it challenging for carers (n=22) to meet their personal expectations. The crowding out of personal life manifested as time constraints, a disrupted personal life, and lack of spousal attention.

Time Constraints

Many caregivers in this study reported being unable to engage in other personal activities due to their demanding caregiving responsibilities, leaving them feeling overwhelmed and without any time themselves. For example, Emily, aged 57, who cared for her mother-in-law with dementia complained of her inability to engage in leisure activities because no one was available to care for her mother-in-law in her absence:

Sometimes there are certain places I may not be able to go because now all my children are out of the house... Instead of going on holidays, you will remember "What of mama?" I could remember several places I would have gone with my husband. He said, one person must stay home because of mama. And being the only son...Every arrangement is for mama.

Similarly, it was evident from some participants' responses that the nature and intensity of their roles impacted their employment activity negatively. Their caregiving demands made it difficult for them to maintain their level of productivity. Johnson, a 62-year-old spousal carer shared how his caregiving responsibilities led him to take repeated permissions from work, ultimately influencing his decision to retire: "*I wasn't going to work. I'll go to the office and take permission and run back home. It lasted for about two months and then I retired.*"

Disrupted Personal Life

Caregivers also often faced uncertainty and disruptions in their daily lives due to their care recipients' health conditions. This resulted in having to cancel important commitments and dealing with the additional challenge of commuting long distances during emergencies. Carol, a 54-year-old daughter commented: "*It made me to keep running from Owerri to Enugu where they [parents] live. Sometimes they will say 'I need you to come immediately!' You understand that kind of a thing. My whole day will be destabilized.*"

helpers may not stay for long. Once any helper leaves, everybody [siblings] looks at me to get another person which is often very frustrating

Care Recipients' Instrumental Activities of Daily Living (IADLs) Elicit Stress

Some carers reported feeling stressed when assisting with care recipients' instrumental activities of daily living, especially when preparing meals. The unique dietary preferences of their care recipients due to age posed a particular challenge and resulted in a burden for caregivers as reflected in the following comments:

At this stage of my life, I am supposed to relax. Even when I don't have the strength to cook, I can decide to take tea with my husband and sleep. But at that point, she [care recipient] may not be willing to take tea. She might say [in Igbo] "Bia meere m garri. Achoro m ilo ihe olilo" [come and make me garri. I want food to swallow]. Even when you are not well...(Jane, 63, Daughter-in-law).

I didn't bargain for all these things..I didn't factor in all of these that had to with age and no longer having physical strength to do certain things for himself...Sometimes, he expects to receive from me, the similar treatment he gets from his wife... (Jack, 54, Friend).

Caregivers also reported positive experiences as described in the following themes:

A. Blessings from God Through the Care Recipient

This theme highlights a shared belief among all caregivers that their accomplishments and success in life result from their caring role. Caregivers (n=30) construed blessings as success or intangible advantages that would manifest in their lives and that of their adult children. These blessings were linked to praises/prayers made by care recipients for the carers, or a function of caregivers' cultural and religious belief that assisting older persons attracts blessings from God.

Sometimes, certain things happen in my life, and I know that it's not ordinary, no matter how you see them. I look at my children's life and I know they are not getting jobs because they are the best applicants or so, but for some of these blessings. I know it (Charlotte, 54, Daughter).

Their blessings and prayers over my life is probably what is helping and keeping me... So, when an aged person says "God bless you. Your days will be long. God will prosper you for doing this for me. Your children will take care of you the same way you have

cared for me”, it impacts your life. So, I think ...it [success in life] could be from my care provision. (Kendra, 54, Daughter).

B. Benefits Elicited by Reciprocity

This theme illustrates the tangible and intangible benefits such as expressions of gratitude, emotional, and instrumental support caregivers derived from their care recipients after assuming the caregiver role (n=24).

Expressions of Gratitude

Numerous caregivers found encouragement in their care recipients’ verbal expression of gratitude and occasional gift-giving. Feeling appreciated enhanced the caregivers’ resilience, motivating them to continue in their caregiving role. A participant explained “*There was a time that one of my ndi nwunye di from abroad brought two hollandis. She [care recipient] now said that she cannot use it alone because I am the one suffering. So, she gifted me one*” (Jane, 63, Daughter-in-law). Another participant commented:

He praised me very well and he called me *Nkem* [mine]. At a point, he said I’m number one and that there is none like me...So, he was very grateful to the extent that he told me not to cry for his condition (Eunice, 88, Spouse).

Instrumental Support from Care Recipients

Caregivers also received instrumental assistance from their care recipients, especially when the recipient had financial resources or personal skills to offer in return. For instance, Clara, a 56-year-old daughter mentioned receiving financial aid from her father:

This last weekend, people [thieves] broke into our house and stole certain things. When I went with my husband to see him [dad], he called my husband and asked: “How much is that thing? Go and make the estimate and let me give you the money so you can go and repair it.” ...He still finds a way to support me.

Some caregivers also revealed that their care recipients assisted in teaching their young children, allowing them to save money that would have otherwise been spent on hiring private tutors. Ryan, a 64-year-old son commented: “*I make sure that my children enjoy my mother more than anything... My mother teaches my children when they return from school... She is very educated.*”

Receiving Emotional Support

Caregivers also experienced emotional benefits, particularly through strengthened bonds with their care recipients. Such bonding was more common among spousal and adult-child caregivers than among in-laws and other caregiver types, regardless of co-residency. A spousal caregiver explained:

We have been close. All through that period, I used to share my bed with him [care recipient], and it continued like that. There are people that when they see me and him, they say 'Ah! How is this woman so close to him?' But I can't help myself. So, it [caregiving] made us close (Elizabeth, 56, spouse).

Another unique benefit of caregiving reported, is the feeling of security that comes from having a male parent alive. Some adult children conveyed that the presence of fathers provided a sense of protection, shielding them from negative treatment within their communities and ensuring family respect. Clara shared her feeling of being protected:

Not all people have their parents alive... Even though they [care recipients] are old, they still serve as a covering over us. There are things people may not be able to do against my siblings and I, because our father is still alive. People cannot take what belongs to us in the village. There is a way people cannot react or talk to you in the village.

C. Individual Perceptions of the Intrinsic Worth of Caregiving

This theme demonstrates how the benefits obtained from informal caregiving are shaped by the caregivers' perspective on life and beliefs regarding providing care for older adults based on Afrocentric cultural norms (n=19).

Positive Feelings Are Elicited

From their responses, it was evident that many participants felt positive emotions such as joy, honour, privilege, and fulfilment. For some, caregiving was an opportunity to give back to their loved ones in a meaningful way. One participant commented:

It is a privilege because as a professional nurse, I had always taken care of my patients. So, when my dad fell ill, I was like "this is what I have been doing for others over the years, and now I have the opportunity to do it for my own dad." So, I did it with all of my heart and saw it as an opportunity to do for myself, what I was doing for others. (Carol, 54, Daughter).

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Knowledge Acquisition

Some participants suggested that informal caregivers can acquire valuable knowledge from care recipients, especially in traditional African societies where older adults are seen as bearers of wisdom. They believed that the knowledge acquired provides insights into handling various life situations that may not be easily obtained through formal education:

I learnt a lot of things staying close to him [care recipient]. You know this is a man that has seen it all... He will tell me: “See this kind of situation, I have passed through it. This is what I did. Please, when you meet this kind of situation in life, this is what you should do.”...He taught me a lot and I think that's one of my major benefits (Charity, 57, Daughter).

Discussion and Implications

This phenomenological study, guided by the Social Exchange Theory (SET) and the Afrocentric paradigm, aimed to explore older adults’ experiences while providing informal care to ageing individuals in their families and communities in Nigeria. Our findings revealed that caregivers experienced negative and positive impacts in diverse domains of their lives in line with the SET’s proposition of costs and benefits for individuals in dyadic relationships. These experiences were shaped by internalised cultural norms inherent in the participants’ local communities.

Concerning the negative experiences, our findings showed that caregiving had tangible and intangible costs for caregivers. Our study participants expressed facing financial hardships following increased economic expenses. This finding aligns with previous studies highlighting similar financial constraints among caregivers(Blinka et al., 2022; Gray et al., 2016; Kristanti et al., 2019; Martsolf et al., 2020). However, the underlying factors contributing to these limitations tend to vary. Caregivers in this study attributed their financial burdens to out-of-pocket expenses for their care recipients’ health needs. In contrast, other studies identified loss of productivity in employment due to reduced work hours or withdrawal from employment as contributing factors of financial strain (Blinka et al., 2022; Gray et al., 2016; Kristanti et al., 2019; Martsolf et al., 2020). This finding highlights the necessity for such financial assistance as tax relief or stipend payment specifically targeted towards older informal caregivers, to alleviate their financial burdens.

We also found that caregiving had negative effects on caregivers' health as has been reported in previous studies (Arriagada, 2020; Kong et al., 2021; Kyei-Arthur & Codjoe, 2020). As our study participants were older adults, some developed new health conditions, while

others experienced deteriorating health, which they attributed to the physical and emotional demands of caregiving. Yet, due to cultural values and expectations, they persisted in providing care for their loved ones, albeit without formal support and at great personal health costs. This finding corroborates past research indicating that the adverse impact of caregiving on carers' health is more evident or even worse among older adults (Arriagada, 2020; Gray et al., 2016; Kristanti et al., 2019). Therefore, considering cultural values and beliefs is critical in designing and implementing interventions to support this population. Our finding also suggests the need for research in gerontechnology in the Nigerian context. Such studies should explore assistive technology's potential applicability in informal caregiving, to support older adults in their caregiving role and mitigate caregiving's adverse impacts on their health.

Again, the caregivers expressed that their personal lives were crowded out for various reasons, reflecting the SET's idea of intangible costs. One reason was time constraints. Some participants, especially daughters-in-law, expected this stage of their life as older adults to be a period of relaxation. This may be due to the cultural expectation in southeast Nigeria for grandmothers to engage in the traditional practice of *omugwo*, where they assist their adult children after childbirth (Iwuagwu, 2023). As this is a highly anticipated role for many Nigerian women, they found themselves caught up in the caregiver role, depriving them of much-needed rest. Similar sentiments have been reported by other studies (Arpanantikul, 2018; Li et al., 2021).

Furthermore, daughters-in-law expressed a lack of appropriate recognition and attention from their husbands, contributing to a crowded-out personal life. Such absence of desired attention from their male spouses can potentially create marital discord, family issues, or a decline in the quality of care they provide to recipients. Consequently, there is a crucial need for formal or community support services such as 24/7 caregiver advice helplines or active welfare offices in local communities to educate family members on maintaining balanced relationships with their loved ones.

Additionally, some caregivers expressed feeling physically and mentally stressed due to the difficulty of meeting their care recipients' expectations, which aligns with the psychological costs described in SET. This outcome potentially leaves adverse impacts on their physical/mental health, given that their older age predisposes them to a higher risk of such conditions as high blood pressure and depression, among other ill conditions (Hansen & Slagsvold, 2015; Kong et al., 2021; Lee et al., 2020; Li et al., 2021). Thus, the finding highlights the need for social welfare services to provide support for caregivers to help them meet these

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demands. Such services should teach caregivers to prioritize self-care and the willingness to say no to tasks that undermine their well-being.

Following socialisation within families and communities, caregivers often internalise the cultural norms of informal caregiving from a young age (Ezulike et al., 2024) This is particularly evident in traditional African societies where caregiving is deeply rooted in family values (Ebimgbo et al., 2022; Eboiyehi, 2019). Consequently, caregivers may find themselves exceeding their limits or prioritising the needs of care recipients over their own for implicit cultural values. One reason could be to avoid the cultural sanction of failing to fulfil caregiving responsibilities, while another is to demonstrate family solidarity to their adult children for them to emulate (Ezulike et al., 2024). As a result, many caregivers described experiencing adverse effects on their finances, health, social, and psychological well-being. This finding reiterates the need for carers to learn to prioritise their self-care to continue providing effective care for their loved ones.

Regarding the positive aspect of the caregivers’ experiences, carers derived benefits from their roles according to the SET’s proposition of gains from relationships. One notable finding was that caregivers attributed their success in life to being a result of God’s blessings, a reward for their participation in informal caregiving. This is a unique finding compared to studies with caregivers in individualistic societies, as they do not usually attribute their life successes to caregiving. In this study, caregivers attributing their life achievements to caregiving may be better explained within the framework of the Afrocentric paradigm which explains how culture shapes behaviours of African people. Following cultural practices in traditional African societies, caring for older adults is considered an important value associated with blessings because old age is considered a blessing, and older adults are believed to possess closer connections with deities (Ebimgbo et al., 2021; Eboiyehi, 2019). Therefore, care recipients' verbal prayer or the act of caregiving alone is considered to attract blessings. This finding suggests that caregivers’ cultural perceptions shape their interpretation of caregiving benefits.

Another benefit identified in this study was the expression of gratitude from care recipients, which was in the form of verbal appreciation or gifts. This finding is similar to Lee (2020) study on family caregivers in South Korea, where care recipients expressed their appreciation for their caregivers. The study also revealed instances of practical support such as financial assistance from care recipients and support with caregivers’ children's academic responsibilities. These findings illustrate a continuous flow of intergenerational support from the older generation to their younger generations, despite the latter reciprocating past care

and support received. They also showcase the applicability of the SET postulation about benefits gained within dyadic relationships.

Some caregivers also received emotional support such as bonding with their care recipients. This has been documented in previous research where participants reported self-gain, an improved relationship with care recipients (Bangerter et al., 2019; Ugargol & Bailey, 2021), and feelings of closeness and affection (Litwin et al., 2014). The bonding opportunity that caregiving provided suggests that relationships between informal carers and care recipients improved over time, leading to a deeper sense of companionship or attachment between both parties. This also highlights the importance of establishing policies and programs that sustain families' central role in old-age care, to ensure ageing-in-place for the older adults and promote intergenerational solidarity in Nigeria.

Another emotional support identified in this study was the sense of security derived from having a living male parent. Caregivers felt that they had protection against negative attitudes from community members and that their well-being was ensured due to the presence of their parents, particularly male figures, which can be linked to cultural reverence for older persons (Ebimbo et al., 2022; Pharr et al., 2014). This finding suggests that while older individuals are respected in Igbo communities in southeastern Nigeria, the underlying patriarchal structure of African cultures influences the differential treatment accorded to older men versus older women. This suggests that older women and their caregivers may not enjoy the same privileges as older men and their caregivers. Therefore, social workers and other intervention professionals should establish mechanisms to ensure that older women and their caregivers receive adequate protection and support both within their local communities and from formal institutions. This is critical because the patriarchal nature of society may lead to older women and their caregivers being marginalized. The participants also experienced positive emotions such as a sense of fulfilment, privilege, joy, and honour. This outcome aligns with the findings from studies conducted with carers from diverse countries and cultures (Blinka et al., 2022; Li et al., 2021; Litwin et al., 2014) and with the SET's proposition about benefits within relationships.

Some negative and positive caregiving experiences described in this research, are similar to other studies, suggesting that these experiences are consistent across different societies despite cultural variations. One explanation for this consistency can be found in the principles of exchanges outlined by the SET (Raschick & Ingersoll-Dayton, 2004; Zoller & Muldoon, 2018). In the case of costs, certain negative caregiving experiences (for example, financial and health impacts) are unavoidable regardless of cultural or religious differences. However,

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what sets this study apart is that those negative impacts may be more noticeable in Nigeria where there are no formal support systems (Ebimgbo et al., 2021; Ebimgbo et al., 2022; Okoye, 2013). Conversely, many higher-income and middle-income countries have access to a range of formal and community-based support for caregivers, which helps lessen these adverse effects(Leggett et al., 2021; Yiu et al., 2020).

Yet, regarding the similarities in some positive experiences of caregiving, the nuances of such experiences vary among informal caregivers from different countries and cultures. For instance, feelings of fulfilment are commonly reported among caregivers in diverse societies (Bangerter et al., 2019; Blinka et al., 2022; Gray et al., 2016; Li et al., 2021; Litwin et al., 2014; Yiu et al., 2020). In SSA, family values and responsibilities related to old-age care are deeply rooted in cultural norms (Ebimgbo et al., 2022; Eboiyehi, 2019; Pharr et al., 2014). Consequently, caregivers in this study regarded caregiving as a natural and expected role. Their ability to take on such roles and fulfil caregiving duties fostered a profound sense of fulfilment among them.

Conversely, in other collectivist cultures, as seen in some Asian countries, caregiving is shaped by Confucian or Buddhist philosophies, among others. Confucianism emphasizes filial piety, emphasising respect and support for parents and older adults as a moral duty (Nguyen, 2021; Yiu et al., 2021). This cultural norm reinforces the role of caregivers, who view their responsibilities as expressions of ethical and familial commitments(Nguyen, 2021). Adherence to these values enables caregivers to derive fulfilment, fostering family unity and societal harmony. Likewise, Buddhist principles emphasize compassion, altruism, and the interconnectedness of all individuals (McCormick, 2013). Caregivers guided by these teachings find fulfilment in expressing compassion and viewing care as a means for spiritual growth (Gray et al., 2016; McCormick, 2013). For caregivers in western/individualistic societies, the experience of positive impacts such as the feeling of fulfilment tends to be based on individual and situational factors, given the absence of cultural expectations regarding old-age care in those countries(Pharr et al., 2014).

Our findings suggest strategies to reinforce the cultural foundation of family caregiving and ensure sustainable care for older adults in Nigeria. This includes incorporating African values emphasizing the blessings of caring for older people into formal education curricula to preserve the cultural ethos and collective responsibility. Policy incentives, such as preferential public housing, could also foster compliance with these cultural values. Additionally, legal consequences for failing to care for older adults may be beneficial.

Strengths and Limitations of the Study

One major strength of this study is its theoretical contribution. The SET tended to take an individualistic perspective in its proposition about costs and benefits in relationships. However, this study's findings reveal that the perceived costs and benefits of informal caregiving extend beyond the individual level to the family level. The study also has a significant advantage in recruiting the older caregiver population who are usually overlooked in the Nigerian informal caregiving literature. This strength is attributed to our use of snowball sampling, known for its effectiveness in studying hard-to-reach populations (Baltar & Brunet, 2012).

Yet, our study's primary limitation is the lack of participant diversity, as the sample predominantly consisted of highly educated individuals. This was due to the study location's specific population characteristics and the snowball sampling approach employed following initial difficulties in participant recruitment. This led to referrals of other literate caregivers after the initial participants had university degrees. Future studies should therefore include older informal caregivers with less education to ensure a balanced representation. Another limitation of our study is the use of a qualitative approach, which made it impossible to quantify whether the beneficial effects of informal caregiving surpass the negative experiences. This calls for future quantitative studies to compare both categories of impacts to inform a robust policy and support framework for caregivers in Nigeria.

Conclusion

Part and partial, care provision by older Nigerian adults often brought about adverse impacts and positive outcomes. As Nigeria's population ages, many middle-aged caregivers will transition into older adulthood, leading to a significant increase in the number of older family caregivers. The task of caregiving in older ages thus requires thorough evaluation of its various implications, particularly concerning caregivers' physical, emotional, and financial wellbeing. To alleviate the adverse impacts of caregiving, efforts should prioritize reducing the burden on informal caregivers through formal support services. These may include respite care, financial assistance, and healthcare interventions specifically designed for older caregivers. Furthermore, cultural norms that place caregiving responsibilities solely on family members should be reconsidered, enabling the integration of more community-based and institutional support mechanisms to complement efforts from caregivers. Conversely, the positive aspects of caregiving, such as the idea of receiving God's blessing and the gains derived from understanding the intrinsic worth of caregiving, should be leveraged. Public

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awareness campaigns and policy frameworks can reinforce the inherent value of caregiving while incorporating structured training programs to enhance caregivers' skills and capabilities. Our findings emphasize the importance of value-driven care, alongside policy, practice, and research interventions to optimize the wellbeing and quality of life of both caregivers and their care recipients, ensuring sustainable long-term caregiving.

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Conflict of interest: None reported

Data Availability: The data and analytical methods are available to other researchers upon reasonable request from the corresponding author. Pre-registration was not required for the study reported in the manuscript.

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Tables

Table 1: Demographic information of informal caregivers (N=30)

VARIABLES		NUMBER (%)
Age	54-59	21 (70%)
	60-69	7 (23.3%)
	70-79	1 (3.3%)
	80-89	1 (3.3%)
Gender	Male	14 (46.7%)
	Female	16 (53.3%)
Education	Primary/secondary education	1 (3.3%)
	Undergraduate	15 (50%)
	Postgraduate	14 (46.7%)
Religion	Christianity	30 (100%)
Income level	High-income (above ₦500,000)	10 (33.3%)
	Middle-income (₦100,000- ₦500,000)	16 (53.3%)
	Low-income (below ₦100,000)	4 (13.3%)
Residence arrangement	Co-resident caregiver	14 (46.7%)
	Non-co-resident caregiver	16 (53.3%)
The number of care recipients	One care recipient	27 (90%)
	More than one care recipient	3 (10%)
Health status	Fair	11 (36.6%)
	Good	19 (63.3%)
Marital status	Married	23 (76.7%)
	Widowed	6 (20%)
	Separated	1 (3.3%)
Relationship with the care recipient	Spouse	4 (13.3%)
	Adult-child	17 (56.7%)
	In-law	8 (26.7%)
	Friend	1 (3.3%)

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Employment status	Employed	25 (83.3%)
	Retired	5 (16.7%)
Duration of caregiving	1-11 months	2 (6.6%)
	1-5 years	12 (40%)
	6-10 years	9 (30%)
	11-15 years	7 (23.3%)

Table 2: Demographic information of informal caregivers' care recipients (N=33)

VARIABLES		NUMBER (%)
Age	54-59	1 (3%)
	60-69	4 (12.1%)
	70-79	3 (9%)
	80-89	16 (48.5%)
	90-99	9 (27.2%)
Gender	Male	14 (42.4%)
	Female	19 (57.5%)
Health/Functional status	Fair	6 (18.1%)
	Poor	10 (30.3%)
	Frail	17 (51.5%)
Type of health condition	Diabetes	8 (24.2%)
	Stroke	2 (6%)
	Arthritis/Limited Mobility	8 (24.2%)
	Kidney disease	1 (3%)
	Dementia	1 (3%)
	Sight/hearing loss	4 (12.1%)
	Prostate cancer	3 (9%)
	Other limiting conditions	6 (18.1%)
	Two/multiple conditions	26 (78.7%)

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Figures

Figure 1: Thematic Map Showing the Adverse Impacts of Informal Caregiving on Older Carers.

Alt text: A thematic map showing four themes and some sub-themes on the negative impacts of caregiving on older informal caregivers in Nigeria.

Figure 2: Thematic Map Showing the Positive Impacts of Informal Caregiving on Older Carers

Alt text: A thematic map showing three themes and some sub-themes on the positive impacts of caregiving on older informal caregivers in Nigeria.

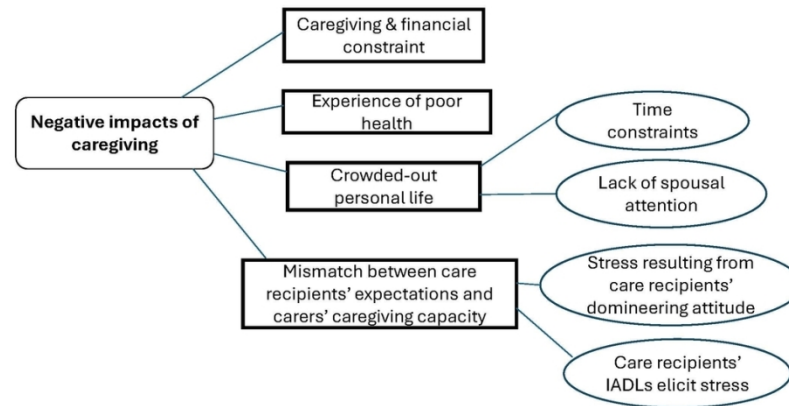


Figure 1: Thematic Map Showing the Adverse Impacts of Informal Caregiving on Older Carers.

Alt text: A thematic map showing four themes and some sub-themes on the negative impacts of caregiving on older informal caregivers in Nigeria.

112x63mm (300 x 300 DPI)

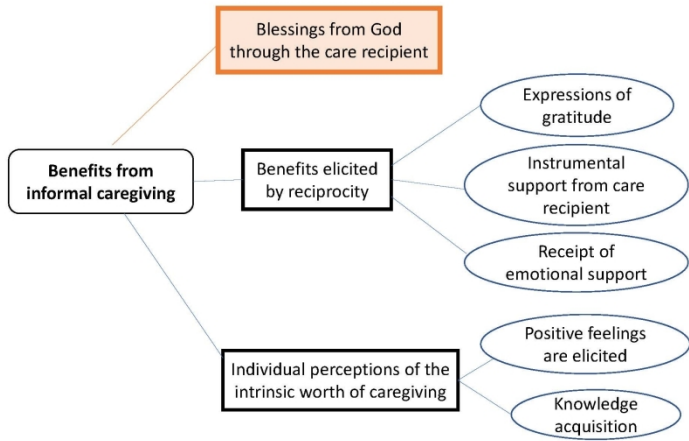


Figure 2: Thematic Map Showing the Positive Impacts of Informal Caregiving on Older Carers.

Alt text: A thematic map showing three themes and some sub-themes on the positive impacts of caregiving on older informal caregivers in Nigeria.

225x127mm (300 x 300 DPI)