

Financial Incentives to Support Family Care-Givers of Older Adults in Nigeria: a Policy Consideration

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Abstract

Ageing has become a global phenomenon and indeed a critical policy issue receiving some recognition by governments of developed countries where it is reflected in the government's vital document of economic and social development strategy. Globally, the greatest increase in the number of older people is occurring in the developing and middle income countries and Nigeria is not an exception. All over the world, family caregivers continue to be the primary source of care-giving for elderly people, and their own care-related stress, financial strain and compromised health – is often overlooked. However, many developed countries have implemented a number of policies that directly or indirectly target family carers of elderly persons. This is based on the fact that they realise that care-giving is associated with a significant reduction in employment and hours of work, especially for individuals providing a high intensity of care. This paper therefore is an attempt to propose one way of supporting and maintaining the supply of family care in Nigeria so that this very important societal resource is harnessed. The paper present what is happening in other countries and based on that suggest what could be done in Nigeria to support care givers of elderly people.

Keywords: care-giving, financial, incentive, family, elderly

1. Introduction

In most societies, age is one of the basis for the ascription of status and also one of the underlying dimensions by which social interaction is regulated. In traditional Nigerian society, the care and support of elderly persons are provided by the family members, especially the wives, sons, daughters, sons-in-law, and daughters-in-law (Ogwumike & Aboderin, 2005). This care giving according to Okoye (2012) was backed not simply by the emotional bonds of relationship emerging out of blood relationship or marital relationship but by the force of pervasive influence of traditional values, norms, and behaviour which were not simply practised as a matter of routine but also deified. The care of the elders was the moral imperative which was considered not only material bliss but also spiritual salvation (Ajala, 2006). Therefore in the traditional Nigerian society for instance, the aged knew no poverty because there was the extended family, where children, parents and grand-parents lived together. Children and grand parents interacted with benefits to one another, and parents could make the necessary material provision and also see to it that any special care needed by the elderly in the household was made available (Akukwe, 1992).

However, the process of urbanization and industrialization, the emphasis on nuclear family and neo local residence have brought about increase in the mobility of younger generation and physical isolation of the aged from their families (Egwu, 2013). These has led to the undermining of the position of the aged in the Nigerian society. Today, the traditional social function of the family has decreased and no satisfactory social organization has been developed to replace it.

Furthermore, the improvement of medical facilities and better intake of nutritional needs, have produced the extreme aged who require more care and other support which may be difficult for family members to provide without a strong financial base. According to Imhabekhai (2003) health and technological advancements have considerably influenced population growth, structure, and distribution in Nigeria. In Nigeria, for instance, available data show that the population of elderly person's 60 years and above was 8.8 million in 2012 and will be 28 million in 2050 (United Nations, 2012). The decline in infant and children under five mortality rates show that more people are growing into adulthood. The decline is attributable to increased awareness of the danger of excess population and as a consequence of population education, which brings about a reduction in the number of children per couple (Imhabekhai, 2003).

This improved medicare, has also increased the number of very old elderly persons that may require round-the-clock care. According to Sijuwade (2008) care of the elderly in Nigeria is the responsibility of the family with little or no assistance from the government, a situation that has not changed today. However in view of the rapidly aging population, there should be considerable concern about the ways in which the elderly will be cared for. This appears not to be so in Nigeria today. Policy makers appear not to be aware that there will be an increasing demand for elder care as well as the need for a well-trained elder care workforce and so they should be designing different strategies to support family caregivers who care for their elder parents/relatives. The term family caregiver in this paper refers to an unpaid family member, friend, or neighbour who provides care to an elderly person who is frail or has an acute or chronic condition and needs assistance to manage a variety of tasks,

from bathing, dressing, and taking medications.

In various parts of the world, there exist different forms of financial compensation for the care giver of elderly persons. Keefe et al.(2005) categorised these forms of financial incentives/compensation of caregivers of elderly persons into three broad types. These include (1) direct: cash assistance in the form of wages, salaries or allowances; (2) indirect: tax relief, tax credits, or third party payment of pension credits or insurance premiums; and (3) labor: policies like requiring employers to allow paid leave from work and similar mandates. Internationally, there has been considerable debate about financial incentive to support care givers (Kunkel, Applebaum & Nelson; 2003/2004). Some scholars who are against it wondered how care giving which is something so clearly emotional in content and motivation be considered work (Blasser,1998). Some also wonder if the introduction of payment in care-giving does not demean that dimension of the relationship which is supposed to be, something we give from the heart (Holstein & Mitze, 1998). These questions are magnified when the person being paid for care work is a family member.

However studies have shown that in many countries where family care givers are paid, there are many positive outcome (Kunkel et al., 2003–2004). Kunkel et al (2003/2004) report that family caregivers even though they sometimes felt overwhelmed by their caregiving responsibilities, appreciated the program especially as it helped their family members to stay at home. Caregivers also reported that they felt the program supported the family, acknowledged their work and had positive effects on family relationships. Some caregivers suggested that payments allowed expression of love and caring illustrating that sometimes there is no difference in the work we do for love and the work do for money (Stacey & Ayers, 2012; Grootegoed, Knijn, & Da Roit, 2010). Scholars have argued that underlying this policy shift is that personal care budgets empower care receivers (Glendinning 2008; Ungerson 2004) because in some countries, it is the elderly person who decides who will be hired for the job. This will then give the elderly person greater control over whom they employ and under what terms. Secondly, governments regard cash-for-care benefits as a cost-containment measure that will make long-term, non-medical or social care more affordable in the long run (Kunkel et al, 2003/2004).

Family members may enjoy providing daily care, but they can also be constrained by the morality of ‘prescribed altruism’ says Komter (2004). However the moral obligation to uphold care-giving creates personal sacrifice which may not be in the best interest of the care giver especially if circumstances of poverty complicate their ability to provide unconditional care (Komter, 2004; Stacey & Ayers, 2012; Grootegoed, Knijn, & Da Roit, 2010). These scholars therefore believes that an intensive and long-term care relationship can be bolstered by payments for care, which may restore a perception of reciprocity in the care situation.

Stacey and Ayers, (2012) have argued that caregivers, especially relatives, may experience internal conflicts when they have to balance their emotional involvement with their responsibilities as employees. However studies have shown of payments for caring for frail elderly persons is very liberating for women who are now able to earn an income (most care givers are women) and also support families in providing adequate care (Osterbusch & Linsk, 1987; Simon-Rusinowitz, Mahoney, & Benjamin, 1998). This is because such policies support choice among family caregivers and allow for private family decision- making (Osterbusch & Linsk, 1987).

This paper therefore is an attempt to advocate for a consideration of the policy of cash for care program in Nigeria. The rationale behind this is that caring for elderly persons in Nigeria is still within the domain of the family. Institutionalization is still not supported and those who consider putting their elderly in institutions are seen as ungrateful and sometimes wicked. Belief that elderly persons have the power to curse and bless is still very rife and so family members are willing to do anything to keep the elderly person at home no matter how difficult it is for them so as to avoid being cursed (Okoye, 2003). The resultant effect is that the quality of care elderly persons are receiving is a cause for concern and should not be swept under the carpet.

2.Research Questions

The study will be guided by the following research questions:

- a. What does the financial incentive program for care givers entail?
- b. What are the arguments for and against financial incentive program for care givers?
- c. What are the benefits of financial incentive program for care givers for elderly persons in Nigeria?

3.Issues and Problems arising from Care-giving of the Elderly by Family Members

All over the world caregiving for elderly persons are generally the responsibility of their families (Grootegoed, Knijn & Da Roit, 2010). In the United States for example, Curry et al (2006) reports that family caregivers provide an estimated 80 percent of care for older adults. In Nigeria the story is also the same. Though informal care-giving is often inherently rewarding for those who provide it, it can also be emotionally, physically, and financially burdensome (Chorn-Dunham & Dietz, 2003). Most often, caregivers spend a substantial amount of time interacting with their care recipients, while providing care in a wide range of activities. In the case of elderly persons with chronic disabilities informal care giving can be substantial in scope, intensity, and duration.

Reinhard et al (2008) noted that on the average, four out of ten caregivers spend five or more years providing support, and two out of ten have spent a decade or more of their lives caring for their family member. This is a day-in, day-out responsibility. More than half of family caregivers provide eight hours of care or more every week, and one in five provides more than forty hours per week (Reinhard et al , 2008).

Care giving imposes considerable direct financial costs on caregivers and their families such as medical services, medical devices, drugs, food, clothing, and personal items for the elderly. Also many caregivers in the workforce have to deal with such issues as lost wages, job security, career paths and employment benefits such as health insurance and retirement savings and so on (Chorn-Dunham and Dietz, 2003). This is because due to their care giving (depending on the intensity) they may have to do the following; make changes in the workplace, arriving late, leaving early or taking time off, taking a leave of absence, dropping back to part time, giving up work entirely and sometimes turning down promotions (Nixon, 2008). All these can lead to lost wages and the like. Also because care giving may conflict with caregivers' employment potential, it may generate productivity losses for the economy as a whole.

According to Friedland and Lewis (2004) the physical, emotional and social burdens attached to providing care to a frail elderly person can exact a heavy toll on family caregivers, including loss of leisure time, increased stress and impaired physical and psychological health. Mack (2005) reports that prolonged care giving has negative effects on the emotional and physical health of the caregivers. Talley and Crews (2007) in a study, report that compared to non-caregivers, caregivers experience one or more chronic health conditions at nearly twice the rate, 45 percent vs. 24 percent.

Many researchers such as Chappell and Reid, (2002) and Pearlin, Pioli, and McLaughlin, (2001) have examined the burden and quality of life issues associated with care giving by family members. For example, the more informal hours a caregiver works, the greater the burden she or he experiences. Caregivers may sometimes experience emotional strain if they worry about the elderly persons safety and security while they are at work (Chappell & Reid, 2002). Family caregivers can be negatively affected by the care they give, both socially and psychologically, such as taking unpaid leave from their jobs, reducing work hours, rearranging their schedules, and restricting their social contacts (Stoltz, Uden & Willman, 2004). This invariably will affect the quality of care and may even result in depression, reduced morale and in some cases result in elder abuse and neglect. The care giver as well as the elderly person, can be the abuser in these situations. Given such consequences, it may be better to get the care giver to stop formal work completely and concentrate on caring for the elderly person. However the question then becomes, how will the care giver be provided for?

Gender differences are especially important in who becomes a caregiver. Studies have reported that most caregivers are women who handle time-consuming and difficult tasks like personal care. (Long & Harris, 2000; Brewer, 2001; Dettinger & Clarkberg, 2002). The average caregiver according to Silverstein and Parrott (2001) is generally a woman in her 40s who is caring for her older parents. According to them, the prevalence of care giving among adult women is high when examined as a lifetime risk. Among women 45-49 who have a surviving parent, more than half can expect to experience parental care giving at some point in their lives (Silverstein & Parrott (2001). When care giving to other relatives and nonrelatives are added to parental care giving, the chance that a woman will ever become a caregiver is substantially higher. Thus, the care giving role has become a normative or expected part of the life course of women. Spillman and Pezzin (2000) however reports that men are also becoming involved in care giving. These male caregivers are becoming more involved in complex tasks like managing finances and arranging care, as well as direct assistance with more personal care. Although care giving for elderly persons has increasingly become a normative life event, there is little government support available in Nigeria to aid family caregivers in their efforts. The underlying assumption probably among policy makers is that it is not necessary to pay for care that families already provide for free. According to Silverstein and Parrott (2001) a related fear among policymakers all over the world is that if the government were to assist families in their elder care responsibilities by providing financial incentives for care givers, then family members would substitute this paid, formal care for the informal care they had been providing—that formal services would crowd out informal ones if the former were readily available.

Although it has often been argued that paying family members to provide care requires an examination of some fundamental assumptions about care and work. Critics of paying for family care have voiced a range of concerns about how this practice might undermine social values. They suggest that in this and other ways payment would decrease the quality of the care giving experience for care recipient and caregiver, with paid services substituting for unpaid care now provided.

It is often asked, what is the difference between work people do for love and the work people do for money? What does society expect and require families to do for love without expectation for money? The answers to these questions are not very easy to come by but studies have shown that various social and economic pressures are reducing the amount of unpaid (informal) care families are able and willing to provide to older persons (Benjamin et al, 2008). Other studies have also shown that the well being of care-givers can be greatly affected if they receive some financial incentive that may enable them to stop wage employment partially or fully and

devote all their time and energy to caring for the elderly persons (Schwartz, 2002; Foster et al, 2003). In Nigeria, policies geared towards providing care for elderly persons are almost non-existence (Okoye, 2012). The only Federal policy for the elderly is the Pension Scheme which incidentally is only for elderly persons who worked in the civil service. The majority of elderly persons who were self employed are without any form of financial support from government except the ones they get from their families and friends. Therefore there is need for government intervention in the care of elderly persons in Nigeria. This paper therefore is proposing a financial incentive program for family members who are caring for elderly persons. This program will help family members care for frail elderly persons at home since institutionalization is out of the question in Nigeria because of our value system (Okoye, 2003).

4. Examples of Financial Incentives Programmes for Elderly Care Givers in Different Parts of the World

Various financial compensation programs have been developed around the world supporting (informal) caregivers. For instance we had earlier discussed Keefe et al's. (2005) three broad types of initiatives that have been implemented in developed countries to financially compensate caregivers. In Hawaii, Nixon (2008) reports that there is a refundable elderly caregiver tax credit program. This is a program where cash payment is given to caregivers, in the form of a \$1000 credit towards the caregiver's state income tax, regardless of actual expenses. Because the tax credit is proposed to be refundable, caregivers with no state income tax obligation would still receive a "refund" check from the state treasury amounting to \$1000. According to Nixon (2008), this program targets caregivers caring for an older adult who are 60 years old and above.

In other parts of the United States and Canada, Foster et al (2003), San Antonio et al (2006) Keefe and Rajnovich, (2007) and Doty et al (2012) report on the Cash and Counseling program which is an expanded model of consumer-directed care in that it provides a flexible monthly allowance that elderly Medicaid beneficiaries, can use to hire their choice of workers, including relatives, and to purchase other services and goods as states permit. Cash and Counseling requires elderly persons to develop plans showing how they would use the allowance to meet their personal care needs and provides counseling and fiscal assistance to help them plan and manage their responsibilities. Elderly persons who are unable or unwilling to develop spending plans or manage their care themselves may designate a representative, such as a family member, to help them or do it for them. In various parts of Europe like United Kingdom, Norway, Sweden and so on, various types of cash for caregiver programs also exist (Nixon, 2008; Ungerson, 2003).

5. The Pros and Cons of Giving Financial Incentive to Family Carers

5.1 Arguments in Support of Paying Family Members to Care for Frail Elderly Persons at Home

Providing cash to caregivers has hotly been a debated issue in the policy research literature. In fact there has been arguments and counter arguments on the issue of giving family members financial incentive to care for their elderly relatives. Whereas some scholars support the idea, other do not. Those who support the idea of financial incentive based their points on varying reasons. For example Polivka (2001) argues that paying family members to care for their elderly relatives shows the following: (1) recognition of the value of human autonomy; (2) the moral obligation to nurture the autonomy of the frail elderly persons and (3) the need to recognize and support informal caregivers by providing some minimal compensation for the indispensable care they provide. Polivka (2001) further argues that paying caregivers is a salient way of recognizing and supporting women because 70% of unpaid caregivers are women.

In supporting the views of Polivka with respect to women, Simon-Rusinowitz, Mahoney, and Benjamin (1998) argue that financial support is important for women care givers, particularly those who are low wage earners, for the very reason that they are among the most vulnerable groups in society and at risk of becoming impoverished in their later years. It is a well known fact that many women sometimes give up or reduce employment to provide care, even when financial supports are not available. They do it out of a sense of duty, social pressure, or a lack of other sources of care. As a result, they are incurring significant financial costs. When financial support is offered, the current and future economic needs of women providing care can be addressed (Simon-Rusinowitz, Mahoney, and Benjamin, 1998).

Other voices support direct payment of care givers of elderly persons and argue that money does not necessarily taint love. Indeed research on programs that provide economic aid to caregivers has indicated that it can change the caring relationships in positive ways. Keefe and Rajnovich (2007) noted that in some studies they reviewed, caregivers and care receivers were positive about financial payment. For example, care receivers reported being happy to have a way to reciprocate for the care received. Keefe and Rajnovich (2007) further stated that some studies found that payment did not reduce the feelings of obligation for providing care. Rather, respondents reported that the payment allowed them to provide better care and to have an intense sense of responsibility (Mahoney et al, 2000).

Doty et al (2012) are of the view that public program that allow financial incentives to be given to family members who care for elderly relatives give the elderly person opportunity to exercise choice and control over

the long term services and support they need to live as independently as possible at home, rather than in residential care facilities. This is because they are the one that will make the choice of who they want to hire. Glendinning (2008) and Ungerson (2004) in supporting this view stated that that personal care budgets empower care receivers as they have greater control over whom they employ and under what terms.

When informal care is paid writes Ungerson (1997), it acquires market value. Informal care can now be priced and hence can be exchanged in the market like any commodity. This gives it an enhanced status. Contributing, Kunkel, et al (2003-2004) opined that as care is a very intimate exchange, many dependants rely on family members and use the budget to pay (usually female) kin who previously provided the care without payment. This will boost the morale of the care giver. Payments therefore provide value for care-giving, typically performed by women, and legitimise care receiving (Folbre 2006). Therefore by giving recognition to previously unpaid care work, Lewis (2006) have argued that so long as the remuneration is adequate, payments for care will raise the status of care-giving in general and more specifically of women's caring role.

5.2 Arguments Against Paying Family Members to Care for Frail Elderly Persons

Many scholars however have taken a conservative approach to this issue, rooted in a longstanding belief that families, and particularly women within families, are the appropriate source of care for dependents and that families have a responsibility to provide this care. These group argue that once such allowances are understood by the people concerned as the establishment of new rights for support and relief, the conventional notion of family care as a private self-sustaining system becomes questionable (Evers, 1994). Those taking this approach have supported a minimal role for public and formal care services and offer little support for paying family members to provide care, as they see care giving as a natural extension of kinship responsibilities to loved ones. Kunkel et al., (2003–2004) argue that paying family caregivers might undermine social values, since there is concern over colouring lines between the work we do for love and the one we do for money. In other words there will be no difference between care and work. Introducing money into family relations is thought to be problematic. It is argued that as care provided by family caregivers is done out of love, providing payment for this care will alter the quality of the relationship between the caregiver and care receiver, and generally the nature of family relationships, leading to emotional distance (Kunkel et al., 2003–2004). It is also argued that paying family caregivers would result in a major shift away from caring as part of normal family responsibility. Blasser (1998) have gone so far as to argue that payment can lead to abuse of the care receiver although there is no evidence to support this view while Groger (2006) emphasised concerns about the implications of the cash nexus on the attitude of the paid relatives, who may withdraw from caring for free as was the practice and may profit from their position by providing (inadequate) care only for money.

Another issue emanating from financial incentives for caregivers according to Keefe and Rajnovich (2007) is that the very policy designed to support all caregivers, many of whom are women, may have the undesirable life course effect of poverty, limited pensions, and dependency. According to them, researchers who challenge the assumption that financial support policies help women argue that these programs may encourage women to leave work to provide care. Therefore as women often have lower incomes than men, it may appear more advantageous for women to leave work to provide care, thus losing short- and long-term employment income. These payments Keefe and Rajnovich (2007) argue can entrap women into care giving because some of these financial programs provide only limited support and do not take into account the long-term financial needs of women providing care, who are more likely to live in poverty throughout their lives. The argument therefore is that the programs may provide some immediate financial relief, though this can be at the expense of long-term financial security since the elderly care receiver is not going to live forever.

6. Discussion

Issues presented above show that family members are important sources of care for elders and this is not different in Nigeria (Okoye, 2012). As a consequence, family care giving is a topic of great importance and relevance to policy makers. Family care giving most often is seen as a social exchange and as a relationship of mutual aid between an elder person and a family caregiver (San Antonio et al, 2006). Elderly care receivers however should not be seen as passive individuals rather it must be noted that they bring value to the relationship as well. Beyond instrumental assistance, reciprocal relationships enhance care giving by strengthening the relationship between the care receiver and the caregiver. Scholars have posited that family care giving also can benefit elders by helping them preserve their dignity (Schulz & Quittner, 1998). In particular, the relationship with the family caregiver and the elder is important for the elder care receiver's sense of well-being and self-esteem and one way of preserving this is by paying the care giver and also by the elderly person determining who will be the caregiver that will be entitled to the financial incentive.

San Antonio et al (2006) suggests that self esteem and well-being are enhanced by a relative performing care tasks in the context of a relationship that is perceived as mutually beneficial in some way. Therefore even if the family member is being paid to perform the care, the dignity of the elderly person is preserved. Polivka (2001) had earlier argued that giving the elderly person opportunity to hire the care giver gives the elderly person the

flexibility and independence to disburse money brought by government for their care as they best see fit, in that they will hire the person that responds most to their needs. It is a well known fact that satisfaction is related to consumer choice and control. Therefore giving elderly persons opportunity to hire care giver who is likely going to be a family member, clearly expands the range of choice and is very likely to increase the elderly persons wellbeing and satisfaction.

Some scholars have argued that contracting a family member to provide care for an elderly person may change the unconditional nature of love and care that families are known for (Komter, 2005). According to them many family members exchange material gifts and expressions of love and regard in unstructured and informal ways that have symbolic meaning but when you hire someone to do a job, it requires a negotiation using commercial principles to resolve the need for care with the carer's ability and willingness to provide the care (Knijn and Verhagen 2007). The argument therefore is that when family care is contracted and waged, the nature of the relationship might change. However supposing the family does not have the wherewithal to provide care for the elderly person, do we now for fear that the family relationship "might" change deny an elderly person the care he is entitled to? Today in Nigeria, many families are not able to provide care especially to frail elderly and frustrations arising from these lead to elder abuse and neglect. If there was some financial incentives, this may not be so.

Concerns have also been raised about the quality of care that family caregivers may provide, given a lack of training and sometimes the complex care required (Kunkel et al 2003/2004). Currently in Nigeria, trained professionals in geriatric care rarely exist, and it will serve elderly persons better to pay family members to render such care as at today. However, to ensure that the quality of care paid family members are rendering is not so substandard, they can be made to undergo some form of training before they can be eligible to receive the financial incentives. This way there will be some form of experience on what is expected of them. Also there may be need for some form of registration with a body that will be responsible for supervising these paid family care givers. This will serve as a check and also make for accountability and evaluation of the program.

7. Conclusion

Family carers are a major source of help and assistance to the elderly persons they provide care for. Therefore support of any form for them is important. Paying family caregivers could become an essential incentive for keeping elderly persons in their homes. 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.

Care giving for elderly persons lies at the intersection of family, work, and government sectors, and these three institutions mutually interact to shape care giving experiences. This is because most care givers today work to earn a living and the elderly having contributed to the development of the country in their active years deserve the support of government. It is important that government incentives and regulations, in conjunction with policies in the workplace and family structure, produce opportunities for engaging in the care giving role. The government should make that happen by acting both coercively and cooperatively with workplaces and families to encourage care giving activities and enhance the quality of those activities once they occur.

Families have long been the bedrock for long term care and all indicators suggest that they will continue to be so in the future. Social policy in support of family care must continue to evolve especially for us here in Nigeria where population aging is still minimal. However paying family members may be one of the solution to the problem of elder care especially given our cultural inclination that does not support institutionalization.

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