

Income and Occupation as Correlates of Well-Being of Caregivers of Children with Disabilities in South-Western Nigeria

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Abstract

Several research studies have sought to look into the well-being of caregivers, however, little has been done on determinants of well-being among caregivers of physically challenged children in south-western Nigeria. This paper aims at investigating the impact of income and occupation on the well-being of informal caregivers of physically challenged children. However, data for this paper is from a larger study on the determinants of well-being of informal caregivers in southwest of Nigeria. Quantitative research method was used to explore the impact of income and occupation on the well-being of informal caregivers. Eight hundred and twelve informal caregivers were selected through their disabled children from different special schools in three states in western Nigeria. Data were collected using caregivers' socio-economic status scale (urban) by Kuppuswamy (1962) and Ryff's (1989) psychological well-being scale to measure caregiver's well-being. Findings revealed that both income and occupational status predict well-being of informal caregivers of children with disability. It was therefore, recommended that caregivers' finance should be boosted by improving on the existing welfare package for children with disability and introduction of disability grant by governments in Nigeria to assist caregivers in their bid to cope with financial burden of caregiving role.

Keywords: Income, Occupation, Well-Being, Informal Caregivers, Physically challenged Children.

1. Introduction

Income and occupation are two of the indices used to measure socio-economic status of an individual. Income is the total amount of earning of a person for a specific period of time. Occupation on the other hand refers to job type of an individual. A job can either be professional or non-professional. More also, a job can be full-time or part-time and an individual can either be employed or unemployed. Caregivers' income and occupation have been found to play a significant role in their overall well-being. Income may have influence on the burden of caregivers (Andren & Elmstahl 2006). Socioeconomic positions of individuals have been found to increase susceptibility to disease and this is due to the ability of stress to suppress immune system and neuroendocrine activation in human system (McEwen, 1998). Lower income is a stressor that influenced stress feeling during providing care for a disabled family member. Lower income and financial inadequacy is related to caregiver's mental health (Convinsky, Newcomer & Fox, 2003). Income is also positively correlated with caregiver's life satisfaction (Lee, Brennan & Daly, 2001). Caregivers with higher income appraised the caregiving situation as more satisfactory and beneficial and those with higher income also reported less depression. Employment type also influences parenting stress. Informal caregivers with low income and poor job tend to have less self-control and thereby becoming highly sensitive to environmental stressors. They also tend to develop a form of physical and mental illness or a lower sense of well-being (Gallo, Bogart, Vranceanu, & Matthews, 2005).

In a developing country such as Nigeria, unemployment rate is very high and many of the informal caregivers are unemployed. Besides, those that are employed are under employed and many are also in non-professional jobs because of their educational qualification. This situation and burden from caring for a physically challenged child tend to impact on their well-being. Informal caregivers of children with physical disability are usually under financial pressure especially the single parents and those with low incomes. Financial pressure and the stress they encounter, severely hinder their

participation in normal activities for other children in the family. Besides, there are other expenses coming from medical appointments, transportation and home modifications (Carpenter, Cooper, Fischl, Gatell, Gazzard and Hamme, 2000; Horsburgh, 2002; Horsburgh & Trenholme, 2002). Studies have revealed that the greater the socio-economic status (income and occupational) the less stress the caregiver may have and the more effective the care giving to the psychological well-being of physically challenged children (Baillie, Norbeck, & Barnes 1988; Chen & Greenberg, 2004; Thompson, Futterman, Gallagher-Thompson, Rose & Lovett, 1993).

Furthermore, low financial incomes constitute major sources of stress for all caregivers. The more profound the disability of a child, the more support the child requires from the caregivers and the level of income affects ability to purchase additional support (Lungley, Parkin & Gray, 1995; Nikora, Karapu, Hickey & TeAwakotuku, 2004). Caregivers' characteristics such as income and occupation status may influence the children's nutritional status and are very important variables influencing child growth, especially in low income families living in deprived conditions (Zeitlin, Ghassemi & Mansour 1990).

2. Statement of Problem

Income and occupation play important role in well-being of people generally. Informal caregivers of physically challenged children's well-being become important because of the impact it has on their children with disability's well-being. Not surprisingly, anecdotal evidences and literature have shown that majority of the physically challenged children in Nigeria have poor psycho-social wellbeing and social outcome mainly due to psychological, physiological, and socio-economic circumstances of their caregivers (DFID, 2008; Okoye, 2010). Lower income and poor job type have been associated with stress related problems such as elevated blood pressure, anxiety and depression. Informal caregivers are vulnerable to stress due to burden of care and their low socioeconomic status. Underestimating the role of social support and socio-economic status in ensuring psycho-social well-being of informal caregivers may create barriers to the development of interventions and rehabilitation of physically challenged children.

Therefore, this paper seeks to investigate the impact of income and occupational status in determining well-being of caregivers of children with physical disabilities. The following research questions were postulated to guide the paper

To what extent does occupational status contribute to psycho-social well-being of informal caregivers?

How does family income contribute to psycho-social well-being of informal caregivers?

3. Literature Review

The socioeconomic status is the measurement of the level of income each person has to determine their level of economic status in society. The individuals with low socioeconomic status also tend to have less self-control. Consequently, they become more sensitive to stressors in their environment and less able to control their reactions (Corey, 2005). Financial adequacy is important to all family caregivers. Policymakers should consider potential strategies to provide better financial support to family caregivers (Lai & Leonenko, 2007).

According to Carpenter, et al., (2000); Horsburgh (2002); Horsburgh and Trenholme (2002), disability has direct financial burden on informal caregivers. The informal caregivers bear huge financial liabilities over and above that of rearing of a normal child. These burdens can be loss of daily wages for those who are either daily wage earners or small traders. They also experience frequent job change and loss of job unlike government employees who could still avail of casual or medical leaves. Informal caregivers spend most of their income on non-recurring cost of treatment and rehabilitation. Huge amounts of their income are also spent on transport, food, accommodation and making the house barrier free.

However, this financial burden has a resulting effect of making the informal caregivers more impoverished and indebted. Financial pressure adds to stress, places constraints on the manner in which they can care for their child and severely limits participation in normal activities for other children in the family. There are additional expenses arising from medical appointments, transportation and parking and home modifications (Carpenter *et al.*, 2000; Horsburgh, 2002; Horsburgh & Trenholme, 2002). In addition, low income is a major source of stress for all caregivers. The more dependent the disabled child, the more support needed by a caregiver and level of income affects ability to purchase additional support.

Friends and family often become the primary caregivers for a physically challenged person in the home. They may be incurring financial assistance in supporting the child if they take on this role. Study on psychosocial effect and economic burden on parents of children with locomotor disability by Ananya, Vimal, Dharmendra, Nandini and Megha

(2010) observed that the parents of the disabled children were severely burdened in terms of financial burden and mental health. More importantly, the study also revealed that the parents have to bear huge financial liabilities, over and above that of rearing of a normal child. The study points towards an urgent need for support activities for the physically disabled children at national level, in order to curb the huge economic and social burden of care-giving. According to these authors, sincere efforts should also be made to strengthen the existing schemes for the disabled, with special focus on the parents working in the unorganized sector. They also proposed the introduction of health insurance schemes and day-care centres for disabled children should be given serious thought. All these initiatives will go a long way in bringing down the social burden associated with physical disability.

Income may have influence on the burden of caregivers according to Andren and Elmstahl (2006). Their study on relationship between income, subjective health and caregiver's burden in people with dementia revealed that low income was associated with a higher degree of burden on the caregivers. Lower income was a stressor that influenced stress feeling during providing care for ill family member. Besides caregivers providing care for ill member, had to solve financial problem and find out source of money.

Schulz, O'Brien, Bookwala and Fleissner (1995) also reported the negative relationship between income and psychiatric morbidity. Income is also positively correlated with caregiver's life satisfaction. Parish, Seltzer, Greenberg and Floyd (2004) concluded that mothers of children with disabilities were less likely to have job spells lasting more than 5 years and had lower earnings when they were 36 years old. Also, there was a trend for them to be less likely to have full-time jobs as their children grew older. Warfield (2001) found among employed mothers, those who rated their jobs as interesting reported significantly less parenting stress when they experienced low or mean levels of parenting demands. Mothers' interest in work did not moderate the negative influence of high levels of parenting demands on stress. Finally, he concluded that parenting demands increased absenteeism but had no effect on work quality.

Kuhlthau, Perrin and Ettner (2001) posited that, having a child with poor health status, as measured by general reported health, hospitalizations, activity limitations, and chronic condition or disability status, is associated with reduced employment of mothers and fathers. In their conclusion, having a child with poor health status is associated with reduced maternal and paternal employment

Moreover a qualitative study with 18 mothers of children with disabilities aged between 5 and 15 years found employment difficult and encountered unusual time demands, and a lack of adequate and affordable child care (Shearn and Todd 2000). Furthermore, the authors felt that their employment opportunities were restricted by attitudes prevalent in society concerning appropriate roles for women, especially mothers of children with disabilities. The lack of opportunities to engage in employment led, in varying degrees, to feelings of isolation, a lack of fulfilment and low self-esteem. The mothers felt that they were on the periphery of society with little release from the pressures of caring. Mothers who had part-time jobs often did poorly paid work of low status, thereby encountering few opportunities to use their skills and abilities to the full. Those who attempted a full-time job experience stress from the dual demands of home and work, and from a fear that they were failing as mothers (Shearn and Todd, 2000).

4. Theoretical Orientation

This paper is anchored on the capability theory that states that a person's financial capability affects their psychological health through two processes. Firstly, financial capability is likely to be correlated with other observable characteristics that affect psychological health, such as income and material wellbeing. The financially capable will manage their incomes more efficiently and, all else equal, have higher levels of disposable income (or lower levels of debt) than the less financially capable with otherwise similar characteristics. Access to greater economic resources infers higher living standards and wellbeing as people with higher incomes are more able to meet their material aspirations and will feel better off (Easterlin, 2001). However there is no empirical consensus about whether income itself enhances wellbeing, as theory would predict. Most studies report a small positive impact (Clarke, 2001; Frey & Stutzer, 2000; Frijters, Haisken-DeNew & Shields, 2004), while others argue that it is relative rather than absolute income that matters (Blanchflower & Oswald, 2004). In this case, what affects people's psychological health is the difference between their own economic resources and those of others in their reference group (Wagstaff & Doorslaer, 2000). If the impacts of financial capability on psychological health operate only indirectly through this relationship with economic resources, then we should find no statistically significant relationship emerging in multivariate models that control for a household's income and current financial situation.

However financial capability may have a direct impact on psychological wellbeing independent of its effect through current income and economic wellbeing. Low financial capability implies a lack of control over the current financial

situation, and an inability to plan ahead or to act on acquired knowledge. In contrast high financial capability infers the ability to control economic resources efficiently and hence to control future incomes and material and economic wellbeing, and to exploit knowledge of financial information. A great deal of research testifies to the importance of feelings of control in maintaining well-being. For instance, individuals who have control over their work tend to have fewer health problems than workers who lack such control (Kivimäki, Leino-Arjas, Luukkonen & Riihimäki, 2002). This is analogous to the literature on locus of control which differentiates between an internal locus of control, in which people feel control over outcomes, and an external locus of control, in which people feel their outcomes rest with others or are the result of luck. It has been consistently demonstrated that individuals with a more internal locus of control tend to enjoy higher levels of psychological well-being than individuals with a more external locus of control (DeNeve & Cooper, 1999; Peacock & Wong 1996; Peterson, 1999). In addition, capability theory suggests that high financial capability, as well as providing a stock of knowledge and skills, also allows people wider access to institutions and their external environment. This aids the development of other abilities that allow them to adopt their desired life-style and take advantage of the opportunities that they have (Johnson & Sherraden, 2007; Nussbaum, 2002; Robeyns, 2005; Sen, 1993).

This theory suggests that people with high financial capability have more control over their financial situation and their external environment and are more able to manage their economic resources and adopt desired lifestyles. Therefore, the lack of financial control implied by low financial capability will result in stress and psychological ill-health, particularly when dealing with negative outcomes such as shocks and that this will persist in multivariate analyses that also control for household income and financial situations. This approach is to assess the impact of financial capability on psychological wellbeing of informal caregivers over and above its effect through income and material wellbeing, when holding a range of other observable characteristics (such as occupational status, educational level, and marital status) constant.

5. Study Area and Methodology

The larger study employed an ex post facto research design and 812 caregivers of children with disabilities were selected from different special schools in the three states of Lagos, Oyo and Ondo for the study. These states have different local governments for administrative purposes. The states are also predominantly inhabited by the Yoruba speaking group and Lagos state being the economic capital for the country. The other two states are also economic centers where people across the federation ply their trades (Iloje, 1981).

Multi-stage sampling procedure was used to randomly select three states from the six states in the southwest geo-political zone. The second stage of the sampling procedure consisted of purposive selection of two senatorial districts in Oyo and Lagos while one was selected in Ondo state. The third stage is stratified probability sampling method which was used to select children in various special schools whose caregivers took part in the study.

The caregivers' socio-economic status was measured using Socio-Economic Status Scale (Urban) by Kuppuswamy (1962). The scale measures socio-economic status on three main variables: Education, Occupation and Income but for this paper only income and education were captured. The range of scores which can be obtained is from 3 to 27. The norms which were established can only be applicable for urban population and cannot be used for a rural population. And the level of income was modified to show present economic conditions in Nigeria

The caregivers' psycho-social well-being was measured using the 18-item versions of Ryff's (1989) psychological well-being scale. The scale has six subscales: autonomy, personal growth, positive relations with others, purpose in life and self-acceptance and environmental mastery. High scores indicate high level of psychological well-being. Previous studies indicated that the scale has a high reliability co-efficient (Ryff & Keyes, 1995). The measurement of this variable is important as it is the variable of interest to this paper. Some of the items in the questionnaire were adapted and revalidated to fit into the Nigerian study.

Although the instruments used are standardized scales and have been used in different studies, these instruments were subjected to pre-test. Before going to the field to administer the questionnaire, a pre-test on the draft questionnaire was carried out to know if the question will elicit the required response. For the pre-test a sample of 50 respondents was selected from special schools that were not part of those selected for the study. The selection was done at random in each state that was selected for the study. After the pre-test was over, the questionnaire was fine-tuned with modification wherever necessary and finalized. It was this finalized form that was used as the tool for data collection. Data collected were entered into computer and statistical package for social sciences (SPSS) was used to analyse the research questions.

6. Results

The findings are presented according to four tables. The impact of occupation on the wellbeing of informal caregivers was examined and the results are shown on table 1 which is presented using simple regression analyses.

Table 1: Summary of simple regression analyses on impact of occupation on psycho-social well-being of informal caregivers.

Model 1	S.E	B	T	Sig.	F-Ratio	Sig.	R	R ²	Adj. R ²
occupation	.984	.19	5.62	.000	31.58	.007	.194 ^a	.038	.036

*Significant at P < 0.05

Table 1 shows that occupational status significantly impacts on the psycho-social well-being of the informal caregivers of physically challenged children $F(1,808) = 31.58, p < 0.05$. In the same table occupational status shows a strong contribution to the psycho-social well-being of informal caregiver ($R^2 = .04, F(1,808) = 31.58, P < 0.01$). Occupational status contributes a significant 3.8% change observed in the variance of the reported psycho-social well-being of informal caregivers. Table 2 indicates the multiple regression comparisons mean differences between occupations of informal caregivers.

Table 2: Multiple comparisons on mean difference between occupations of Informal caregivers on psycho-social well-being.

Occupations	N	Mean	SD	1	2	3	4	5	6	7
1. Professional	114	62.60	6.86	-	-	-	-	-	-	-
2. Civil servant	104	62.18	8.37	.414	-	-	-	-	-	-
3. Pensioner	42	61.79	6.25	.811	.397	-	-	-	-	-
4 Self employed	270	66.08	9.80	-3.48*	-3.90*	-4.29*	-	-	-	-
5. Full time house wife	42	64.64	6.70	-2.05	-2.46	-2.86	1.44	-	-	-
6. Trading/farming	215	65.51	8.99	-2.91*	-3.32*	-3.72*	.571	-.86	-	-
7. Unemployed	25	58.60	15.50	3.99*	3.58	3.19	7.48*	6.04*	6.91*	-
Total	812	64.41	9.15							

*mean difference is significant at the 0.05 level

Table 2 is further analysis using multiple comparison one way ANOVA LSD post hoc analysis which reveals that informal caregivers who are self-employed ($X = 66.08$) have significant higher psycho-social well-being followed by informal caregivers who were engaged in trading/farming ($X = 65.51$) compared to informal caregivers in other occupational category. Table 3 reveals the impact of family income on psycho-social wellbeing of informal caregivers.

Table 3: Summary of simple regression analyses showing significance impact of family income on psycho-social well-being of informal caregivers.

Model 1	S.E	B	T	Sig.	F-Ratio	Sig.	R	R ²	Adj.R ²
Family income	1.04	.15	4.39	.000	19.24	.000	.152	.023	.022

*Significant at P < 0.5

Table 3 also demonstrates that family income significantly contributes to the psycho-social well-being of the informal caregivers of physically challenged children $F(1,808) = 19.24, p < 0.05$. The table also indicates that 5.2, family income demonstrates to be a significant predictor of informal caregiver psycho-social well-being ($R^2 = .02, F(1,808) = 19.24, P < 0.01$). The result suggests that family income contributes a significant 2.2% change observed in the variance psycho-social well-being of informal caregivers. This also shows that for every unit change in the psycho-social well-being of the informal caregivers the family income increases by 0.15 units ($\beta = 0.15, t\text{-value} = 4.39, p < 0.001$). Different income levels were computed in order to determine the multiple comparisons on mean differences between family income of these informal caregivers and the findings are shown on table 4.

Table 4: Multiple comparisons on mean differences between family incomes of Informal caregivers.

	N	Mean	SD	1	2	3	4	5	6	7
1. More than # 100,000	41	60.20	7.85	-						
2. # 100,000 - 50,000	114	62.02	4.96	-1.81	-					
3. # 49,999 - 30,000	115	64.55	8.099	-4.35*	-2.53*					
4. # 29,999 - 10,000	280	66.21	8.92	-6.01*	-4.20*	-1.66				
5. # 9,999 - 5,000	210	65.65	9.50	-5.45*	-3.64*	-1.10	.56			
6. # 4,999 - 1,000	31	61.23	9.69	-1.03	.78	3.32	4.98*	4.42*		
7. Less than # 1,000	21	53.38	16.96	6.81*	8.63*	11.17*	12.82*	12.27*	7.85*	
Total	812	64.41	9.148							

*Mean difference is significant at the 0.05 level

Table 4 shows one way ANOVA post hoc analysis and it reveals significant mean difference between family incomes of informal caregivers on psycho-social well-being. From the above table, the result of multiple comparisons indicates that informal caregivers who earn between #10000 to #29999 ($X = 66.21$) have significant higher psycho-social well-being followed by informal caregivers who earn between #5000 to #9999 ($X = 65.65$) compare with other groups of family incomes.

7. Discussions

The results show that income and occupational status have significant influence in determining well-being of informal caregivers of physically challenged children. A caregiver's socio-economic status is based on family income, education level and occupation. Caregivers with high socio-economic status e.g. income and occupation typically have access to a wide range of resources to promote their well-being as well as supporting their children's development. Income and occupation of caregivers are some of the most consistent family factors found to be associated with health care of the physically challenged children. Generally, low income and the factors associated with social economic status e.g. low social support and type of disability are significantly related to low levels of well-being of informal caregivers. Drawing from the capability theory, (Easterlin, 2001), financial capability is linked with psycho-social well-being.

Income which is determined by educational level and occupational status predicts psycho-social well-being of informal caregivers. A good income ensures financial capability which allows for control of financial and environmental situations that promote positive psycho-social well-being. This suggests that caregivers who have high educational qualifications and are in a good occupation are more likely to have high income which allows them to take care of the financial situation of their disabled children and themselves. On the contrary a low income earner caregiver as a result of low educational qualification and not in too good occupation are more likely not to control both financial and environmental situation and may not have positive well-being. Income determines how well caregivers are able to provide for educational, health, housing, information and social needs of their children and that of their own. Ability to meet all these needs is what ensures well-being of these caregivers.

Besides, the economic factor is one of the correlates and determinants of well-being as supported by subjective well-being theory (Cheng & Lam, 2010). This shows that income which determines the economic activities is very crucial in determining the psycho-social well-being of the informal caregivers. Drawing from the social well-being theory of Keyes, (1998), individuals with low socio-economic status are more likely to have negative well-being because they could not have access to good things of life while individuals with high socio-economic status are very likely to enjoy positive psycho-social well-being because of their ability to access good things of life. The implication of this for informal caregivers is that caregivers with low socio-economic status are most likely to have poor social well-being while caregivers with high socio-economic status are more likely to have positive social well-being due to the fact that they could have access to good things of life. The findings generally imply that socio-economic factors are very important when considering well-being of informal caregivers of physically challenged children. Their well-being becomes important because their ability to give quality care that will enhance the psycho-social well-being of their children with disability depends largely on their own personal well-being. In a situation where they themselves cannot take care of their own health due to pressure of caregiving their ability to give quality care is jeopardized and this has an effect of leading to early institutionalization of their children with disability which may not be in their best interest.

In the light of dwindling government resources and inability to provide quality special schools that can meet the needs of children with disability in Nigeria, it becomes important to strengthen informal caregivers of these children in

areas of providing community, financial, emotional and health support which can be a catalyst to effective caregiving. Many of the caregivers are not well educated and do not have good jobs that can enhance their income generation and even if they want to work, their caregiving role is a hindering factor. Educating them also becomes very essential so as to make them have access to various sources of support that are available in the community which could be of help to them in their caregiving role.

The findings also demonstrate the importance of occupational status in the well-being of caregivers which is in concordance with the subjective well-being theory that demographic characteristics are among the correlates and determinants of well-being. Demographic factors such as income and occupational status in association with other factors produce high level of life satisfaction and individual with high level of life satisfaction and positive effects are more likely to have subjective well-being. These findings suggest high educational levels and a good occupation is very important to caregiver's frequent experience of high levels of life satisfaction and overall total well-being.

Based on these present findings, the result of this study is in agreement with Uskun and Gundogar (2010) who concluded that financial problems are the most important factors that affect the psychology of the parents of disabled people. Hence, they put forward that social programmes that will support the parents in respect of both financial matters and home-care facilities should be set up. Also in concordance with this finding Schofield, Bloch, Herrman, Murphy, Nankervis and Singh (1998) submitted that financial difficulties were associated with poorer well-being in the caregivers (as cited by Savage & Baile, 2004). Quine and Pahl (1991) in consistent with these findings affirmed that being middle class with few financial worries appeared to protect the result of stressful behaviour for mothers of children with severe learning difficulties. A plausible explanation to caregivers' low psycho-social well-being may be that caregivers who believe there is little or nothing they can do as a result of their low level of education have little motivation to engage in what is typically viewed as health-engendering behaviours such as regular physician visits. Anastasi (2000) noticed that a large family at least in certain socio-economic levels of the caregivers would perhaps reduce the per capital income available for education, recreation, suitable housing, proper food and medical attention.

Caregivers of physically challenged children, whose self-report indicates that they are from low-socio-economic status, tend to be susceptible to low well-being compared to those from high and medium socio-economic status irrespective of the type of disability of their children and challenges. Considerable evidence indicates that income and other measures of socio- economy status are associated with the wide variety of health outcomes. Kaplan, Shema and Leite (2008) concluded that psychological well-being increased with number of waves in which profit income was reported and with income over time.

Occupational status reflects the outcome of educational attainment, provides information about the skills and credentials required to obtain a job, and the associated monetary and other rewards. Occupational status is a promising measure of social position that can provide information about job characteristics, such as environmental and working conditions, and psychological demands of the job. Occupational status is directly linked to health because it positions individuals within the social structure, which defines access to resources and constraints that can have implications for health and general well-being. Burgard and Stewart (2003) affirmed that each particular job has its own set of demands and rewards that can influence caregiver's health, such as physically hazardous or psychological stressful working conditions as well as effects of the job on individual's overall well-being.

8. Conclusions

The paper aimed to investigate the impact of income and occupation on the well-being of informal caregivers in south-western Nigeria. The study therefore, found that both income and occupational status predicted well-being of informal caregivers of children with disabilities. Income is very important in ensuring well-being of caregivers as caring for a child with disability involves additional spending on such issues as feeding, housing, medical treatment, and education of a child with disabilities. More especially children with multiple disabilities require frequent hospital visits which bring about more expenses in transportation. Caregivers also need adequate income to take care of themselves in periodical medical check and health promotion programmes. Informal caregivers with highest well-being are the self-employed ones and this may be due to the fact that these caregivers are self employed and as a result they have more time to attend to caregiving role. The result revealed that caregivers with highest well-being are not the ones with highest income. This indicates that it is not only income that ensure caregivers' well-being but rather some other variables such as occupational status, educational status, marital status and gender.

Furthermore, many caregivers belong to low socio-economic status and this is due to the fact that the majority of them have low educational qualification and belongs to lowly rated occupation in the society. Findings reveal further that

the majority of the caregivers are self-employed, traders and farmers. These economic activities can only generate little income for them. Many of them may also have to juggle between caregiving and their work which may not ensure maximum benefits from their business. Financial assistance from government can help them solve some of their health, informational and other needs problems. A good example is the grant for physically challenged people in South Africa which the South Africa government approved for all categories of people living with disabilities. In Nigeria such grants can be given to caregivers of children with disabilities who can effectively utilize them for their own and their children's well-being. More importantly, existing different welfare package for children with disability should be improved upon to boost the well-being of these children and their caregivers.

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