THE PATTERN OF CAREGIVING TO THE ELDERLY BY THEIR FAMILIES IN RURAL COMMUNITIES OF SURATTHANI PROVINCE

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Abstract

This qualitative and quantitative research aimed to study the pattern of caregiving to the elderly by a family living in the rural community of Suratthani Province. The method of survey research was used for the quantitative style using a questionnaire form with the sample group of 397 families (161 male elderly and 236 female elderly) while in-depth interview of 8 well-cared for elderly and of 7 not well-cared for elderly were used for the qualitative research. Both of the elderly sample groups were obtained based on the feature of the caring that their families provided.

The findings revealed 3 features of (1) a pattern that the elderly needed little help from others as they were able to perform their daily functions normally (2) a pattern that the elderly required more help from others as their abilities in daily functioning were less, and (3) a pattern that the elderly needed complete help from others due to their physical sickness.

The recommendation includes the fact that although qualitative caring for the elderly is necessary, it is insufficient. An improvement of quality and competency must be made, along with development that can lead to a method of community support. Not only state enterprises but also other sectors in the community should pay more attention to this issue which includes physical, mental and spiritual aspects. This can be achieved by conducting a vital development of the public and administration policy especially on the community based public policy. Such achievement can result in an improvement of elderly caregiving as well as empowerment that further leads to social capital allowing the community to learn how to care for the elderly and among family members.

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INTRODUCTION

Presently, the number of the elderly population in Thailand is annually increasing and subsequently the ratio of the dependent elderly is respectively increasing. A study on the elderly in Suratthani Province, a province in the upper south of Thailand, which consists of 18 districts along with one subdivision district and the population of 940,779 showed that the number of the elderly in the area was 68,595. The popular illness found among the elderly was the fatigue of muscle, bones and joints which was 31.8% followed by 18.4% of digestive system and headache, dizziness as well as high blood pressure respectively. It was further found that 61.3% of the elderly possessed a chronic disease while 16.5% was unhealthy (The Office of the Provincial Public Health, 2005: 24).

This was correlated with the previous study which stated that the biology of the elderly would be degraded, subsequently affecting their mental, emotional and social changes. This would lead to the unhealthy conditions in the elderly as they could become sick easily from accident, infection and chronic disease. The older they grow, the less healtheir they become. One elderly person of over 65 years of age would have at least one irregular case or more and for those over 80, they would have at least 3 chronic diseases or more (Chavalee Yamvong, 1995: 19). It was also discovered that half of the number of the elderly had various chronic diseases or irregular cases within one person. The sickness found among the elderly was mainly muscle pain, bone and joint problems, dizziness, cataract, heart problem, diabetes, and high blood pressure (Pornrat Intarakoseth, 1993: 22).

The biological degradation of the elderly not only leads to personal sickness but also to the reduction of working abilities which further change personal roles in a family; from a family leader who used to bring the main income and play many important roles both within a family and a community to someone who has to depend on others especially family members. Their wages are smaller, sometimes insufficient. The provincial statistic demonstrated that 24.6% of the elderly earned less than Baht. 1,000/month. The statistic also showed that 82.3% of the elderly earned insufficient amount and in the item of career, 36.8% stated “jobless”). Besides loosing their role in an economic issue, a lot of the elderly have lost their love ones i.e. their spouse (Surakul Jane-obrom, 1991: 19). Such elderly can cope and adjust themselves with the changes and continue living a happy life if they receive help and support from their family members as well as the social networks.

On the other hand, the biological changes can additionally effect their skillful competency, that is, they forget things, lose memories partly or completely, show unstable acknowledgement and reduce abilities in functioning such as blurred sight, having problems with hearing, breathing, digesting, toileting or moving around. All these effect the elderly mentally as they feel that their self-value and their competency are reducing and at the same time the physical sickness can lead to various feeling of annoying and depressing. Most of all, the elderly can become mentally sick from being afraid that they are left alone unaided. The study on the elderly in Suratthani Province

showed that there was 13.7% of mental sickness i.e. depressed, disappointed, annoyed as well as loosing self-value (Sa-ing Chawarangul, 1995: 38) All these feeling changes cause the reduction of self-caring among the elderly or, another word, their self-caring becomes limited. Consequently, the elderly need a caregiver who mostly is a member of the family such as their children or grandchildren, spouse or someone having a good relationship with them which can be a relative or a neighbour (Yupapin Sirapo-ngarm, 1996: 89).

The elderly who possess a good quality of life and live a happy life mostly live with their own family, that is, they live among their children and grandchildren who not only look after them closely but also listen to them and respect them. The elderly receive both physical comfort and mental happiness as they are treated with daily care such as preparing and making sure of nutrient food, washing and tidying clothes and attires, cleaning and tidying a place they stay, etc. Moreover, they also receive different treats of personal healthcare, medical care and other cares that help them to perform various suitable functions i.e. participating in social activities, participating in family activities, attending religious performances or becoming a member of organizational groups within the rural community, being supported for self-value, and being aware of personal value in the society.

The country economic and social situations have currently changed and become more modernized. Mass communication through radio, television and printing matters has been widely spread and influenced. People, especially in city societies, possess opportunities to gain more experience, conceive more things, obtain better education and become more modernized and at the same time the approach of the western cultures lead them to change their perspectives, beliefs, value that somehow degrade their respect in the seniority. They do not seem to accept the older people's ideas; nor do they ask for older people's opinions or consult older people as they may think that the older people are behind the time and old fashioned. The respect to the older people is less (Sutthichai Jitapunkul & Srijitra Bunag,1997: 49).

Economic and education aspects are additionally parts of the process of changing as educated city people change their profession, from an agricultural society where they have to depend on the elderly experience to industrial society where they do not need the elderly experience. Some may even think that the older people are less educated than them and that education makes them smarter and more modernized. All these also make the younger generations pay less respect to the older. An increasing of the cost of living is another factor. A person has to spend a lot of time working, both in agricultural field and the movement of labour work into the industrial field which include women who used to have a role of looking after family members. Even some of the elderly have to move themselves into the industrial labour force. The elderly are left alone at home or they may be asked to look after the younger grandchildren during daytime. Once the family members return home in the evening or late evening they are too tired to talk or discus any topic with the elderly, resulting in a creation of a more depressed and lonely feeling within the elderly. All these situations cause a reduction

of care toward the elderly (Passorn Limanont, 1992: 6). Furthermore, people nowadays tend to be materialistic that they become more selfish and less attention is given to the older people (Banloo Siriphanich, 1996: 18).

The economic changes also alter the Thai culture of helping others. More importantly, an accomplishment of the family planning reduces the number of young population. A family prefers to have only 2 or fewer children therefore the number of a caregiver is also less but the number of a single family is increased. It was disclosed that 36.7% of the elderly live in a family of 1-3 members and the care giving provided to the elderly was moderate (Chavalee Yamvong, 1995: 37) Nevertheless, as the situation of sickness is growing, it is imperative that the elderly require more care and attention hence the family members are unable to sufficiently respond to their needs. So the care giving to the elderly has to rely on the community aids who can be the public health volunteers or public health officers. It is mandatory that these volunteers or officers be educated on caring for the elderly by family in the rural community in order to help the elderly learn about self-care as well as to develop and promote family care giving to elderly and respond to their needs. The community should participate more in elderly care giving. Meanwhile, state and private enterprises should participate in helping, supporting and arranging different welfares to make the elderly live happily in the society. The aforementioned situations interest the researcher to study this topic of the pattern of care giving to elderly by family in the rural community, Suratthani Province.

RESEARCH OBJECTIVES

1. To study the situation of caregiving for elderly by their families in rural communities of Suratthani Province.

2. To study the pattern of caregiving for elderly by their families in rural communities of Suratthani Province.

MATERIALS AND METHODS

This research was performed in a mix-methodology by using the quantitative method through survey research and the qualitative method by applying the technique of an in-depth interview. The research methodology in details is as followed.

Research Instruments

Instruments use in collecting the data consisted of 2 parts which are:

Part 1 consisted of personal data of elder such as age, gender, family type, and health status and demographic, economic, and social of elder caregiver in the family consisted of age, gender, career, income, and marital status.

Part 2 is the questionnaire for investigating the caregiving behavior of the family toward elder consisted of the caregiving for elder in daily life, caregiving in social psychology and economy which have details as follows:

1) Caregiving in Activities of Daily Living - ADL for elders by adjusting the ability to perform activities of daily living appraisal tool which are further classified into 2 difference parts which are:

From Suthichai's Modified Barthel

Acvities of Daily Living Index of elders which adjusted from Barthel Index (Marhoney and Barthel) which include the measurement of daily caregiving of elders consisted of 10 activities which are: Caregiving in daily meals, Caregiving in face washing, hair brushing, teeth brushing, and shaving, Caregiving in stand up from bed and walking to chair, Caregiving in usage of toilet, Caregiving in moving around room and house, Cargiving in clothing, Caregiving in step up and down stair, Caregiving in bathing, Caregiving in evacuate waste matter, Caregiving in urination

2) Instrumental Activities of Daily Living - AIDL of elder which consisted of shopping activities, cooking activities, budget management, journey to other places, and housekeeping.

(1) Social Psychology aspect is the response for requirement in social psychology of elder for example paying respect to elder and support elder to engage in social activities and interaction to others.

- Paying respect to elder means time spent in talking and advising from elder include asking for recommendation from elder solving family difficulties and engaging in family activities.
- Support and helping elder to engage in social activities and interaction with others for example supporting elder in talking with and visiting relatives include support elder in engage in social activities both social, religion, and leisure time.

(2) Economic aspect is the caregiving in supporting the need for economic stability that includes pocket money for everyday life, supporting for house maintenance, supporting in giving materials and facilities and support elder to work.

Quality of Research Instrument

Researcher bring questionnaire to investigate the content validity by giving questionnaire to 7 professionals in elders to approve the content, after the professions examined the contents researcher had adjusted the questions according to the recommendation of those professionals.

Reliability Measure

Reliability was measure by using questionnaire part 2 about caregiving to elder to test in the pilot study which have similar characteristics with the population intended to study and measure reliability of the research instrument with Cronbach's Alpha Coefficient of Reliability. The result was 0.7885.

Data Collection Method

Researcher are undertake the data collection method with 4 assistant researchers whose are nurse instructors.

QUALITATIVE RESEARCH

After the quantitative data was collected through the questionnaire form completed by 397 families, the next step was applied qualitative research which involved an in-depth interview with the 8 elderly who were well looked after by their families along with 7 elderly who were not properly looked after by their families. The questions being asked in the questionnaire form for the quantitative research were used as an interview guide for the in-depth interview as well as

the following steps.

1. Requesting the coordination from the provincial public doctor in Suratthani Province to interview the elderly and the caregivers at their homes.

2. Prior to the interview date, the researcher provided all necessary details to her four assistances who were the nursing lecturers to simultaneously understand both the technique of the in-depth interview and the interview question guide.

3. The samples obtained from the survey research were divided into 2 groups (a) the elderly who were well looked after, in 8 families (2) the elderly who were not well looked after, in 7 families. The scores were respectively marked based on the family caregiving.

4. An appointment was made with the elderly and the caregivers at their homes during March-April 2004 along with date and time for the in-depth interview as well as the data collection.

5. Data Analysis

In order to ensure the accuracy of the data, tape recorders were used during the interview and the content was analysed to identify words or statement that were related to the research.

RESULTS AND DISCUSSION

Research Results

Finding Number 1: Pattern of Elderly Caregiver by family, which was demonstrated in 3 patterns:

Pattern 1: This was the pattern that the elderly were able to normally perform their daily activities and they required only little help in their routine. The caregiver provided an assistance on socio psychological aspect through consultation and participation in family activities.

Pattern 2: In this pattern, the abilities of the elderly in functioning their routine became less and they needed assistance to perform their daily activities.

Pattern 3: The elderly that were ill needed close attention and caring.

Finding Number 2: Level of caring requirement

The level of the caring requirement depended on the level of sickness or the ability in routine functioning of the elderly. The caregivers of the elderly were respectively (a) their children (b) their spouse (c) their relatives. The reasons of being the caregivers were varied i.e. caring, being unemployed, non-available of others in the family. In the state of food preparation and cooking, it was focused on the physical condition of the elderly as well as their self-abilities. Normally, the caregiver and the elderly stayed together in one place. Most of the caregiver did not feel that the elderly were a burden although they might be few who may feel that. Nevertheless, most elderly preferred their children especially a daughter to be their caregiver. Most of the elderly also preferred the present caregiver as they not only felt that they have received good caring but also obtained close relationship and understanding. Furthermore, the elderly expected that they should obtain caring and loving as well as medical care and financial assistance from their children. They further expected that their children would visit and give them support.

Finding Number 3: In the Thai society, the elderly normally receive caring that

responds to their needs which cover in terms of physical, mental, emotion and social needs. The caregiving is categorized in 3 aspects.

1. Physical aspect: the caring on food and water, the caring on clothing and attire, the caring on shelter, the caring on medication

2. Socio psychological aspect: being accepted and respected by family members, participating in activities and interactions with others

3. Economic aspect: Obtaining financial support or allowance

CONCLUSION

1. **The situation of caregiving for elderly by their families in rural communities of Suratthani Province.**

Focusing on physical, socio-psychological and economic issue on caring for the elderly, it was found that 36.8% of the elderly was moderately looked after. The caregivers included their children, spouse, and relatives.

Caring provided for the elderly was as followed.

It was discovered that 38.5% of the elderly was physically well looked after. They were cared for in terms of food, water, clothing and attire, shelter, along with medical caring. Food and water were prepared while clothes and attire were made, washed, cleaned and kept tidy by the caregivers.

As for shelter or a living quarter, caregivers would clean and tidy the place for the elderly. Hence, it was noticed that the safety issue was of a less concern. However, should there be any sickness, medical caring was always provided, which could be in a form of buying medicine from a drugstore or taking the elderly to the hospital or the healthcare center depending on the condition of the patient. If the elderly were admitted as an inpatient they would always be accompanied by someone in the family.

The caring in term of socio-psychological aspect revealed that 41.7% of the elderly was moderately looked after. They received praise and respect from members of the family. They also participated and interacted with members of the family.

On the other hand, 34.2% of the elderly received less care in the economic terms. The caregivers provided financial aid for the routine expenses and only when the elderly did not have enough to spend.

2. **The pattern of caregiving for elderly by their families in rural communities of Suratthani Province**

It can be concluded from this research that there are 3 patterns of the caregiving to the elderly

Pattern 1: The elderly are able to perform routine functions that they require less assistance. The caring for them is in the socio-psychological aspect through consultation and being part of the decision making in family activities.

Pattern 2: The elderly's abilities to perform routine functions are less that they need help.

Pattern 3: The elderly are sick that they need care and attention.

RECOMMENDATION

As the findings revealed that the elderly were moderately looked after, therefore, a new caring method must be introduced in

order the caregivers to possess more abilities to care for the elderly. At the same time the elderly should be encouraged to look after themselves.

Following is my recommendation.

1. To encourage and develop the competency of caregivers. This is to assist the caregivers to properly look after the elderly at home. Counseling on elderly healthcare and general caring should be given to caregivers.

2. To encourage the competency of self-care of the elderly. This can be done by providing information and news together with advice on healthcare. At the same time, elderly caring service that can help them to properly adjust themselves should be arranged by organizing meetings, group discussion, promoting elderly healthcare groups, etc.

3. To encourage family and community to participate in elderly caring. Various activities should be arranged within a family in order to create good relationship as well as to implant social value among the young generations to respect and be aware of the senior citizens.

4. The concerned state departments and local private enterprises should support family members that provide caregiving to elderly in terms of finding work that suit the situation which will help the caregivers to earn their living and simultaneously look after the elderly.

It is also recommended that there should be special welfare for families providing cargiving to elderly such as tax reduction, free school tuition for the young of the caregiver family, etc.

Besides providing care to elderly, there should also be some development to encourage the community to reach out and support. Not only the support given by the state but everyone in the society as a whole should pay attention to this issue. The support should be in all aspects of physical, mental, and spiritual while the development should be effective especially on the public policy of the local administration office i.e. the office of the sub-district administration that should include a policy on the elderly, as following suggestion.

1. Caring and promoting people healthcare focusing on elderly healthcare service should be added in an annual operational plan. The plan should stress on the development of caregiving to the elderly and elderly self-care such as arranging a training program for elderly caring, the competency development program for elderly self-care, knowledge providing program for students on elderly healthcare promotion, etc.

2. Determining a promotional policy by exchanging knowledge and experience relating to elderly caring and healthcare with other communities through the participation with elderly organization network. This will be an opportunity to exchange information, knowledge, experience and coordination with other communities for sustainable development on the elderly issue.

Moreover, healthcare officers and other related officers within the community as well as NGOs should identify a policy in supporting knowledge, experience, funds and facilities in the operation of different programs relating to the elderly. Thus, the community can smoothly perform functions which can lead to a better quality of life among the elderly in the community.

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