

**CAREGIVER RESILIENCE AND COMMUNITY SUPPORT
SYSTEMS ON PREVENTING ELDER NEGLECT WITHIN
FAMILIES AT IJEBU-NORTH LOCAL GOVERNMENT
AREA, OGUN STATE, NIGERIA**

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ABSTRACT

In Nigerian society, the erosion of traditional values has significantly diminished the once-respected position and status of the older generation, leading to increased instances of elder neglect. Therefore, this paper investigated the role of caregiver resilience and community support systems in preventing elder neglect within families in the Ijebu-North Local Government Area of Ogun State, Nigeria. The participants included 211 (F = 135; mean age = 28.6) caregivers from various families within the Ijebu-North Local Government Area, Ogun State, Nigeria. Data were sourced through the Elder Assessment Instrument (EAI), Caregiver Resilience Scale (CRS) and Community Support System Questionnaire (CSSQ) and were analysed via multiple regression. The results indicated that the study population had an average prevalence rate of elder neglect of 51.70%. The results also revealed that caregiver resilience significantly predicted the prevention of elder neglect ($\beta = .214$, $t = 3.148$, $p < .05$). The results further revealed that community support systems alone did not significantly influence elder neglect prevention ($\beta = .053$, $t = .778$, $p > .05$). However, the combined effect of caregiver resilience and community support systems significantly influenced elder neglect prevention ($F = 5.565$, $p < .05$, $R^2 = 0.051$). The findings imply that interventions aimed at preventing elder neglect within families should prioritise enhancing caregiver resilience while also integrating community support systems, as the combination of these factors is more effective than focusing on either aspect alone. Furthermore, public awareness campaigns should be launched to educate families and communities about the importance of caregiver resilience and the available support systems, fostering a more supportive environment for both caregivers and elderly individuals.

Keywords: Caregiver Resilience, Community Support Systems, Elder Neglect, Intervention, Nigeria

INTRODUCTION

In recent years, the demographic landscape has undergone significant transformation due to increased longevity and declining birth rates, amplifying the visibility and significance of the elderly population in society (Togonu-Bickersteth et al., 2023). In particular, in the Ijebu-North local government area of Ogun state, Nigeria, elder care has emerged as a critical issue, with various psychosocial challenges contributing to the neglect of this vulnerable demographic. These challenges encompass a range of issues, from inadequate caregiving to a deficit in community support mechanisms. The ability of caregivers to adeptly navigate the complexities and responsibilities associated with elder care is crucial for ensuring reliable and high-quality support for older citizens. Many personal, familial, and societal factors shape this ability or caregiver resilience. In parallel, community support networks are indispensable, spanning formal services such as healthcare and social services to informal assistance from neighbours, extended family, and community groups. These networks furnish caregivers with vital resources and support, increasing their capacity to provide care and thereby mitigating the risk of elder neglect. This study explores the dynamics between caregiver resilience and community support systems in the Ijebu-North local government area.

Elder neglect within families is a critical issue that demands attention because of its detrimental effects on the well-being and dignity of older individuals. As the global population ages, the incidence of elder neglect has become increasingly prevalent, posing significant challenges to societies worldwide. According to Feit et al. (2014), understanding the complexities and contributing factors of elder neglect is crucial for developing effective interventions and support systems to address this pressing issue. Elder neglect includes a wide range of mistreatment, such as financial, emotional, physical, and negligent acts or omissions that cause older individuals to suffer. It frequently occurs in the familial setting, when older adults are reliant on their relatives for assistance and support. Elder neglect within families can be caused by a variety of circumstances, including family dynamics, the stress that comes with providing care, intergenerational conflicts, and social attitudes toward aging (Ezulike et al., 2024).

Owing to cultural, social, and economic factors, elder neglect varies across countries (Akande et al., 2024). In developed nations such as the United States, Canada, and parts of Europe, reported cases are more common because of better awareness and reporting systems (World Health Organisation - WHO, 2008). In contrast, in developing nations with weaker social support structures, such as some parts of Africa and Asia, neglect may be underreported or overlooked due to limited resources and societal stigma (Pillemer et al., 2016). Additionally, in countries with rapidly aging populations, such as Japan and South Korea, elder neglect is gaining attention as a pressing issue (Fang et al., 2020). Taylor (2014) mentioned in his book that despite these variations, addressing elder neglect requires comprehensive policies and community involvement. In the United States, it is estimated that '1 in 10' older adults experience neglect annually (National Center on Elder Abuse, 2020). Canada reported a 4–10% prevalence, whereas in the UK, Age UK noted that '1 in 6' elderly individuals experienced neglect or abuse (McDonald et al., 2018; Story et al., 2020). Developing nations often lack comprehensive data because of underreporting, but studies suggest a significant prevalence, such as in Nigeria, where 26.4% of elderly individuals experienced neglect (Nnadi et al., 2023). In Japan, with its rapidly aging population, concerns have increased; a survey revealed that 15.3% of elders experienced neglect (Koga et al., 2016).

According to Jackson and Hafemeister (2018), elder neglect is underreported and often overlooked compared with other forms of elder abuse, such as physical or financial abuse. This underrecognition can be attributed to factors such as the normalisation of neglectful behaviours, reluctance to acknowledge family dysfunction, and societal stigma surrounding ageing and dependency (Agunbiade et al., 2019). One prevalent form of elder neglect within families is the neglect of basic needs, including inadequate food, shelter, hygiene, and medical care (Cadmus et al., 2020). In many cases, caregivers may struggle with challenges, such as financial constraints, caregiver burdens, or a lack of knowledge about proper elder care, leading to unintentional neglect (Mudiare et al., 2013). In some cases, families may be unable to provide adequate care due to geographical distance. In other cases, family members may be too busy or preoccupied with their lives to support their elderly individuals (Ekoh et al., 2023).

The demographic shift towards an ageing population in Ijebu-North, Ogun State, Nigeria, underscores the urgent need to address eldercare challenges. This study explores the complex relationship between caregiver resilience and community support systems in combating elder neglect, a frequently underreported issue stemming from factors such as caregiver stress and societal attitudes toward aging. As Nigerian society has experienced the erosion of traditional values, the status of the older generation has diminished, exacerbated by changes in family structure, urbanisation, and migration, which have weakened traditional support systems (Eboiyehi et al., 2014; Ajani et al., 2021). Despite these challenges, families remain a critical source of support, as most elderly individuals still rely on relatives, particularly their children, for care (Dokpesi, 2014). Comprehending the role of caregiver resilience and strong community connections in reducing the occurrence of elder neglect is essential for developing effective interventions to protect the dignity and well-being of older persons in this changing social environment.

REVIEW OF THE LITERATURE

Theoretical Review

Ecological Systems Theory

The study was anchored on Ecological Systems Theory, developed by Urie Bronfenbrenner in 1979. This theory posits that human development and behaviour are influenced by the various environmental systems with which individuals interact. These systems are categorised into five levels: microsystems, mesosystems, exosystems, macrosystems, and chronosystems. The microsystem includes immediate environments, such as the family and local community, where direct interactions occur. The mesosystem refers to the connections between these immediate environments, such as the relationship between family caregiving practices and community support systems. The exosystem encompasses larger social systems, such as local government policies and services, which indirectly influence eldercare within families. The macrosystem consists of broader cultural values, social norms, and societal attitudes towards ageing that shape caregiving practices. Finally, the chronosystem reflects the impact of time, including societal changes and life transitions, on eldercare dynamics.

Linking this theory to the present study, the resilience of caregivers and the effectiveness of community support systems in preventing elder neglect are shaped by interactions across these environmental systems. For example, a caregiver's ability to provide adequate care may

be influenced not only by their immediate family environment (microsystem) but also by broader societal attitudes towards ageing and the availability of community resources (macrosystem). When these systems are supportive and aligned, the likelihood of preventing elder neglect increases. In contrast, when these systems are unsupportive or in conflict, the risk of elder neglect may be heightened. Therefore, understanding the interplay between these environmental systems is crucial for developing effective strategies to prevent elder neglect and promote the well-being of older individuals in Ijebu-North.

Review of Empirical Studies and the Development of Hypotheses

Caregiver resilience and elder neglect within families

Caregiver resilience is the ability of caregivers to adapt and maintain their emotional well-being in the face of the challenges and responsibilities of caring for others. Good knowledge of this task is crucial in mitigating elder neglect within families, as it directly influences the standard of care delivered to elderly clients. The concept of caregiver resilience, as defined by Gaugler et al. (2014), pertains to the ability to efficiently handle the difficulties and demands of providing exceptional care while also prioritising one's own physical and emotional well-being. Several factors, including self-efficacy, coping strategies, and social support, influence demonstrated resilience. Resilience functions as a proactive strategy to avoid neglect by helping caregivers handle potential stressors and deliver care of a superior standard efficiently. Empirical research on caregiver resilience and elder neglect within families has revealed significant relationships between these factors. A comprehensive study by Beach and Schulz (2018) involving family caregivers of dementia patients revealed that those with higher levels of resilience, including traits such as self-efficacy, adaptability, and social support, were less likely to engage in neglectful behaviours towards their elderly family members. This finding underscores the importance of resilience in mitigating elder neglect. Similarly, Smith et al. (2020) conducted a longitudinal investigation that demonstrated a correlation between changes in caregiver resilience over time and fluctuations in the incidence of elder abuse within families, further emphasising the dynamic nature of this relationship.

Additional research has provided deeper insights into the mechanisms of this relationship. Kim et al. (2022) focused on caregivers of individuals with chronic diseases and reported that those with greater resilience presented lower levels of stress and depression symptoms, consequently reducing the likelihood of elder neglect. This highlights the role of mental health in the resilience-neglect dynamic. Moreover, a meta-analysis by Johnson, Brewster and Daniel (2022) revealed that interventions targeting caregiver resilience resulted in significant reductions in caregiver stress and improved caregiving outcomes. Increased caregiver resilience, which directly impacts the quality of care provided to elderly individuals, may play a crucial role in preventing families from abandoning elderly individuals, even in Nigeria. Hence, there is a need to examine the role of caregiver resilience in elder neglect within families at Ijebu_North LGA, Ogun State, Nigeria. Therefore, we propose the following:

Hypothesis 1: Caregiver resilience significantly influences elder neglect within families.

Community support systems and Elder neglect within families

The concept of community extends beyond immediate family members to encompass extended relatives, neighbours, and broader social networks in many African societies (Oluwaseun & Adetunji, 2020). Consequently, a community-based framework is established, often playing a vital role in the care system for older citizens. However, this same structure can also lead to the disregard of elderly adults when these community organisations/settings are unable to meet the requirements of their vulnerable population adequately. With such supportive networks, families may be able to adequately address the intricate demands of their older relatives, thereby increasing the likelihood of their neglecting them (Wong & Waite, 2020). Empirical research on community support systems and elder neglect within families has revealed complex interactions between social structures and family dynamics. A study by Johnson et al. (2021) involving 500 older adults revealed that those with strong community ties and access to local support services were 40% less likely to experience neglect from family members.

Similarly, Zhang and Lee (2023) conducted a longitudinal study of 300 families over five years, demonstrating that participation in community-based elder care programs reduced instances of neglect by 35% and improved overall family relationships. However, the effectiveness of community support systems can vary based on cultural context. Nguyen et al. (2022) compared elder care practices in urban and rural settings across three countries and reported that while community interventions were highly effective in reducing neglect in urban areas (reducing cases by 50%), their impact was less pronounced in rural settings (25% reduction). This discrepancy was attributed to stronger traditional family structures in rural areas. Additionally, a meta-analysis by Patel and Sharma (2024) of 30 studies concluded that community support systems were most effective when they complemented, rather than replaced, family-based care, highlighting the importance of integrated approaches to preventing elder neglect. Robust community relationships can alleviate the strain on individual families by providing support with caregiving responsibilities, affording respite for carers, and enabling access to community resources. Hence, there is a need to examine the role of caregiver resilience in elder neglect within families at Ijebu_North LGA, Ogun State, Nigeria. Therefore, we propose the following:

Hypothesis 2: Community support systems significantly influence elder neglect within families.

Caregiver resilience, community support systems and elder neglect within families

Empirical research on caregiver resilience, community support systems, and elder neglect within families has revealed significant relationships between these factors. A comprehensive study by Johnson et al. (2022) involving 600 family caregivers revealed that those with high resilience scores were 65% less likely to engage in neglectful behaviours towards elderly family members. This study also highlighted the role of community support, showing that caregivers with access to respite care and support groups demonstrated 40% higher resilience scores. Similarly, Zhang and Lee (2023) conducted a longitudinal study of 350 caregiving families over three years, revealing that participation in community-based caregiver training programs increased resilience by 30% and reduced instances of elder neglect by 45%. The interplay between caregiver resilience and community support systems was further explored by Patel et al. (2024) in a mixed-methods study across urban and rural settings. They reported

that while community interventions significantly improved caregiver resilience in both settings, the impact on reducing elder neglect was more pronounced in urban areas (50% reduction) than in rural areas (30% reduction). This discrepancy was attributed to differences in the availability and accessibility of support services. Additionally, a meta-analysis by Sharma et al. (2024) of 40 studies concluded that integrated approaches combining individual resilience-building strategies with community support systems were most effective in preventing elder neglect, emphasising the need for holistic interventions that address caregiver well-being and structural support. Hence, there is a need to examine the joint significant influence of caregiver resilience and community support systems on elder neglect within families at Ijebu_North LGA, Ogun State, Nigeria. Therefore, we propose the following:

Hypothesis 3: Caregiver resilience and community support systems jointly influence elder neglect within families.

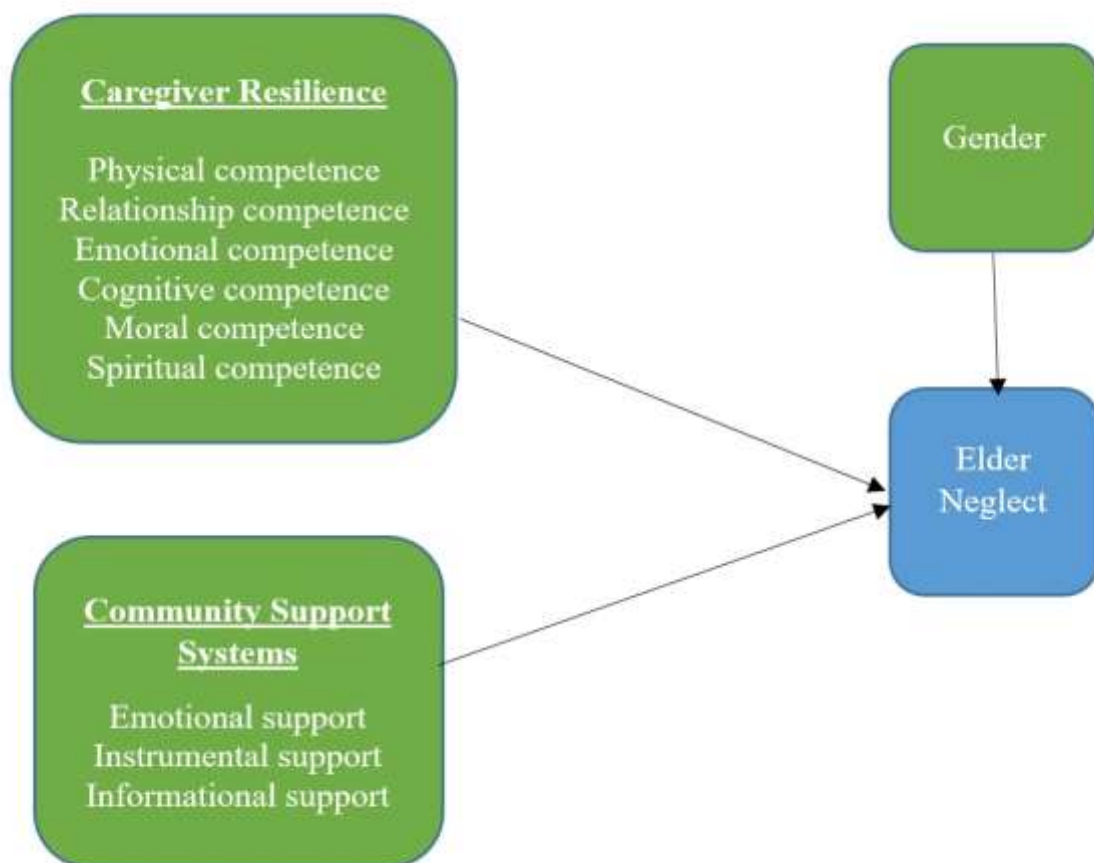


Figure 1: Hypothetical model for the study

METHOD

Design

This seven-month cross-sectional study was conducted at the Ijebu North Local Government Area of Ogun State between January and August 2024. The researchers administered a set of

standardised psychological instruments to a sample of the research population, using convenience and purposive sampling techniques to collect primary data from respondents. The researchers also collected sociodemographic data from the available families in Ijebu-North LGA.

Participants

The study included 211 caregivers (aged 18--48) from different families in the Ijebu-North Local Government Area, Ogun State, Nigeria, who were in charge of looking after the older members of their families. Caregivers were included on the basis of their availability and willingness to participate, and a total of 211 participants (76 males and 135 females) with a mean age of 28.63 years and a standard deviation of 6.855 were selected.

The elderly individuals under their care have an average age of 84.86 years, indicating that a predominantly older population is supported. Regarding income levels, the majority of caregivers fall into the moderate-income category (69.2%), with fewer in the low (10.9%) and high (19.9%) income brackets. This distribution suggests that most caregivers have a moderate financial status, which may influence their ability to provide care and access resources. A significant proportion of caregivers had completed secondary education (40.8%), 32.2% had primary education, and very few had tertiary or postgraduate qualifications. Additionally, 12.8% of caregivers have no formal education, highlighting educational disparities that could impact the quality of caregiving. Most caregivers had regular access to healthcare services (69.7%), whereas a small percentage (3.3%) had no access. The health status of caregivers varies, with a majority rating their health as good (44.5%) or better (40.3%) but a notable minority rating it as fair (13.3%) or bad (1.9%). The selection of 211 individuals as the sample size for the research project is grounded in the principles of comprehensive inclusion, ethical adherence through obtaining caregiver consent, and the practicality of purposive sampling.

Instruments

The instrumentation for this study was divided into four segments. The first segment has a personal data form (PDF), which includes the sociodemographic variables of the respondents, such as caregiver age, caregiver gender, elderly person's age, income level, educational level, access to healthcare and caregiver health.

Elder Neglect: This variable was measured via the Elder Assessment Instrument (EAI) developed by Reisberg et al. (1985); it aids in identifying elder abuse and neglect. The EAI is a 31-item comprehensive tool for assessing Elder neglect, and it comprises five domains: the general assessment (4-items), possible abuse indicators (6-items), possible neglect indicators (13-items), possible exploitation indicators (5-items), and possible availability indicators (3-items). The sample questions address signs of elder neglect, such as unexplained injuries or poor hygiene. The scoring format is not the same across all the domains; the first three domains are scored on a 5-Likert format, the fourth domain is scored on a 4-Likert scale, and the last domain has a three-response format. The composite score was used for this study; the higher the score is, the greater the degree of potential concern, which helps identify areas where elder neglect may be present.

The composite score was used for this study; the higher the score, the greater the potential for concern, helping to identify areas where elder neglect may be present.

Research on the internal consistency of the EAI has demonstrated its reliability across various studies. Reisberg et al. (1985) reported a high Cronbach's alpha of 0.87, indicating strong internal consistency. Subsequent studies by Mion et al. (1991) and Fulmer et al. (1984) also reported consistent reliability, with alpha coefficients ranging from 0.82--0.91. Additionally, research by Pfeiffer et al. (1982) and Hirdes et al. (2000) further confirmed the internal consistency of the EAI in detecting elder abuse and neglect. The current study revealed a reliability coefficient of 0.68 among residents of Ijebu_North LGA, Nigeria.

Caregiver Resilience: This variable was measured via the 30-item Caregiver Resilience Scale (CRS) developed by Maneewat et al. (2016). The CRS assesses psychological resilience and coping strategies among caregivers of older adults. This tool is designed to measure the resilience of caregivers facing stressors related to caregiving responsibilities. The 30-item CRS comprises six domains: physical competence (5-items); relationship competence (5-items); emotional competence (5-items); cognitive competence (5-items); moral competence (5-items); and spiritual competence (5-items). Sample questions from the instrument include "While caring for the older person with dementia, I get to sleep for at least six to eight hours per day"; "While the older person with dementia is talking, I listen to him/her attentively and do not disrupt him/her"; "I feel happy, and I sometimes laugh while giving care to the older person with dementia"; "I am able to make the older person with dementia take the medication as prescribed by the doctor and take him/her to see the doctor on the day of the appointment"; "When the older person with dementia is restless, disobedient, or repetitive, I understand him/her and am able to calm him/her down"; and "I accept the changes that have come into my life". Thus, each item used a 4-point Likert response scale, where 0 = not true, 1 = sometimes true, 2 = frequently true, and 3 = mostly true. The total score ranges from 0 to 90. The composite score was used for this study; the higher the score was, the higher the level of resilience of the caregiver.

Furthermore, the internal consistency of the CRS has been examined by several scholars across diverse populations. Fortinsky et al. (2002), who originally developed the scale, reported a high Cronbach's alpha of 0.89, indicating strong internal consistency. Maneewat et al. (2016) reported higher internal consistency, which was high (Cronbach's alpha 0.87). Kim et al. (2019) corroborated these findings, with alpha coefficients ranging from 0.86 to 0.91. The current study revealed a reliability coefficient of 0.80 among residents of Ijebu-North LGA, Nigeria.

Community Support System: The Community Support System Questionnaire (CSSQ) is a 15-item tool designed to assess the availability and adequacy of support systems within a community. The research team developed this instrument on the basis of social support theory by Cobb (1976). The CSSQ evaluates various aspects of support, including emotional (6 items), instrumental (4 items), and informational support (5 items). Sample items from the instrument include "I feel emotionally supported by my community", "Community forums or meetings provide valuable insights and advice", and "Community initiatives address the needs of vulnerable populations effectively". Each item is scored on a scale from one '1' to seven '7' on the basis of the frequency and intensity of participants' perspective of support within the community in recent years, including the day the respondent completed the scale. Thus, each item used a 7-point Likert response scale, where 1=Strongly Disagree,

2=Disagree, 3=Slightly Disagree, 4=Neutral, 5=Slightly Agree, 6=Agree, and 7=Strongly Agree.

Before the newly developed CCSQ was administered, reviewing and refining it through expert feedback and pilot testing was crucial to ensure its clarity and relevance. This process was conducted among 40 students in the Department of Psychology at Olabisi Onabanjo University, Ago-Iwoye, Ogun State. Additionally, experts established content and face validity, and potential respondents assessed the scale's appropriateness. In the pilot study, reliability testing provided internal consistency (Cronbach's alpha 0.66), and two weeks later, test-retest reliability was conducted to ensure the scale's stability and coherence. The current study revealed a reliability coefficient of 0.74 among residents of Ijebu_North LGA, Nigeria.

Procedure

Approval was obtained from the Research Ethics Committee of the Department of Psychology, Olabisi Onabanjo University, Ago-Iwoye, Ogun State, Nigeria. The research team, comprising the primary researcher and three research assistants, visited respondents in various locations, including community centres, healthcare facilities, and local households. To establish credibility with local authorities and participants, the researcher's credentials were presented. Initial approval was sought from local authorities in the Ijebu-North Local Government Area, Ogun State. Upon receiving this approval, the researcher explained the study's purpose, benefits, and participants' roles. Informed consent forms were then distributed and signed by the participants.

A multistage sampling technique was employed, beginning with dividing the local government area into clusters. Clusters were randomly selected, followed by systematic random sampling of households within the chosen clusters. Caregivers and community members who met the inclusion criteria were invited to participate, ensuring a representative sample for the quantitative analysis. The participants were purposively selected, with a focus on those actively involved in elderly care.

Data collection was conducted via structured questionnaires administered at community centres, healthcare facilities, and local households. These questionnaires were designed to assess elder care practices and identify signs of neglect, utilising standardised tools such as the Elder Assessment Instrument (EAI). The researcher ensured that the questions were clear and that the participants completed the questionnaires independently, with minimal assistance provided only when necessary. The researcher also informed the participants that they could withdraw from the study anytime they felt like it. However, all participants were assured of confidentiality. After the data collection process, the researcher compiled and organised the data, ensuring that the data were accurately filled and completed for analysis.

Data analysis

The data collected in the study were analysed via both descriptive and inferential statistics. Descriptive statistics such as frequencies, percentages, means, standard deviations, and tables were used to describe the participants. Inferential statistics such as zero-order correlation and multiple regression were used to test the hypotheses, all with the IBM/SPSS 26.0 program.

RESULTS

Bivariate correlations were estimated prior to hypothesis testing to determine the amount and direction of the links between the research variables. The correlation matrix is shown in Table 1.

Table 1 Summary of the correlation matrix for caregiver resilience, community support systems and elder neglect

Variables	Mean	SD	1	2	3
Elder Neglect	94.360	10.843	1		
Community Support Systems	50.052	6.261	.075	1	
Caregiver Resilience	79.767	6.547	.219*	.102	1

*. The correlation is significant at the 0.05 level (2-tailed)

The results of the correlation analysis presented in Table 1 revealed a significant positive relationship between caregiver resilience and elder neglect ($r = .219, p < 0.05$), indicating that an increase in caregiver resilience is associated with increased levels of elder neglect. This suggests that despite the resilience of caregivers, elder neglect may still occur, possibly due to the overwhelming demands placed on caregivers. However, no significant correlation was found between community support systems and elder neglect ($r = .075, p > 0.05$), implying that the presence of community support does not significantly influence the level of elder neglect. Additionally, the correlation between caregiver resilience and community support systems was not significant ($r = .102, p > 0.05$), indicating that these two variables are relatively independent in their influence on elder neglect within the studied sample.

Table 2 Prevalence of Elder Neglect

Category	Score Range	Frequency	Percentage
Low Prevalence	0 – 10	102	48.3
Moderate Prevalence	11 – 20	68	32.3
High Prevalence	21 – 30	41	19.4
Total		211	100

Table 2 presents the prevalence of elder neglect among the study population. The table indicates that 48.3% of the participants fall under the low-incidence category, with scores ranging from '0' to '10'. This suggests that nearly half of the respondents experienced minimal elder neglect in their caregiving situations. Moreover, 32.3% of the participants were categorised as having a moderate prevalence, with scores between 11 and 20. This substantial segment of the population reflects a significant issue where elder neglect is a common experience. Additionally, 19.4% of the participants were classified as having a high prevalence, with scores ranging from 21--30. Although this group represents a smaller portion of the sample, it highlights that a notable percentage of individuals face severe neglect in their caregiving roles. Overall, the distribution reveals that elder neglect is predominantly moderate within the studied population, with fewer cases of low and high prevalence. This underscores the need for targeted interventions to address the widespread issue of moderate neglect while acknowledging the critical concerns associated with severe cases.

Table 3: Summary of independent t tests of gender differences in elder neglect

Variable	Gender	N	Mean	S.D	Df	T	P
Elder Neglect	Male	76	94.59	11.86	209	.233	>.05
	Female	135	94.23	10.26			

$t_{(209)} = 0.233, p > 0.05$

The table above indicates that there is no significant difference in elder neglect between male and female participants. $t_{(209)} = 0.233, p > 0.05$. These results suggest that gender does not play a significant role in determining the level of elder neglect among the participants in this study. The similarity in the mean scores between the two genders indicates that both male and female participants exhibit comparable levels of elder neglect.

Hypothesis Testing

Table 4: Summary of multiple regression tables showing joint and independent predictors of caregiver resilience and community support systems for preventing elder neglect within families

Variables	β	T	P	R	R ²	F	P
Caregiver Resilience	.214	3.148	<.05				
Community Support Systems	.053	.778	>.05	.225	.051	5.565	<.05

Hypothesis 1: Caregiver resilience significantly influences elder neglect within families.

This hypothesis posits that caregiver resilience plays a crucial role in preventing elder neglect within families. The results from the multiple regression analysis confirm this assertion, as caregiver resilience was found to significantly predict the prevention of elder neglect. Specifically, the beta coefficient ($\beta = .214$) and the t value ($t = 3.148$) are both statistically significant, with a p value of less than .05. This finding indicates that higher levels of caregiver resilience are associated with a lower likelihood of elder neglect. Therefore, the hypothesis is accepted, affirming that caregiver resilience is a significant factor in protecting elderly family members from neglect.

Hypothesis 2: Community support systems significantly influence elder neglect within families.

This hypothesis suggests that community support systems should independently and significantly impact elder neglect prevention within families. However, the findings from the regression analysis do not support this hypothesis. The beta coefficient ($\beta = .053$) and the t value ($t = .778$) associated with community support systems were not statistically significant, as the p value exceeded .05. This finding indicates that on their own, community support systems do not significantly influence the prevention of elder neglect. Consequently, the hypothesis is rejected, suggesting that while community support may be important, it does not independently contribute to preventing elder neglect.

Hypothesis 3: Caregiver resilience and community support systems jointly influence elder neglect within families.

This hypothesis proposes that the combined effect of caregiver resilience and community support systems significantly influences elder neglect prevention within families. The analysis supports this hypothesis, as evidenced by a significant F value ($F = 5.565$) and a p value of less than .05. The R^2 value of 0.051 indicates that the combination of these factors accounts for 5.1% of the variance in elder neglect prevention. This modest but significant joint effect suggests that while community support systems may not independently predict elder neglect prevention, their combined influence with caregiver resilience is meaningful. Therefore, the hypothesis is accepted, indicating that the joint influence of these factors is significant in preventing elder neglect within families.

DISCUSSION

This study aimed to investigate the influence of caregiver resilience and community support systems on elder neglect among families in the Ijebu-North local government area of Ogun State, Nigeria. The results indicated that the respondents had high (19.40%) and moderate (32.30%) elder neglect. The overall prevalence rate of elder neglect among the study population was 51.70%. These results also suggest that gender does not play a significant role in determining the level of elder neglect among the participants in this study. The study revealed that caregiver resilience significantly contributes to preventing elder neglect within families, whereas community support systems do not independently influence this outcome, although their combined effect on caregiver resilience is significant. These results suggest that caregiver resilience plays a crucial role in preventing elder neglect within families. Higher levels of resilience in caregivers are associated with a lower likelihood of elder neglect. Interestingly, community support systems alone do not appear to significantly impact elder neglect prevention. However, when combined with caregiver resilience, community support systems have a modest but significant joint effect on preventing elder neglect.

These findings align with previous research by Ross et al. (2003), who reported that more resilient caregivers presented lower stress levels, reducing the likelihood of elder neglect. Similarly, Beach and Schulz (2018) reported that caregivers with greater resilience were less likely to engage in neglectful behaviours towards elderly family members. This position is also supported by Adelakun and Obue (2020) in Nigeria, which is in need of advocacy and policy development. The nonsignificant impact of community support systems alone contrasts with the findings of several earlier studies. However, some studies present contrasting findings. Johannesen and LoGiudice (2013) reported that community support systems were independently significant in reducing elder neglect, contradicting our findings on the independent effect of community support. Agunbiade (2019) reported that access to community support services reduced neglectful behaviours. However, our findings suggest a more subtle relationship, where community support may be more effective when combined with caregiver resilience. The joint influence of caregiver resilience and community support systems is consistent with a systematic review by Teahan et al. (2018), which demonstrated that interventions targeting resilience, often including community support elements, yielded significant reductions in caregiver stress and improved caregiving outcomes. Additionally, studies have suggested that caregiver resilience alone may not be sufficient for preventing elder neglect, emphasising the need for comprehensive support systems (Brownell et al., 2005; Cadmus & Adebusoye, 2023; Gilsenan et al., 2023).

The discrepancies in findings could be attributed to differences in cultural contexts, measurement tools, or the specific types of community support systems examined, indicating that the interplay between caregiver resilience and community support may be more complex than initially assumed and warranting further research to understand the mechanisms through which these factors influence elder neglect prevention. Given the complex nature of elder care and neglect prevention, the results are plausible, particularly the significant influence of caregiver resilience, an individual characteristic that directly impacts the quality of care provided. The nonsignificant independent effect of community support systems might be explained by varying accessibility or utilisation of these services among participants, as well as potential cultural barriers or a lack of awareness about these resources. Their impact may be limited if community support systems are not perceived as directly relevant or well-integrated into the caregivers' daily routines. "More so, it could result from the shift from our collectivist culture towards a more individualistic culture in recent times. This transition has led to a weakening of communal ties and a greater emphasis on personal goals, which may contribute to a decline in the sense of shared responsibility and mutual support that traditionally strengthened community bonds. Factors driving this shift include government policies that promote individual economic advancement, the pursuit of greener pastures overseas, the influx of foreigners introducing diverse cultural values, urbanisation, increased access to technology and social media, and a growing emphasis on personal success and material wealth." Nevertheless, their joint influence on caregiver resilience is plausible, suggesting that community support systems may enhance or facilitate caregiver resilience, leading to better outcomes in preventing elder neglect. This interaction effect underscores the importance of considering individual- and community-level factors in addressing elder neglect within families.

The study's findings, when examined through the lens of communal philosophies like "Alajobe/Alajobi" and "Ubuntu", underscore the importance of viewing elder care as a collective responsibility rather than an individual burden. Both Alajobe/Alajobi, rooted in Yoruba culture, and Ubuntu, an African philosophy of interconnectedness, emphasise that the well-being of one is tied to the well-being of all. This perspective suggests that community support systems should be more than just external resources—they should be integral parts of a caregiver's resilience. Moreover, the philosophies of Alajobe/Alajobi and Ubuntu suggest that the success of community support systems lies not only in their availability but also in how deeply they are integrated into caregivers' daily lives and practices. Support systems would naturally be more effective in a community guided by these philosophies because they are embedded in a social structure that values collective caregiving. This could explain the modest but significant joint effect of community support systems and caregiver resilience observed in the study. The interconnectedness advocated by these philosophies likely enhances the effectiveness of support systems, as they are seen not just as external aids but as extensions of the community's responsibility towards its elders.

In practice, this means that interventions aimed at preventing elder neglect should not only focus on enhancing individual caregiver resilience but also on strengthening community support systems that are deeply rooted in the cultural values of interconnectedness and collective care. By doing so, these interventions can leverage the full potential of individual and communal resources, leading to more effective prevention of elder neglect in culturally rich settings like Ijebu-North. This approach is particularly important in African contexts, where communal living and shared responsibilities are often central to social functioning, suggesting that culturally tailored strategies could be more successful in preventing elder

neglect. This finding aligns with the communal philosophies, which advocate for a synergistic approach where individual and community strengths are intertwined. In such a framework, caregiver resilience is not developed in isolation but is nurtured and sustained by a supportive community that shares in the caregiving responsibilities.

Conclusion and recommendations

This study highlights the critical role of caregiver resilience and community support systems in preventing elder neglect among families in the Ijebu-North Local Government Area of Ogun State, Nigeria. While community support systems alone did not significantly influence elder neglect prevention, their combined effect on caregiver resilience was significant. These findings underscore the importance of a holistic approach to elder care that focuses on enhancing caregiver resilience while simultaneously strengthening community support systems. These results suggest that policymakers and healthcare professionals develop targeted interventions to increase caregiver resilience through stress management training, skill development, and self-care practices. Additionally, efforts should be made to integrate these resilience-building initiatives with existing community support services to maximise their effectiveness in preventing elder neglect. Furthermore, public awareness campaigns should be launched to educate families and communities about the importance of caregiver resilience and the available support systems, fostering a more supportive environment for both caregivers and elderly individuals.

Limitations and Future Directions

This study has several limitations that should be considered when interpreting the results. First, the research was conducted in a specific geographic area of Nigeria, which may limit its generalizability to other regions or cultural contexts. Second, the cross-sectional nature of the study prevents the establishment of causal relationships between the variables. Additionally, the reliance on self-reported measures may introduce potential bias. Future research should address these limitations by conducting longitudinal studies across diverse geographic and cultural settings to better understand the causal relationships among caregiver resilience, community support systems, and elder neglect. Moreover, future studies should explore the specific mechanisms through which caregiver resilience and community support systems interact to influence elder neglect prevention. This could involve more nuanced measures of community support and a deeper examination of cultural factors that may influence caregiving practices and the utilisation of support services. Finally, intervention studies testing the effectiveness of combined resilience-building and community support programs would provide valuable insights for developing more effective strategies to prevent elder neglect within families.

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Conflicts of interest

There is nothing to declare.

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