

THE ELDERLY EXPERIENCES OF PROVISION OF CARE FOR THE ELDERLY: A CASE STUDY IN ISAAN, THAILAND

Jongkonnee Srijukkot*, Wanapa Sritanyarat, Khanitta Nuntaboot, Earmporn Thongkrajai.

Faculty of Nursing, Khon Kaen University, Khon Kaen 40002, Thailand.

ABSTRACT

The provision of care for the elderly has become increasingly more complex, and the expectation of the growth of this population is of growing importance. How this is understood by elderly is rarely considered. This article explores the meanings and the expectations of provision of care from the viewpoints of elderly within the context of Isaan (Northeast, Thailand). Key informants consisted of fifteen elderly in one community in Khon Kaen province. The data were collected using participatory observation and in-depth interviews, and were analyzed by using content analysis. The provision of care for the elderly was defined as both positive care (*suksabai*) and negative care (*tuka*). Suksabai, or the appropriate provision of care, was that given by the elderly spouse, children, or grandchildren. It also includes the demonstration of respect, materials or financial support, and other activities. Such caring from family and community brought happiness to the elderly due to the feeling of acceptance and self-worth. Tuka, or the inappropriate provision of care, was characterized as lack of care given by the elderly spouse, children or grandchildren. It also includes the lack of respect, materials or financial support, and other activities. This kind of caring brought suffering to the elderly as they felt worthless. The expectation of provision of care for the elderly is different from their experience. The results from this study help to provide family members and community members, as well as health-care providers, a deeper understanding and critical awareness of the elderly perceptions of care-giving.

Keywords: Aging, culture, family, care-giving, Thailand.

* Corresponding author. E-mail address: jonsri@kku.ac.th

INTRODUCTION

The status of the elderly is becoming a "hot topic" both in Thailand and in other countries, due to a rapid increase in the aging population globally. Life expectancy for older people in Thailand is defined as over the age of 60. Present statistics estimate that the global number of older persons will double in size, from 542 million in the year 1995 to 1.2 billion in the year 2025 (Krug et al., 2002). In Thailand, the national total of older persons rose from 1.21 million in the year 1960 to 4.5-5.7 million in the year 2000, and is expected to reach nearly 6.8-7.6 and 11 million in the years 2010 and 2020, respectively (Jitapunkul, 2000). Thus, it is necessary that the government and private sectors take steps to assist older persons to ensure that they live comfortably, and that their quality of life is promoted as much as possible.

Maturing into old age is, to an extent, a degenerative process that brings about dramatic changes to the physical, psychological, and social elements of an individual. For example, physical changes are often manifested through symptoms, such as a decrease in flexible blood vessels, dry skin, decreased capacity and expansion of the lungs, deteriorating size and flexibility of muscles, etc. Psychological changes often occur in the forms of mental uncertainty, low self-confidence, and low self-esteem. Social changes may derive from loss of income, decreased activity in social roles, and a general sense of powerlessness in society. Many elderly persons suffer from chronic illnesses, such as ischemic heart disease, hypertension and diabetes mellitus, and, for more than 50% of all elderly individuals, falls and other physical accidents (Sritayarat and Arunsang, 2002). All such changes, including chronic illnesses, lead older people to become dependent upon family members, the community, and health care providers.

Massive changes are now occurring in Thai society both economically and socially. Familial structures have shifted from large families comprising of many generations all living under one roof to

nuclear families, accounting for 67.33% of all households in Thailand. Material possessions and money are of paramount importance and there has been increased competition in business. Adults must work hard to earn more money for their living and the purchase of necessary or desired materials, such as home, healthcare, and entertainment. While some family members venture out of their home provinces to seek employment opportunities in large cities or internationally, elderly people are often neglected and forced to live alone or placed in the care of their grandchildren (Seeherunwong et al., 2001). Due to such disparate relationships, the age and generation gaps become more apparent and family conflicts are not uncommon (Boonyow, 1999). Affinity in relationships between generations is less common than in previous times, leading to a decrease, as perceived by the elderly, in respect for the elderly.

Inappropriate provision of care for the elderly affects elderly health and also the composition of society. The phenomenon of provision of care for the elderly becomes increasingly more complex and critical as the socio-cultural nature of society constantly changes. The impact of inappropriate provision of care to the elderly is often visible as physical pain, depression, and low self-esteem (Seeherunwong et al., 2001; Saveman et al., 1993; Hirst, 2002; Chintanawat, 2003; Boonserm, 2003; Itrat et al., 2002). Inappropriate provision care for the elderly is potentially detrimental socially and in terms of health in Thailand as in other countries. Over the past two to three decades, there has been growing attention within scholarly journals to aging in numerous developed and developing countries (Krug et al, 2002). A review of the literature reveals that the existing body of knowledge concerning provision of care for the elderly in Thailand is limited. Thailand does not have statistics; however, there has been increasing attention to aging in a wide array of media, such as newspapers or televisions. Four particularly significant studies concerning this

phenomenon have been conducted in Thailand, and revealed that the most frequent incidents of improper care provision to the elderly involved psychological abuse, neglect, physical abuse, sexual abuse, and exploitation (Seeherunwong et al., 2001; Chintanawat, 2003; Boonserm, 2003; Itrat et al., 2002). The definition of elderly abuse in Thailand is still unclear, however, and most work has been conducted in western cultures and based on outsiders' points of view or strictly professional perspectives.

This study was designed to explore the meanings of provision of care for the elderly from insider viewpoints within the Thai Isaan cultural context. A study of one village in Khon Kaen Province was specifically conducted to explore this phenomenon.

METHODOLOGY

The research aimed to explore the meanings of provision of care for the elderly, as understood by elderly. The appropriate method for this purpose is ethnographic research. Ethnographic studies are concerned with meanings, beliefs, values, and value judgments from people with a deep understanding of the situation (Fetterman, 1998). One village of Khon Kaen was selected to explore this phenomenon. Located close to the provincial capital, this village had the characteristics of both a semi-urban and rural community, and with most members participating in urban lifestyles and urban (and global) values, in which the traditional respect for the elderly had changed. The field research was conducted by the first author who was introduced to the community and potential participants by a health volunteer. The task then was to take time to earn the community's trust and respect before collecting the data. The researcher described the details of the study's process, and explained that the participants were free to refrain from the study in any time. Fifteen elderly people participated in interviews, and prior to participation, all participants signed the consent forms.

After obtaining official permission from The Khon Kaen University Ethics Committee for Research on Human Subjects and from the head of village, the data collection proceeded as follows. The data were collected through the participant's observation of daily activities of elderly, children, and other people who were in contact with elderly. In-depth interviews, which took about 45-90 minutes each, were conducted with all participants with tape recordings. Informal conversations were held about their life, actions and reactions to what they perceived about their children and others. These data were supplemented with field notes and a documented study of history of the village and traditions, and the demographic data were collected. The data analysis was performed concurrently with the data collection. The qualitative data were analyzed using content analysis. The process was based on coding the data from transcriptions. From coding, various themes which were related to the objectives of this study emerged. Then, the researcher discussed the themes with the participants for their validation and clarification.

RESULTS

Fifteen elderly, eleven females and four males aged from 63 to 86 (\bar{X} = 74.67), were willing to join this research effort. One woman lived alone, two women lived with their grandchildren, and most of them lived with others, such as spouses, children, in-laws, and grandchildren. Most of them had children living nearby because the elderly had already given their heritage (i.e., land and buildings) to their children. Seven elderly people had chronic diseases, such as hypertension, diabetes mellitus, asthma, and lower back pain. Even through they lived with diseases, they were all relatively independent and able to do most things by themselves. Most of them were unemployed; however, they received money from their children, current economic activities, or government pensions (Table 1).

Table 1. Demographic characteristic of the study population.

| No/Age | Sex* | Living situation | | | Occupation | | Income | | | Health status | |
|--------|------|------------------|-------|------------------|------------|----|------------|----------|-------------|--------------------|-----------------|
| | | couple | alone | children | Yes | No | Occupation | Children | Govern ment | No chronic disease | Chronic disease |
| 1/72 | F | / | | | | / | | | | | / DM |
| 2/82 | F | | | /(grandchild) | / | | / | / | / | / | |
| 3/65 | F | / | | / | / | | / | | | / | |
| 4/86 | F | | | / | | / | | | / | / | |
| 5/78 | F | / | | / | | / | | | | | / DM,HT |
| 6/81 | F | | | /(grandchild) | / | | / | / | / | / | |
| 7/65 | F | / | | | / | | / | / | | / | |
| 8/86 | M | | | / | | / | / | / | | | / Asthma |
| 9/70 | M | / | | /(grandchildren) | | / | | / | | | / Renal stone |
| 10/63 | F | | | / | | / | | / | | | / DM |
| 11/68 | F | | | / | | / | | / | | | / Back pain |
| 12/75 | M | / | | / | | / | | / | | / | |
| 13/67 | F | | | / | / | | / | / | | / | |
| 14/80 | M | / | | / | | / | | / | | / | |
| 15/82 | F | | | / | | / | | / | / | | / HT |

* F = Female, M = Male

The meanings of provision of care for the elderly

The meanings of provision of care for the elderly are determined through the beliefs and experiences of each individual. The elderly described the provision of care as “receive caring that is positive care (*suksabai*) or negative care (*tuka*)”. *Suksabai* or the appropriate provision of care, was given by the elderly spouse, children, or grandchildren. It also included respect, materials or financial support, and other activities. The appropriate care from family and community by showing respect, providing food, assisting with daily activities, and including elderly in family and social activities brought the feeling of happiness, pride, and life satisfaction to them. Such feelings are demonstrated in the following sentences:

“My life is fulfilled with happiness because my family always takes care of me, gives me a place to live, food to eat, and money to spend”.

“As I walk around, they (daughters/ sons/ grandchildren) show respect”.

“I have companies to do things with; just going to the temple can make me happy”.

“Having good offspring can take care of us, that is enough to make me happy”.

Conversely *tuka*, or inappropriate provision of care, was described as no care given by others, a lack of respect, exclusion, and no materials or financial support. The elderly who received an inappropriate care from their families, both with everyday-living matters or when they got sick experienced suffering and dissatisfaction in life, which are demonstrated in the following sentences:

“This life is much suffering; my offspring do not care about me”.

“I cannot do much nowadays; they (the offspring) left me hungry”.

“I just live day by day, cannot rely on my offspring”.

From the data, perceptions of expectations and experiences of care can be grouped into four categories.

1. High expectation of care – the person wants a lot of care.
2. High experience of care – the person receives a lot of care.
3. Low expectation of care – the person does not expect to receive care.
4. Low experience of care – the person does not receive much care.

Drawing on these understandings, elderly people in the study population fell into one of four cells of a matrix of expectation and experience (Figure 1).

Expectation

| | | |
|------|-------------------------|---------------------------|
| | Low | High |
| High | Group 2 * * * * * | Group 1 * * * |
| Low | Group 4 * | Group 3 * * * * * * |

Experience

Figure 1. Older people perception between expectation and experience.

Group 1. High expectation and high experience.

Three elderly people, two females and one male, maintained that they wanted a lot of care and received a lot of care. All lived with their spouse or/and their children, who did things for them, such as cooking, cleaning house, and washing clothes. When the elderly were sick, their children would take them to the hospital, and looked after and fed them. The participants said: “My wife and our grandchildren look after me. She does everything for us, such as cooking food and laundry”. “My daughter visits me every month, stays with me and does everything for me”.

These elderly people received respect from their children and other children in the community. Their children supported them to do things that they wanted such as going to the temple and meeting their friends. The participants said: “My children and grandchildren believe and pay respect to me. When they had food, they brought it to me and, sometimes, they visited me”. “My children visit me every week. They had free time; they stayed in my house, and this made me so happy”. “Everyday I go to a temple to make merits and join my friends”.

Two of these participants do not have jobs. One trades in the village market. Even though she receives money from her children, she is proud to work because she can do it by herself. She said: “When they visit me, they bring me daily necessities, such as rice, fish sauce, food, and fruit”.

Group 2. Low expectation and high experience.

There are five elderly in this group, three females and two males, who do not necessarily want care but receive a lot of care. All of them live with their spouse or/and their children. Their family members still do things for the elderly and take care of them when they get sick even if they do not want to disturb their children. At the same time, some of the elderly people are willing to help their children to do things. The participants provided information such as: “I cook by myself. I can do it. It is alright”. “I am comfortable although I do not have much money. My children give me food and money. I can make merits and things that I want to do”. “I do things by myself because I do not want to disturb my children. They have their own families to take care of and have work to do”.

All of the elderly in this group received respect from their children and other children in the community. Their children supported them to do things that they wanted to do. The participant said: “Normally, I go to the temple with my grandchildren, but sometimes I go there with my neighbors”.

None have a job. Four receive money from their children and one receives a retirement pension from the government. One participant helps her children with their paid work doing laundry because she wants to help them. "I help my children to do laundry and ironing. They do not want me to do but I want to help them, it is my choice".

These participants described the provision of care as "receive caring that is positive care (*suksabai*)". And they have good children and life is so happy (*sabai*).

Group 3. High expectation and low experience.

There are six elderly people in this group, five females and one male, who want a lot of care but do not get much care. Five of them live with their spouse or/and their children and one woman lives alone. The elderly explained they do not receive care from their family members either on an everyday basis or when they are sick. They do everything for themselves, such as cooking, cleaning house, and washing clothes. And when they are sick their children neither take them to the hospital nor look after them. Various participants reflected: "My children work for money, when they receive a lot of money, they give me some. Some days they give me one or two meals only, not complete. I want them to do the best and take care of me properly". "They go to work. I have three children. They work for money, then sometimes they do not have time to take care of me". "Last time I got diarrhea, I took care of myself and went to the clinic by myself. My children just gave me medicine".

Some of the participants felt that they did not receive respect from their children or other children in the community. Their children ignore them and do not support them whatever they want and always dispute them. Sometimes the elderly are left on their own; their children and grandchildren do not want them to be with them. The participants said: "When I told them (children or grandchildren) (things), they do not believe me. They said that my ideas are out of date. I am so hurt". "When I talked with my grandchild, he ignored me".

Five out of six in this group do not work. Only one woman sells vegetable in the village market. Most of them receive money from their children and from the government, 300 Baht a month. Some participants do not receive money or things from their children or grandchildren. They said: "They (my son's wife and grandchildren) never give me money. I sold my land, and then they borrowed my money to buy a motorcycle, and now they do not talk about it". "I sold vegetables to buy food that I want to eat. After my son got married he did not visit me and never gave me any money".

Group 4. Low expectation and low experience.

This group does not want care and does not get much care. There is one woman in group 4. She lives with her ten-year old grandchild. She does everything by herself, takes care of herself and looks after her grandchild. And when she or grandchild got sick, her children did not take her to the hospital and did not look after her and her grandchild. She does not want to disturb her children because she thinks they have many things to do. She sympathizes with her grandchild because nobody wants to look after him and worries about him when she dies. The participants reflected: "I do everything by myself such as cooking food, cleaning the house, and washing plates. They do not help me even though they live nearby my house". "My life is so hard. Some nights I could not sleep. I talk with my grandchild if I pass away, how my grandchild will be".

Their children ignore and do not support them to do anything and do something that makes her so sad, such as not working, drinking alcohol, not respecting them and disputing them. Sometimes they stayed alone. Their children and grandchildren do not want them to join them. She said: "When they have activities they do not tell me to join with, I do not want to join them when they have a party with alcohol".

She works for money, i.e., to mow/ to weed out, to transplant, to clean other houses, and so on. She earns money from her job and from the government, 300 baht a month. Sometimes her children ask for

money from their mother. She explained: "I have hardships all of my life and feel very miserable, have had to work hard and live with my grandchildren. I have never asked for money from my children but my son asked for my money to buy cigarettes. I gave him 100 baht because I had 200 baht".

These two groups, group 3 and 4, described the provision of care as "receive caring that is negative care (*tuka*)". *Tuka*, or inappropriate provision of care, was described as no care given by others, a lack of respect, exclusion, and no materials or financial support.

The elderly who experienced appropriate caring perceived that they had happy lives, nurturing families, and received respect from community members. The participants reflected: "If they (people in the community) have experienced something bad, they will come to me to purge it away". "They (the offspring) will come to inform me of what is going on, to take care of me, and to give me things". "The community sets up a group for the elderly to exercise and to do things together".

The elderly who experienced inappropriate caring perceived that their family did not provide enough assistance that they needed. The participants said: "My offspring hardly give me any money". "When I got sick, I took care of myself nobody cares".

DISCUSSION

The meanings of provision of care for the elderly are different from that of their worldview and experience. In a Thai society, respect to older people is emphasized then the elderly expect good care from their children. The children should look after their parents because their parents look after them before. This situation is called "gratitude". It shows "suksabai (happiness)" or appropriate provision of care in this study. When the parents take care of their children, it makes good relationship to each other. Their children absorb this love and reciprocate it when their parents become old. This result supports the studies of Boonyow (1999) and Chaithong (1999). Furthermore,

this study revealed that daughters take care of their parents the most. Because in Thai tradition, the youngest daughter receiving heritages will take care of and stay with their parents until they pass away. The appropriate provision of care makes the elderly to have self confidence and self esteem, and get something meaningful for themselves. Furthermore, the older persons' families and community will be harmonious, too.

While "tuka (misery)" or inappropriate provisions of care mean the elderly do not receive care, respect and money or things from their spouse or children. It made conflict in Thai tradition about gratitude. And now this phenomenon is more complex. It was found that younger generations had negative attitudes towards the elderly. The relationship between the elderly in the family and the community was weakened. There are many factors which cause changes in Thai society, such as economic and social systems. These have led to the decreased value of respect. Material possessions and money are of paramount importance, and the social sectors have witnessed increased competitions in businesses. At present, economic need causes adults to work outside or move to other cities. Relationship and time to join together in the family decrease. The relationships between generations decrease and generation gaps become more apparent. Family conflicts are not uncommon (Boonyow, 1999; Somanusorn, 2004).

However, this study showed that the community has potential to help and support the elderly who do not have support from their family. The factors to promote Thai values to increase appropriate provisions of care are grouped into three levels. First, the elderly, if they have moral, good relationship with their family members, and have good status in family and community, they will receive respect and good care from their family members and community members. Second, family, and lastly, community can support the elderly. Good relationship, role adaptation, and network can fill gap between their relationship and increase value of the elderly. These factors will generate harmony in a family and community.

These results help family and community members, as well as health care providers, to understand older people and to be aware about the phenomenon, and lead everyone to cooperate to solve this problem together.

Implication and recommendation

This study gains new knowledge from those insiders' viewpoints of the phenomenon of provision of care for the elderly within the Isaan cultural context. The meanings of provision of care are related to the cultural context that changes globally and affects the physical, psychological and sociological conditions of the elderly. There have many factors to be concerned so as to promote Thai value to solve this problem together. Health care providers must develop methods of nursing care which are appropriate to community problems and needs within this specific cultural context. Nurses should promote relationships in a family and community, health, status of the elderly, and the tradition to respect the elderly. This phenomenon reveals the social problems and gaps of policies which can lead to the establishment of improved policies designing to assist the elderly to have well-being, and to receive appropriate provision of care and respect from family and community members.

ACKNOWLEDGEMENT

I would like to express my deepest gratitude to all participants: the elderly, family members, and community members for participating, sharing, and caring. A special thank goes to all advisors for their kindness and advice. This study was supported by a grant from Graduate School, Khon Kaen University, Thailand.

REFERENCES

- Boonserm, P. 2003. *Family violence against elder in Ban khwao district, Chaiyaphum province*. Master degree Thesis of nursing science in mental health and psychiatric nursing, Graduate School, Khon Kaen University, Khon Kaen, Thailand (in Thai).
- Boonyow, S. 1999. *Care-receiving and care giving of the elderly in Phana district, Amnat Charoen province*. Master degree Thesis of nursing science in community nursing, Graduate School, Khon Kaen University, Khon Kaen, Thailand (in Thai).
- Chaithong, N. 1999. *Care-receiving and life satisfaction of the elderly in Khian Sa district, Surat Thani province*. Master degree Thesis of nursing science in community nursing, Graduate School, Khon Kaen University, Khon Kaen, Thailand (in Thai).
- Chintanawat, R. 2003. *Prevalence and risk factors for abuse among Thai older adults in Chiang Mai*. Doctor of Philosophy in nursing, Graduate School, Chiang Mai University, Chiang Mai, Thailand.
- Fetterman, D.M. 1998. *Ethnography: Step by step*. (2nd ed). SAGE Publication, Inc., Thousand Oaks, California.
- Hirst, S.P. 2002. Defining resident abuse within the culture of long-term care institution. *Clinical Nursing Research* 11(3):267-284.
- Itrat, P., Sawangchaream, K., Tanwatanakul, J., Chantapreda, N., and Watananukulkeat, S. 2002. *Violence toward Older Adults in Family in the Northeast of Thailand*. Khon Kaen karn pim, Khon Kaen, Thailand (in Thai).
- Jitapunkul, S. 2000. *Situation of Thai Elderly Population and Processing of Thailand*. Chulalongkorn University press, Bangkok, Thailand (in Thai).
- Krug, E.G., Dahlberg, L.L., Mercy, J.A., Zwi, A. B., and Lozano, R. 2002. *World Report on Violence and Health*. World Health Organization, Geneva, Switzerland.
- Saveman, B-I., Hallberg, I.R., and Norberg, A. 1993. Identifying and defining abuse of elderly people, as seen by witnesses. *Journal of Advanced Nursing* 18:1393-1400.
- Seeherunwong, A., Sindhu, S., Chintanawat, R., and Kangchai, W. 2001. Female elderly abuse in Thai society. *Journal of Gerontology and Geriatric Medicine* 2(3):3-12 (in Thai).
- Somanusorn, S. 2004. Abused experience of the elderly. *Journal of Faculty of Nursing, Burapha University* 12(1):1-20 (in Thai).
- Sritayarat, w. and Arunsang, P. 2002. Situation of the elderly: Reflex from Daily Thai newspapers. *Journal of Faculty of Nursing, Khon Kaen University* 26(1):8-17 (in Thai).