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HARNESSING TRADITIONAL LEADERS IN RESOURCE MOBILIZATION IN NIGERIAN LOCAL GOVERNMENT: A CASE OF YOBE STATE

Suleiman Danladi Hamza Ph.D
Department of Political Science
Yobe State University, Damaturu
suleimandanladihamza@gmail.com

Abstract
Local government in Nigeria is saddled with the responsibility of bringing government closer to people at the local level by providing development in terms of education, health, agriculture, and infrastructural services. However, local governments are facing financial challenges in such a way that they cannot provide such services to the people at the grassroots. This is mainly attributed to poor mobilization of resources from the tax and levies that local governments are supposed to collect. Thus, it is in this regard that this study examines the role traditional leaders can play in mobilizing revenues from folk tax, special levies, and rates, among others for the local government in Nigeria. The study is qualitative in nature and collected data from both primary and secondary sources of data. In terms of data analysis, thematic analysis was employed. The findings reveal that traditional leaders can be harnessed to assist local government in generating revenues from folk tax, special levies, and rates, among others by integrating them in the revenue collection structure. The findings further reveal that traditional leaders can also assist local government in generating special levies (donations from well-meaning and philanthropists' individuals) to fund community development projects. Finally, the study suggests that traditional leaders should be empowered and incorporated in the revenue collection of the local government so that it will help to boost the financial capability of local government hence providing essential services to the people at the grassroots.
Keywords: Local Government, Traditional Leaders, Revenue challenges and Mobilization

Introduction

It is thought that the only logical kind of development is internal development, or progress that results from people's will and desires. Hence the premise underpinning the establishment of local government in Nigeria is that local residents are the ones who are most aware of their needs (Uhunmwuangho and Aibieyi, 2013). Thus, local governments were created and saddled with the responsibility of bringing government closer to people at the local level by providing development in terms of education, health, agriculture, and infrastructural services (Uhunmwuangho & Aibieyi, 2013). This is because local government is in better position to provide such services which the Federal and State governments cannot perform due to their closeness to the grass root levels. However, due to inadequate funding resulting from insufficient revenue collection, the majority of Nigerian local governments no longer carry out their duties. Studies for instance, Ola and Tonwe (2005) attributed this problem to poor mobilization of resources from the tax and levies that local governments are supposed to collect. While others blamed the poor revenue production of local governments on the dishonesty of council revenue collectors, who typically embezzle funds collected on the council's behalf (Kawugana & Faruna, 2019).

However, successive governments in Yobe State and Nigeria at large have taken several measures including means to tackle these challenges, improve and consolidate the local government so as to perform their duties effectively. Uhunmwuangho and Aibieyi (2013) assert that one compelling reason for the reforms in local government system in Nigeria was the need to make them perform their economic development functions better.

In spite of the measures put in place to improve the financial viability of the local governments, local governments still face financial challenges in such a way that they cannot provide developmental services to the people at the grassroots. It is against this backdrop that this study explores how traditional leaders could be harnessed in mobilizing and generating resources from folk tax, special levies, and rates, among others and also help in addressing the challenges of revenue collection with particular reference to Yobe State in Nigeria.

Conceptual and Theoretical Review

Local Government in Nigeria

Local government is a universal concept that exists in almost all countries the world over. There are several reasons why local government should be of interest to the average citizen of every country (Hamza, 2024). This is because it is the tier of government that is nearest to the people. It is difficult if not impossible for any country to administer successfully all functions of government through the central organs of government (Dalhatu, 2006). Countries that tried to exercise the central rule over all localities of the state have met with resistance or with failure state (Ndas, 2007). Hence local government is widely recognized as a practical tool for rural transformation and the efficient provision of social and economic services to the populace in many nations, including Nigeria. According to Ojofeitimi (2000), the word "local" implies that it is intended primarily for governing or managing smaller groups or local communities, rather than large or broad populations. And the word "government" means that they have certain attributes of government.

The concept of local government can be viewed as a part of a nation state or a component state that was created by law to administer public affairs and provide public services within its borders (Ikelegbe, 2005). Similarly, Lawal (2000) defines local government as that tier of government closest to the people, which is vested with certain powers to exercise control over the affairs of the people in its domain. Local government as a system of public administration at a local level, charged with the responsibility of bringing the people at the grassroots closer to the government. He however, regretted that a critical survey of local governments in Nigeria today slows at most the same scene; that is, they are living in the shadow of the federal government that have resulted to the abysmal failure of the system (Usman, 2010).

The United Nations Office for Public Administration sees Local Government as:

> *A political subdivision of a nation (in a federal system) state, which is constituted by law and has substantial control of local affairs including the powers to impose taxes or to exact labour for prescribed purposes. The governing body of such an entity is elected.*

Similarly, the Guideline for Local Government Reform (FGN, 1976) as cited in Asaju (2010) defines local government as:

> *Government at local level exercised through representative councils established by law to exercise specific powers defined areas. These powers should give the council substantial control over local affairs as well as the staff and institutional and financial power to initiate and direct the provision of services and to determine and implement projects so as to complement the activities of the state and federal government in their areas, and to ensure, through devolution of functions to these councils and through the active participation of the people and their traditional institutes , that local initiative and responses to local head and conditions are maximized.*

The implications of the above definitions are in four dimensions, these include:

1. Local government must be a legal entity distinct from the state and federal government.
2. Local government must be administered by democratically elected officials.

3. Local government must have specific powers to perform a range of functions assigned it by law.
4. Local government must enjoy substantial autonomy to perform array of functions, plan, formulate and execute its own policies, programmes and projects, and its own rules and regulations as deemed for its local needs. This autonomy includes power to control its finance, recruit and discipline its staff.

Hence, in Nigeria local government is a well-recognized third-tier of government. It is administration or government at the grass roots or local level. At this level, government is expected to be very close to the people, both in the villages, settlements and towns, and to impinge on the day-to-day life of the common-man. Furthermore, local government is expected to be actively involved in the overall national development objective of achieving a broad-based social and economic development and securing an optimum utilization of manpower (Obadan 2008, cited in Uhunmwuangho & Aibieyi, 2013).

Although local government has existed in one form or the other in Nigeria for quite some time, it was after a number of reforms, particularly the 1976 reforms and the subsequent ones, that it acquired the respectable status it now enjoys today. One compelling reason for the reforms was the need to make local governments perform their economic development functions better (Uhunmwuangho & Aibieyi, 2013). In addition to streamlining local government operations, the 1976 Local Government Reform explicitly outlined the roles and procedures for guaranteeing sufficient financial and personnel resources. Olaoye (2009) reveals that local governments in Nigeria drive their revenue from two broad sources, namely; Internal source which includes tax, tenant rent, market fees, fold tax etc. The External source includes statutory allocation from the federation account, eternal aids among others.

Other funding streams could come from donations made by philanthropists or public-spirited persons in addition to the aforementioned sources, with the goal of helping the local government implement certain projects or programmes.

Despite the enormous internal sources of revenue available to local government, local governments still grapple with the challenges of fund to implement capital development project. This was attributed to so many reasons. For example, Orewa and Adwoman (1992) proposed that the casual attitude of tax collectors and other treasury employees is one of the reasons why local governments collect so little money. In addition, communities' general reluctance to pay taxes is another effect of local government revenue collectors' embezzlement of funds. Revenue collectors have been known to enrich themselves off of money collected for municipalities, which deters potential taxpayers from taking this civic duty seriously. As a result, tax avoidance becomes widespread (Uhunmwuangho & Aibieyi, 2013).

Traditional Leaders in Nigeria

Traditional leaders in Nigeria have been playing an important role in mitigating violence and ensuring the peaceful co-existence of the people in the country right from pre-colonial period. For example, during pre-colonial period, the traditional leaders were the repository of the executive, legislative, and judicial powers who implemented and maintained law and order, allocated land, collected tax, resolved conflicts especially land disputes and ensured peace and harmony among people in their respective areas of the domain (Fatile et al., 2013). Thus, in most parts of the present-day Nigeria, local government was centred on the traditional leaders who were seen as repository of executive, legislative and judicial powers (Fatile & Adejuwon, 2013). In essence, traditional leaders constituted the basis for governance at that period (Tonwe & Osemwota, 2013).

However, the system of administration during that period in Nigeria varied from one region to the other. For example, in the Northern region, the traditional system of governance

was synonymous with Emirate system which was highly centralised system in which the Emir (the paramount king) emerges as both political as well as religious leader (Osakede & Ijimakinwa, 2015). Under such a system there existed districts, villages and wards headed by the headmen (Hakimi, Mai Gari, & Mai Unguwa) who were accountable to the emir. Fatile (2010) observes that the emir was responsible for implementing laws and its enforcement and maintenance of order and peace in his area of domain. He also had the responsibility of ensuring that the conduct and affairs (day-to-day activities including social, economic, and political activities) of the people in his emirate are in congruent with the teachings of Islamic and Shari'a laws as stipulated by the Qur'an.

Moreover, during the colonial period, the British colonial masters recognizing the position and the legitimacy and respect the traditional leaders enjoyed in the country, they harnessed them to maintain law and order in the country for the smooth running of the colonial administration in Nigeria (Olusola & Aisha, 2013). The traditional leaders continued to wield powers in the administration of local government in Nigeria until when reforms specifically 1976 local government reform were carried out hence relegating them to background.

This study aims to explore the ways through which traditional leaders can help in addressing the challenge of revenue mobilization and collection at the local government level in Nigeria with reference to Yobe State.

Methodology

The study was qualitative in nature and in-depth interviews were administered on 16 participants that comprised the traditional leaders, government officials, non-governmental organization officials, association leaders, and experts who were purposively selected across three local governments in Yobe state. To ensure confidentiality pseudo names were assigned to the participants. While the secondary data involves journal articles, government official reports, news papers and magzines, and theses. In terms of data analysis, Braun and Clarke six steps of thematic analysis was employed.

Findings and Discussion

This section issues relating to revenue generation have been identified, analysed and discussed based on the narrations of the participants of the study in the case study area.

Resource Mobilization

Traditional leaders are of paramount importance in mitigating the challenges of revenue mobilization. They have been and will continue to play crucial role in that regard in Yobe State and Nigeria at large. As the evidence reveals that traditional leaders help local government generate revenue from tax such as folk tax and so on. The participants' views reveal that if traditional leaders are formally incorporated in the revenue collection system of the local government, more could be accrued to the coffers of the government hence the improvement of situation of not only the local governments but the country as a whole. One participant reveals that:

> *"Local governments are saddled with the responsibility of bringing government closer to people at the local level by providing development in terms of education, health, agriculture, and infrastructural services. However, local governments are facing financial challenges in that they cannot provide such services to the people at the grassroots. This is mainly attributed to poor mobilization of resources from the tax and levies that local governments are supposed to collect. So, in this regard, traditional leaders being the leaders that people respect and honour can be incorporated to assist local government in generating revenues from folk tax, special levies, and rates, among others. This will help to boost the financial capability of*

local government hence providing essential services to the people at the grassroots. In addition, they can assist local government in generating special levies (donations from well-meaning and philanthropists' individuals) to fund community development projects. This is because they enjoy honour and respect from their people, so, if they ask them to contribute towards funding community projects, they will do. So, integrating them in that respect will help facilitate grassroots development". **(GO participant 1)**

Local governments in Nigeria have enormous sources of internal revenue generation from taxes and levies such as special levies, rates, and property tax, among others (Makinde et al., 2020). However, the sources of revenue for the local governments have been marred with challenges that range from corruption, tax evasion, negligence among others. Consequently, the lack of adequate finance has become a major challenge for the local government performing their functions (Ola & Tonwe, 2005)

Thus, as one of the strategies for harnessing traditional leaders in the resource mobilization by the local government, this study found out that that traditional leaders as the leaders who are revered and honoured by the people could be incorporated in mobilizing of resources for the local governments through revenue generation from folk tax, special levies, rates, and other levies so that local government can have enough to execute projects. The participants disclose that local governments are charged with the responsibility of bringing government closer to the people at the grassroots and providing essential services to them. However, in recent time, local governments are faced with the financial challenges as a result of poor revenue generation which made them incapable to carry out their constitutional responsibility. So, traditional leaders can be integrated in the revenue generation to assist in collecting revenues for the local governments.

As illustrated in the above finding that revenue generation can be improved if traditional leaders are incorporated in the process. This is because people respect them to the extent that if they see them involved they will cooperate and pay their taxes and levies. Additionally, their integration in the resource mobilization will help mitigate the issue of tax evasion, mismanagement, and corruption from the part of the revenue collectors. Emphasizing this fact, GO participants affirms that revenue generation in local government is marred with problems that range from tax evasion, corruption, and mismanagement, among others. They express optimism that if traditional leaders are incorporated there will be an improvement because even now that they are not integrated in the in revenue collection, they assist us in collecting folk tax from their people. GO participant 3 adds that:

"As evidence shows this problem of poor revenue generation has crippled the capacity of the local government to perform its responsibility for providing essential services to the people. So, to mobilise resource from the revenue, there is a need to integrate traditional leaders by assigning formal role to them in this regard. This is because they are highly respected and honoured hence, they can assist local government in raising fund from the taxes and levies that local government is supposed to generate revenues from. Now that they are not integrated, they help in collecting folk tax from their people in our local government. Moreover, they can also deal with those corrupt revenue collecting officials of the local government". **(GO participant 3)**

In addition, GO participant 2 also expresses optimism that:

"If traditional leaders are integrated in the revenue generation, I am sure local governments will have enough in their coffers. This was clearly shown in the past when they used to collect tax and revenue for the British colonial government. It also happened when they generated revenue for the running of the affairs of the regional governments in the First Republic of Nigeria. So, now, in this contemporary time, if they are given formal powers, they can mobilise resources for the local governments

not only from the taxes and revenues but from other sources. This can be done by either giving them receipt to collect the revenue for onward submission to the local government coffers or to collect together with the local government revenue collectors. However, local government will have to retain the supervising and disciplinary powers to ensure sanity and effectiveness in the process". **(GO participant 2)**

From the above extract, it could be seen that traditional leaders can be entrusted with powers to collect revenue by themselves or together with the revenue collectors. However, the participant suggests that government shall retain the supervising and overriding powers. This way it can help to generate more revenue to the local government. Similarly, EP participant 3 was in support of integrating traditional leaders in the revenue structure of the local government, he however, argues that giving traditional leaders powers to collect revenue without the LG revenue officials will open a room for the traditional leaders to mismanage the revenue generated by them.

Further justification reveals that traditional leaders as the leaders who are revered by the people can help local governments generate donations from the philanthropists and well-meaning citizens. EP participant 2 reveals that:

"If government integrates traditional leaders in the revenue mobilization, they can help to collect donations from the wealthy and philanthropists' individuals for the execution of some developmental projects at local level. This is possible considering the kind of respect they enjoy from the people. And also, when they are in this process, people will be willing to contribute because they know that the money will be utilized judiciously. This is because recently, we executed some project in our area in which the Ward head played a role by pleading with some wealthy individuals to assist both in cash and in kind". **(EP participant 2)**

From the above narrations, it could be seen that participants were optimistic that incorporating traditional leaders in the resource mobilization to the local government has a high tendency for generating more revenues for the local governments.

Supporting the findings of this study, previous studies for instance, Robert et al. (1979) posit that traditional leaders before colonial invasion into Nigeria had run a system of administration in which they collected taxes and generated fund with which they ran the affairs of their administrations as well as the provision of essential services to their people. With the advent of colonialism, the British colonizers had to harness traditional leaders for the collection of taxes from the people for the running of their colonial government. Moreover, after the independence of Nigeria during the regional governments, it was the revenue that the traditional leaders generated from Jangali and folk tax that was used to fund the regional governments (Tonwe & Osemwota, 2013).

Conclusion

Thus, given their antecedents coupled with the challenges local governments face in resource mobilization, this study found evidence that traditional leaders can help in generating revenues and donations for the local government if integrated in the resource mobilization. This could be achieved by a way of fostering agreements between the local authority officials and the traditional leaders as to how to aggregate community rates, taxes, and levies, along with the traditional rulers' participation in tax collection on behest of local authorities through the heads of rural communities and their chiefs, due to their acquaintance with and respect conferred to them by their people.

In addition, as it has been shown in the study, traditional leaders if integrated in the revenue generation, the process will be improved in terms of corruption hence local government will be able to generate fund from its various sources of revenue generation that have been neglected for a long period of time. This disputes the arguments of the Neo-

modernist theory that traditional leaders and their institutions are hindrance to modernization and development.

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THE ROLE AND CHALLENGES OF CAREGIVERS IN MODERN HEALTHCARE: A COMPREHENSIVE ANALYSIS

Nwaduhu Beruck Oruchkwu
berucknwaduhu2017@gmail.com

Abstract
Caregivers play a critical role in healthcare systems, bridging the gap between formal medical services and patient-centered care. They provide essential physical, emotional, and social support to patients, particularly those with chronic illnesses, disabilities, or age-related health issues. Despite their crucial contributions, caregivers often face significant challenges, including psychological stress, financial strain, and lack of professional support. This article explores the role, experiences, and challenges of caregivers, drawing on a review of contemporary literature. The study employs a qualitative research methodology, focusing on caregiver experiences and coping mechanisms. Findings highlight the necessity for structured support systems, policy interventions, and targeted training programs to enhance caregiver effectiveness and wellbeing. The study concludes with practical recommendations for healthcare providers, policymakers, and communities to improve the quality of care giving. This article contributes to a deeper understanding of caregiver dynamics and underscores the importance of integrating caregivers into healthcare planning and policy development.
Keywords: Caregivers, Healthcare Support, Emotional Burden, Chronic Illness, Care giving Challenges

Introduction

Care giving has emerged as an indispensable and multidimensional pillar within the architecture of modern healthcare systems. It is an activity that transcends traditional notions of medical care, encompassing a wide range of emotional, physical, social, and psychological responsibilities. Globally, caregivers serve as the connective tissue between formal healthcare institutions and the daily realities of patients who require consistent, compassionate, and person-centered care. In both developed and developing nations, the care giving sector is expanding rapidly, largely in response to the growing prevalence of chronic illnesses, population ageing, disability, and the global shortage of professional healthcare workers. According to the World Health Organization (WHO, 2023), an estimated **1.4 billion people** worldwide live with chronic health conditions that necessitate long-term care giving support. This trend has made care givers both informal and formal integral agents of continuity in healthcare delivery.

Context and Significance of Care giving in Modern Healthcare

Care giving is not merely a supplementary role; it represents the foundation upon which sustainable, patient-centered healthcare rests. In many healthcare settings, particularly in low- and middle-income countries, family members and community caregivers fill critical gaps in health service delivery. They provide emotional support, assist with daily living activities such as feeding, bathing, mobility, and medication adherence, and serve as advocates for patients within complex healthcare systems. Studies by Neller (2024) and Hailu (2024) emphasize that without the contribution of informal caregivers, healthcare institutions would face overwhelming demand pressures that could destabilize entire systems.

In high-income countries such as the United States, United Kingdom, and Canada, care giving has become a professionalized and regulated field, supported by social services, insurance systems, and healthcare policies. However, in most developing regions, including Africa, Asia, and Latin America, care giving remains largely informal, unpaid, and undervalued. In Nigeria, for example, the care of elderly parents or chronically ill relatives is

traditionally seen as a familial duty rather than a public health responsibility. This cultural expectation places an enormous emotional and financial burden on caregivers, particularly women, who constitute approximately **70%** of informal caregivers globally (UN Women, 2022).

Evolving Nature of Care giving in the 21st Century

The 21st century has witnessed a dramatic transformation in care giving dynamics due to demographic, social, and technological shifts. Population ageing is perhaps the most significant factor driving the global demand for care. The United Nations (2022) projects that by 2050, one in six people globally will be aged 65 or older, doubling the demand for long-term care. Similarly, the rise in non-communicable diseases such as diabetes, cancer, cardiovascular illnesses, and dementia has increased the complexity of care giving tasks. Caregivers are now required to possess a basic understanding of medical procedures, health technologies, and psychosocial support principles.

Technological innovations, including tele health platforms, digital monitoring systems, and care giving apps, have redefined how care is delivered and coordinated. Greenwood et al. (2022) assert that technology-assisted care giving has improved efficiency and reduced care giver isolation by enabling real-time communication between patients, caregivers, and healthcare providers. Nonetheless, this digital shift also presents new challenges, particularly for older caregivers or those in low-resource environments where access to technology and internet connectivity remains limited.

Psychosocial and Economic Dimensions of Care giving

The act of care giving, while noble and fulfilling often carries profound psychosocial implications. Research by Zarit et al. (1980) introduced the concept of "caregiver burden," which encapsulates the cumulative emotional, physical, and financial stressors experienced by caregivers over time. Caregivers frequently report symptoms of burnout, anxiety, and depression resulting from prolonged exposure to high care giving demands and limited personal time. The emotional toll is compounded by social isolation, as caregivers often withdraw from social interactions to meet the demanding needs of their dependents.

Economically, care giving can lead to substantial financial strain. Many caregivers reduce their working hours or leave their jobs entirely to provide full-time care, resulting in income loss and reduced career progression opportunities. In developing countries, where social welfare systems are weak or nonexistent, caregivers shoulder the costs of medical treatment, transportation, and daily living expenses. The lack of government subsidies or insurance coverage exacerbates this burden, reinforcing cycles of poverty and health inequity. Shepherd-Banigan (2025) emphasizes that the financial consequences of care giving extend beyond individuals to affect household stability, labor productivity, and national economic growth.

Gender, Culture, and Care giving Ethics

Care giving responsibilities are deeply embedded within cultural and gender norms. In many societies, care giving is perceived as a natural extension of women's domestic roles, leading to gendered disparities in care giving participation and recognition. Women not only dominate the care giving workforce but also face compounded challenges, including unequal pay, limited access to formal support, and heightened exposure to emotional exhaustion. This gendered expectation perpetuates inequality, as female caregivers often forego education or employment opportunities to fulfill care giving duties.

Culturally, care giving is influenced by values such as filial piety, communal solidarity, and respect for elders. While these traditions foster intergenerational bonds, they can also reinforce the perception that care giving is a private family matter, thereby

discouraging institutional intervention. Ethical questions arise concerning the extent to which societies and governments should assume responsibility for supporting caregivers. From a policy perspective, equitable care giving systems must balance individual moral obligations with collective social responsibility.

Impact of the COVID-19 Pandemic on Care giving

The COVID-19 pandemic fundamentally reshaped the care giving landscape, intensifying pre-existing challenges and creating new forms of vulnerability. Lockdowns, healthcare system strain, and social distancing measures disrupted access to formal healthcare services, leaving caregivers to manage complex medical conditions at home without adequate support. Many caregivers faced increased exposure to infection, loss of income, and limited access to mental health services. The pandemic illuminated the structural fragility of caregiver support systems and underscored the urgent need for comprehensive, sustainable policies that integrate care giving into disaster preparedness and healthcare resilience frameworks.

Simultaneously, the pandemic catalyzed innovations in remote care delivery and digital communication. Tele medicine and virtual support groups emerged as vital coping mechanisms, demonstrating the potential of technology to sustain care giving in crisis contexts. However, these advances also highlighted digital inequities, as many caregivers in rural or low-income areas were excluded from digital health solutions.

Rationale and Purpose of the Study

Given these complexities, this study seeks to explore the **role and challenges of caregivers in modern healthcare** with particular emphasis on their experiences, coping strategies, and support needs. The rationale for this investigation stems from the recognition that caregivers are indispensable yet undervalued contributors to global health systems. Despite the critical importance of their work, there remains limited scholarly and policy attention to their wellbeing, particularly in low- and middle-income contexts.

This article therefore aims to fill existing knowledge gaps by integrating theoretical frameworks notably the **Stress Process Model** and **Social Support Theory** with empirical evidence from contemporary literature and field experiences. Through this synthesis, the study seeks to deepen understanding of how caregivers navigate emotional, financial, and institutional challenges, and how systemic interventions can enhance their resilience and effectiveness.

Ultimately, this research contributes to the growing discourse on healthcare humanization and the ethics of care, advocating for policies that recognize care giving as a shared societal responsibility rather than a private obligation. By positioning caregivers as co-partners in healthcare delivery, the study calls for a paradigm shift towards inclusive, compassionate, and sustainable healthcare systems that prioritize both patient outcomes and caregiver wellbeing.

Literature Review

Overview of Caregiving in Healthcare Systems

The concept of care giving has evolved from being viewed as a purely familial responsibility to being recognized as a critical component of healthcare delivery. Early studies conceptualized care giving primarily as unpaid domestic labor, often performed by women within family structures (Finch & Mason, 1993). However, contemporary scholarship views care giving as both a **social function** and a **healthcare service**, essential for ensuring continuity of care across medical, community, and home-based settings.

Smith and Smith (2021) assert that informal caregivers provide up to **80% of long-term care** for patients with chronic or disabling conditions. Their roles extend beyond basic physical assistance to include medication administration, mobility support, emotional

reassurance, financial management, and advocacy within complex health systems. In many contexts, caregivers act as intermediaries between patients and professional healthcare providers, translating medical instructions, monitoring symptoms, and ensuring adherence to treatment plans.

The **World Health Organization (2022)** recognizes caregivers as indispensable actors in achieving universal health coverage. Without their unpaid labor, national health expenditures would skyrocket, and patient outcomes would worsen due to limited formal workforce capacity. This growing recognition has prompted international efforts to integrate caregiver perspectives into public health planning and policy formulation. Nevertheless, despite global acknowledgment of their contributions, caregivers often operate within environments characterized by structural neglect, minimal compensation, and inadequate psychosocial support.

Historical and Conceptual Foundations of Caregiver Studies

The academic exploration of care giving began in the 1970s with the emergence of the **caregiver burden paradigm**. The foundational work of **Zarit, Reever, and Bach-Peterson (1980)** introduced the term "caregiver burden" to describe the cumulative stress experienced by individuals providing care to dependent persons. Their research conceptualized burden as a **multidimensional construct**, encompassing emotional strain, physical exhaustion, financial hardship, and social isolation. Since then, care giving studies have expanded to include themes such as resilience, coping mechanisms, empowerment, and policy support.

Scholars such as **Pearlin et al. (1990)** and **Schulz & Sherwood (2008)** further advanced this discourse through the **Stress Process Model of Caregiving**, which delineates care giving stressors into primary (direct care demands) and secondary (role conflicts and social pressures) categories. This model remains a cornerstone for understanding the psychosocial dynamics of care giving. It emphasizes that the burden of care giving is not static but evolves over time as caregivers adapt, seek support, or experience burnout.

In addition, the **Social Support Theory** (House, 1981) provides a complementary perspective by highlighting the role of emotional, informational, and instrumental resources in mitigating caregiver stress. Support from family, community, and institutional sources has been consistently associated with improved caregiver wellbeing, demonstrating that care giving outcomes are shaped not only by individual resilience but also by social context.

The Roles and Responsibilities of Caregivers

Empirical literature identifies caregivers as fulfilling diverse roles that transcend medical boundaries. Their responsibilities encompass **physical care**, **emotional support**, **social coordination**, and **advocacy**. According to **Neller (2024)**, caregivers function as "shadow healthcare professionals," performing essential tasks that sustain patient life and dignity. These include administering medications, monitoring symptoms, preparing meals, maintaining hygiene, and transporting patients to appointments.

Emotional and psychological support form another critical dimension of care giving. Patients facing chronic illnesses, disabilities, or terminal conditions often experience depression, anxiety, and existential distress. Caregivers provide the emotional scaffolding necessary for patient resilience, offering companionship, reassurance, and hope. Research by **Reblin (2024)** emphasizes that emotional caregiving significantly improves patients' recovery outcomes and adherence to treatment protocols.

In addition, caregivers serve as **liaisons between healthcare systems and patients**, navigating bureaucratic processes, communicating with healthcare professionals, and ensuring continuity of care. This advocacy role is especially vital in low-resource environments, where systemic inefficiencies and limited professional outreach prevail.

Psychological and Physical Burdens of Care giving

While care giving fulfills a humanitarian and familial function, it exacts a considerable toll on caregivers' physical and psychological health. Numerous studies have documented that prolonged care giving is associated with **chronic stress**, **sleep deprivation**, **immune suppression**, and **mental health disorders** (Liu, 2020; Hailu, 2024). Caregivers frequently report symptoms of burnout, irritability, cognitive fatigue, and somatic complaints such as headaches and musculoskeletal pain.

Depression is one of the most prevalent psychological outcomes among caregivers. A meta-analysis by **Vitaliano et al. (2021)** found that caregivers are 2.5 times more likely to develop depressive symptoms than non-caregivers. The emotional strain stems from continuous exposure to suffering, lack of personal time, and feelings of helplessness, particularly when caring for patients with degenerative diseases such as Alzheimer's or Parkinson's.

Physical burden also manifests through the strenuous demands of lifting, feeding, and assisting immobile patients. Female caregivers, who constitute the majority of informal carers, often experience musculoskeletal injuries and chronic fatigue. The cumulative effects of these stressors can lead to **caregiver burnout**, a state of emotional exhaustion that reduces care giving quality and endangers both patient and caregiver wellbeing.

Financial and Socioeconomic Challenges

Financial stress represents a significant dimension of caregiver burden. Many caregivers reduce working hours or leave employment altogether to provide full-time care, resulting in income loss and decreased pension benefits. In high-income nations, caregiving costs are partially offset by insurance schemes and tax credits; however, in low- and middle-income countries, caregivers typically receive no financial compensation.

According to **Owokuhaisa (2023)**, informal caregivers in sub-Saharan Africa often finance medical expenses, transportation, and nutrition from personal resources, leading to debt accumulation and financial insecurity. The absence of formal caregiver stipends, government allowances, or subsidized respite services exacerbates poverty cycles within caregiving households.

Economic stress also interacts with gender inequities, as women disproportionately bear caregiving responsibilities. The **International Labour Organization (ILO, 2022)** estimates that unpaid care work accounts for nearly **10% of global GDP**, yet remains largely invisible in economic statistics. Scholars argue that recognizing caregiving as productive labor would necessitate social protection reforms and equitable compensation frameworks.

Coping Strategies and Adaptive Mechanisms

Despite these challenges, caregivers exhibit remarkable resilience and adaptability. Studies have identified multiple coping strategies that mitigate stress and enhance psychological wellbeing. These include **emotional regulation**, **spiritual engagement**, **social support**, and **problem-focused coping**.

Cui (2025) notes that peer support groups, especially those facilitated through mobile health (mHealth) platforms, provide emotional relief and practical guidance. Such groups enable caregivers to share experiences, access expert advice, and reduce isolation. **Reblin (2024)** adds that participation in structured counseling and stress management programs significantly improves caregiver satisfaction and perceived competence.

Religious and spiritual coping mechanisms are also prominent, particularly in African and Asian contexts where faith plays a central role in meaning-making. Caregivers often draw strength from religious beliefs, prayer, and communal worship, which provide comfort and purpose.

Additionally, **respite care** temporary relief provided by substitute caregivers or institutional facilities has proven effective in reducing burnout. However, availability and affordability remain major constraints in developing countries, where formal respite services are scarce or nonexistent.

Technological Innovations and the Digitalization of Caregiving

The digital revolution has profoundly transformed care giving practices. Emerging technologies such as telemedicine, wearable health monitors, and care giving mobile applications have enhanced the efficiency, accuracy, and connectivity of caregiving. **Greenwood et al. (2022)** demonstrate that digital platforms reduce caregivers' workload by enabling remote health monitoring, appointment scheduling, and medication reminders.

Tele health systems have become particularly valuable for caregivers managing patients with chronic illnesses or disabilities. These tools allow caregivers to consult healthcare professionals in real time, access online education, and track patient progress through data analytics. The **COVID-19 pandemic** accelerated this digital adoption, revealing both opportunities and inequities. While technology expanded access to care, digital illiteracy and limited internet penetration excluded many caregivers, especially those in rural or low-income communities.

Artificial intelligence and robotics are also entering the care giving domain. Robotic assistants, for instance, can perform repetitive tasks such as patient lifting and mobility support, thereby reducing physical strain on caregivers. However, ethical and cultural concerns persist regarding the depersonalization of care and the potential erosion of human empathy in caregiving relationships.

Cultural and Gender Perspectives in Care giving

Cultural values and gender norms profoundly shape care giving experiences. In collectivist societies such as those in Africa, Asia, and Latin America, care giving is often viewed as a **moral duty** or an expression of familial loyalty. This perception fosters strong intergenerational bonds but also discourages formal institutional involvement, leaving caregivers unsupported.

Research by **Hailu (2024)** reveals that caregivers in Ethiopia and Nigeria often experience stigma when seeking professional help, as society expects families to manage caregiving independently. Such cultural pressures contribute to caregiver isolation and prevent the development of supportive policy frameworks.

Gender disparities are equally pronounced. Women continue to dominate the care giving workforce, both in informal family roles and professional care occupations. The **UN Women Report (2023)** indicates that women spend an average of **three times more hours** on unpaid care giving than men. This gendered imbalance reinforces economic inequality and limits female participation in the formal labor market. Feminist scholars advocate for care giving policies grounded in gender equity, including paid leave, flexible work arrangements, and social recognition of unpaid care work.

Policy and Institutional Support Systems

Policy literature emphasizes the need for formal recognition and support of caregivers as central actors in healthcare systems. In the European Union, for instance, countries such as Sweden, Germany, and the Netherlands have established **national caregiver allowances** and **training programs** that enhance caregiver competence. Conversely, in most African and Asian nations, caregiver support remains fragmented and underdeveloped.

Shepherd-Banigan (2025) calls for a reimagining of caregiver policy frameworks, arguing that caregivers should be integrated into healthcare decision-making processes. Effective policy interventions include caregiver stipends, tax relief, pension inclusion, and

access to healthcare benefits. Moreover, **community-based interventions**, such as caregiver cooperatives and support centers, have shown promise in reducing isolation and promoting shared learning.

Institutional support should also extend to **mental health services**, providing counseling, psychotherapy, and wellness programs tailored to caregiver needs. The integration of caregiver wellbeing metrics into public health indicators could ensure accountability and sustained policy attention.

Gaps in the Literature and Emerging Research Directions

Despite considerable progress, several research gaps persist in caregiver studies. First, most existing research focuses on Western or high-income settings, leaving limited understanding of care giving experiences in resource-constrained environments. Secondly, there is insufficient attention to the intersectionality of care giving how gender, culture, age, and socioeconomic status jointly influence caregiver outcomes.

Furthermore, the impact of emerging technologies on caregiver identity, privacy, and ethics remains underexplored. As healthcare digitalization accelerates, future research must examine how caregivers navigate new forms of technological dependency and data-driven care.

Finally, while much of the literature addresses caregiver burden, fewer studies investigate **caregiver empowerment** the positive aspects of care giving, such as emotional growth, empathy, and strengthened family relationships. A balanced exploration of both challenges and rewards could offer more holistic insights into care giving dynamics.

Research Objectives

The primary objectives of this study are to:

Explore the roles and responsibilities of caregivers in modern healthcare systems
Identify the challenges and burdens experienced by caregivers, including emotional, physical, and financial aspects
Examine coping strategies and support mechanisms that enhance caregiver wellbeing
Provide recommendations for policy and practice to strengthen caregiver support systems

Research Questions

To guide the study, the following research questions are proposed:

What are the primary roles and responsibilities of caregivers in healthcare settings?
What challenges do caregivers encounter in their care giving roles?
How do caregivers cope with emotional, physical, and financial stress?
What strategies can healthcare systems implement to improve caregiver support?

Theoretical Framework

Conceptual Foundation of the Study

The theoretical foundation of this study rests on the understanding that care giving is a multidimensional and dynamic process shaped by psychological, social, economic, and institutional factors. To effectively analyze caregiver experiences, it is essential to employ conceptual models that capture both the **stressful realities** and **adaptive coping mechanisms** inherent in care giving. This study adopts two complementary theoretical lenses: the **Stress Process Model of Care giving** (Pearlin et al., 1990) and the **Social Support Theory** (House, 1981). Together, these frameworks provide a comprehensive foundation for understanding how caregivers experience stress, the mediating factors that influence outcomes, and the role of social and institutional supports in moderating caregiver burden.

The integration of these frameworks allows for a nuanced appreciation of care giving as both a stress-inducing and resilience-building process. While the Stress Process Model

conceptualizes care giving as an evolving trajectory of demands and coping responses, the Social Support Theory explains the social and relational contexts that buffer against stress. These theories are complementary rather than mutually exclusive; together, they illustrate that care giving is shaped by the continuous interaction between **individual psychology**, **social networks**, and **structural systems of care**.

The Stress Process Model of Care giving

The **Stress Process Model (SPM)**, developed by **Pearlin, Mullan, Semple, and Skaff (1990)**, is one of the most influential frameworks in care giving research. It views care giving not as a static event but as a **dynamic process** in which stressors, mediators, and outcomes interact over time. The model was designed to explain why caregivers differ in their psychological, physical, and social reactions to care giving demands. It remains one of the most empirically validated models for understanding caregiver burden, particularly among those caring for individuals with chronic or degenerative illnesses such as dementia, cancer, or disability.

Core Components of the Stress Process Model

The model identifies several interrelated components:

Primary Stressors: These are the direct challenges that arise from the care giving role, such as managing the patient's daily activities, medical routines, behavioral problems, or mobility limitations. For example, caregivers of dementia patients often encounter agitation, memory loss, or incontinence, which increase workload and emotional strain. Primary stressors are often measurable through the time spent on caregiving tasks and the intensity of patient dependency.

Secondary Stressors: These stem from the ripple effects of care giving on other aspects of a caregiver's life. They include role conflicts (e.g., balancing work and family duties), financial strain, and reduced social participation. Secondary stressors amplify the overall burden by creating competing pressures that undermine emotional stability and personal wellbeing.

Mediators Mediating variables such as coping strategies, personal resilience, and social support influence how caregivers interpret and respond to stressors. Coping mechanisms may be **problem-focused** (e.g., seeking information, planning care schedules) or **emotion-focused** (e.g., prayer, acceptance, or humor). Social support, both formal and informal, acts as a protective buffer that moderates the impact of stress on health outcomes.

Outcomes These represent the consequences of prolonged care giving stress, manifesting in physical illness, psychological distress, depression, anxiety, or reduced life satisfaction. Conversely, positive outcomes can also occur, such as enhanced empathy, personal growth, or a sense of fulfillment when caregivers perceive their role as meaningful.

Application of the Stress Process Model to Care giving Research

In care giving research, the SPM offers a powerful explanatory lens for understanding individual differences in caregiver adaptation. For instance, studies by **Schulz and Sherwood (2008)** and **Liu (2020)** demonstrate that caregivers with strong coping skills and social support networks report lower stress and better psychological health. The model also highlights the **chronological dimension of care giving** that stressors evolve as the care recipient's condition progresses and as caregivers age or experience cumulative fatigue.

The SPM is particularly relevant in contexts like sub-Saharan Africa, where care giving demands are compounded by weak healthcare systems and minimal formal support. Caregivers often face **high-intensity primary stressors** (e.g., lack of medical supplies) and **severe secondary stressors** (e.g., poverty, job loss, or gender discrimination). Applying the SPM in such settings allows researchers to capture the intersection of individual and structural determinants of caregiver burden.

Critiques and Refinements of the Stress Process Model

While the SPM provides a robust structure for understanding care giving stress, scholars have critiqued it for being overly linear and deficit-oriented. Critics argue that the model underemphasizes positive dimensions of care giving, such as meaning-making, personal growth, and reciprocal affection. Recent revisions of the model, such as the **Revised Stress Process Framework (RSPF)** proposed by **Aneshensel et al. (2012)**, incorporate resilience factors and cultural mediators to reflect the diversity of care giving experiences across societies.

Moreover, the model's traditional emphasis on individual stress overlooks the **collective and systemic dimensions** of care giving. In developing regions, caregiving is often shared among extended family or community networks. Hence, stress should be analyzed not only as an individual experience but also as a **socially distributed process** shaped by family dynamics, gender roles, and community resources.

The Social Support Theory

The **Social Support Theory (SST)**, developed by **House (1981)**, complements the Stress Process Model by focusing on the relational and communal aspects of stress management. The theory posits that social relationships provide critical resources that enhance individuals' ability to cope with stress, maintain psychological stability, and achieve better health outcomes. In care giving, social support serves as both a **preventive** and **remedial** mechanism against burnout, isolation, and emotional exhaustion.

House (1981) identified four primary forms of social support:

Emotional Support: Expressions of empathy, love, trust, and care that reinforce a caregiver's sense of worth and belonging. Emotional support is often provided by family members, friends, or support groups.

Instrumental Support: Tangible assistance such as financial aid, help with daily tasks, or relief care. Instrumental support is particularly critical in resource-poor settings where caregiving demands exceed individual capacity.

Informational Support: Advice, guidance, and access to knowledge about caregiving techniques, patient management, and health resources. Informational support empowers caregivers to make informed decisions and enhances their competence.

Appraisal Support: Feedback and affirmation that help caregivers evaluate their performance and maintain confidence in their caregiving role.

Social Support and Caregiver Resilience

Social support functions as a **buffer** that mitigates the effects of stressors identified in the SPM. The **buffering hypothesis** suggests that individuals with strong social ties experience less psychological distress when faced with adversity. In care giving, the presence of emotional and instrumental support reduces perceptions of burden and fosters resilience.

Empirical studies confirm these effects. **Cui (2025)** found that caregivers engaged in peer-support networks report higher wellbeing, lower depression rates, and improved coping capacity. Similarly, **Reblin (2024)** demonstrated that structured caregiver support programs, such as counseling and community-based training, significantly enhance caregiver satisfaction and competence.

The integration of social support theory within care giving research also recognizes the **bidirectional nature** of care relationships. While caregivers support patients, they too require support to sustain their role. Communities, healthcare institutions, and governments thus share a moral and functional obligation to sustain caregivers through social safety nets, respite care, and mental health services.

Cultural Contexts of Social Support

Social support mechanisms vary significantly across cultural contexts. In collectivist societies, support tends to be **family-centered**, emphasizing mutual obligation and interdependence. In contrast, individualistic societies rely more on **formal institutional systems** and organized care networks. Research by **Hailu (2024)** highlights that in African contexts, extended family structures and religious communities serve as primary sources of support for caregivers. However, the erosion of these traditional systems due to urbanization and migration has weakened informal safety nets, increasing caregiver vulnerability.

Integrating the Stress Process Model and Social Support Theory

Integrating these two frameworks provides a comprehensive understanding of care giving as both a **stress process** and a **socially mediated experience**. The SPM explains the mechanisms through which care giving stress develops, while the SST identifies the external and relational factors that can alleviate or exacerbate that stress.

This integrated model allows the study to examine not only **what causes caregiver burden**, but also **what protects caregivers from its worst effects**. For instance, a care giver experiencing high primary stressors (e.g., caring for a bedridden patient) may avoid burnout if sufficient emotional and instrumental support is available. Conversely, even moderate stressors can lead to severe burnout if the caregiver is socially isolated or financially constrained.

From a policy perspective, this integration underscores the importance of designing **multilevel interventions** that address both personal and systemic factors. Programs that combine **stress management training** with **social support initiatives** such as peer counseling, financial assistance, and respite services are likely to yield more sustainable outcomes than isolated interventions.

Supplementary Theoretical Perspectives

While the SPM and SST constitute the study's core theoretical foundations, additional theories enrich the analytical depth. The **Role Theory** (Biddle, 1986) conceptualizes care giving as a social role that comes with expectations, norms, and identity implications. When these expectations conflict with other roles such as employment or parenting caregivers experience **role strain** or **role overload**, reinforcing the secondary stressors described in the SPM.

Similarly, the **Conservation of Resources Theory (Hobfoll, 1989)** offers insight into how care givers strive to preserve emotional, financial, and physical resources. Stress occurs when resources are threatened or depleted, aligning closely with the economic and psychosocial struggles described in care giving literature.

Together, these supplementary perspectives underscore that care giving is not only a personal endeavor but also a **structural and social phenomenon** embedded within larger networks of power, gender, and economy.

Theoretical Implications for the Present Study

Grounded in these theoretical foundations, this study views care giving as a **complex interplay of stress, adaptation, and support**. The Stress Process Model provides the analytical tools to examine the trajectory of caregiver burden, while the Social Support Theory illuminates the interpersonal and institutional factors that shape coping and wellbeing. By integrating these frameworks, the study aims to:

Identify how different types of stressors affect caregivers across diverse contexts;

Examine how social support mediates or moderates caregiver stress;

Provide evidence-based recommendations for policies and programs that enhance caregiver resilience and reduce systemic inequalities.

Ultimately, the theoretical framework supports a **holistic understanding** of care giving one that acknowledges both the vulnerabilities and strengths of caregivers. It situates care giving within a socio-ecological model where individual stress, social relationships, and institutional systems are interdependent components of a broader care ecosystem.

Research Methodology

A qualitative research design was adopted to explore caregivers' experiences in depth. Data were collected through semi-structured interviews with 30 caregivers of patients with chronic illnesses in both urban and rural settings. Purposive sampling ensured the inclusion of caregivers with diverse experiences, including family members, professional caregivers, and volunteers.

Thematic analysis was used to identify patterns and insights within the data. Key themes included emotional strain, financial challenges, coping mechanisms, and perceptions of social and institutional support. Ethical considerations, including informed consent, confidentiality, and voluntary participation, were rigorously observed throughout the study.

Conclusions

The study underscores the critical role caregivers play in healthcare, providing indispensable support to patients while facing significant personal challenges. Caregivers experience substantial emotional, physical, and financial burdens, often exacerbated by insufficient systemic support. However, access to social support, respite care, and coping strategies mitigates these challenges, highlighting the importance of structured interventions.

Recognizing caregivers as integral stakeholders in healthcare planning is essential for improving patient outcomes and caregiver wellbeing. Policies and programs designed to support caregivers not only enhance care quality but also contribute to more sustainable healthcare systems.

Recommendations

Healthcare providers and policymakers should implement comprehensive caregiver support systems, including training programs that enhance caregiver skills in patient handling, medication management, and emotional support. Counseling services, both individual and group-based, should be made accessible to help caregivers manage stress, depression, and anxiety.

Financial support mechanisms, such as caregiver stipends, tax relief, or subsidies, can reduce the economic burden faced by caregivers, particularly those who leave formal employment to provide care. Communities and healthcare institutions should establish respite care programs that provide caregivers with temporary relief, allowing them to rest and maintain personal health.

Awareness campaigns highlighting the importance of care giving and available support services can improve societal recognition and reduce stigma associated with caregiver stress. Additionally, integrating technology such as tele medicine, care management apps, and monitoring devices can improve efficiency, reduce error, and minimize the emotional burden of caregiving.

Collaboration between government agencies, non-governmental organizations, and healthcare providers is essential to create sustainable, culturally sensitive, and effective caregiver support frameworks. Regular monitoring and evaluation of caregiver programs can ensure interventions remain relevant, effective, and responsive to changing needs.

Major Contribution to Knowledge

This study contributes to global understanding of care giving by integrating theoretical frameworks with empirical insights from diverse contexts. It highlights the multifaceted

challenges faced by caregivers and identifies practical strategies to improve caregiver wellbeing. The study reinforces the necessity of including caregivers in healthcare planning and policy development, providing a foundation for future research, training, and intervention programs in care giving.

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